

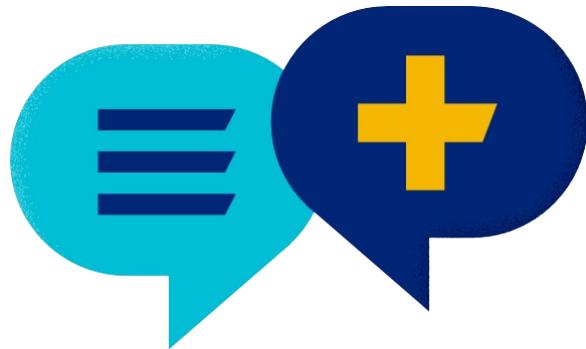


# Preferred Drug List (PDL)

**Colorado  
Rocky Mountain Health Plans**

Effective Date: April 1, 2025





Rocky Mountain Health Plans complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression or sexual orientation.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **800-421-6204** (TTY/TDD 711).

**Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-421-6204** (TTY/TDD 711).

# Preferred Drug List

## Introduction

Prescribers should use this Preferred Drug List (PDL) for patients with Rocky Mountain Health Plans, a UnitedHealthcare Community Plan pharmacy benefit. The drugs in this PDL:

- Offer treatment options for patients who need a drug from that class
- Have been reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee
- Have been selected to provide the most clinically appropriate and cost-effective medications for patients with Rocky Mountain Health Plans, a UnitedHealthcare Community Plan drug benefit. Unlisted drugs need prior authorization (PA).

The PDL is up to date with current medical practice. This edition includes:

- New drugs on the PDL
- Updates to prescribing information based on changes in pharmacotherapy
- Updates based on comments and suggestions from providers

## Notice

UnitedHealthcare Community Plan provides this PDL and its appendix for medical providers. We do not guarantee this information is accurate, and it is not comprehensive.

This PDL is not a replacement for a medical provider's knowledge and expertise of prescription drugs. We are not responsible for any medical provider's actions or omissions based on information in this booklet.

Medical providers should refer to the drug manufacturer's product literature or standard references for more detailed information.

## Preface

This PDL is organized by sections. Each section includes therapeutic groups by a drug class or disease state.

Products are listed by generic name with brand names as a reference. Unless exceptions are noted, all dosage strengths and forms of the drug are included in the PDL. Providers are encouraged to prescribe generics first.

This PDL covers select over-the-counter (OTC) products. Providers are encouraged to prescribe OTC medications when clinically appropriate.

## Pharmacy and therapeutics (P&T) committee

The P&T Committee has doctors and pharmacists who are not with UnitedHealthcare Community Plan or its affiliates. It also includes some UnitedHealthcare Community Plan medical directors and pharmacists. Everyone on the P&T committee must follow the committee's ethics standards.

The P&T Committee meets 4 times a year and sends a newsletter to all participating doctors. All PDL decisions are also updated on the UnitedHealthcare Community Plan website every quarter.

## Covered outpatient prescription drugs

Medically necessary outpatient prescription drugs prescribed by a licensed prescriber are covered. Some items need prior authorization (PA). Eligibility for this benefit is based on the member's benefit plan.

## Medical prescription drugs

Medical drugs are covered under the member's medical benefit.

## Product selection criteria

The P&T Committee reviews clinical information on new drugs that are typically included in an outpatient pharmacy benefit. The review may include:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/warnings/precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoconomic studies

When a new drug is considered for this PDL, it will be compared to similar drugs currently in the PDL. As part of this process, some drugs may be removed from a class. This is to make sure only the most clinically useful and cost-effective drugs are on the PDL.

All the information in the PDL is provided as a reference for drug selection. Prescribers can use this information to help them decide which drug to select for a patient.

## PDL product descriptions

The PDL shows which strengths and dosage forms are covered. A drug may also have additional information or exceptions noted in the list. Use the examples below for reference.

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

Extended-release and delayed-release products must have their own entry.

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

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 OPHTHALMIC 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.

## Drug tiers

The PDL has different tiers for drugs:

Tier name	Drug tier
Tier 1	Generic
Tier 2	Brand

## Generic substitution

This PDL requires generic substitution on most products when a generic equivalent is available. Generic substitution is when a pharmacy gives the generic drug instead of the brand name drug. The PDL indicates generic availability in the "Covered drug" column.

If a brand name drug is medically necessary, prescribers can request a prior authorization (PA). The PA list does not include brand name items if a generic equivalent is covered. There are also many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and a substitute for the brand product.

The UnitedHealthcare Community Plan Maximum Allowable Cost (MAC) list sets a limit on the reimbursement price for certain prescription drugs. This price will typically cover most generics but not branded versions of the same drug. Products on the MAC list are commonly prescribed and dispensed and have usually gone through the Federal Drug Administration's (FDA) review and approval process.

All FDA-approved generic substitutions since 1984, and many approved before 1984, show bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must have the same active ingredient(s), strength and dosage form as the brand-name product.
2. The FDA gave the generic an "A" rating and determined the generic is therapeutically equivalent to the reference brand. Ratings can be found in the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When both criteria are met, a generic can be substituted with the full expectation that it will produce the same clinical effect and safety profile as the prescribed brand name product. Drugs that have a narrow therapeutic index (NTI) can also be guided by these principles.

Providers do not need to approach a therapeutic class (e.g., NTI drugs) differently from other classes when the FDA has determined a therapeutic equivalence. Also, providers do not need to do extra clinical tests or exams when substituting a therapeutically equivalent generic drug.

## Drug efficacy study implementation (DESI) drugs

The FDA requires all drugs to be safe and effective to be on the market. Before 1962, the FDA did not check the effectiveness of each drug.

The FDA's Drug Efficiency Study Implementation (DESI) program was created to see how well drugs approved before 1962 work for their labeled indications. Most of these DESI products were classified as "fully effective" and are still available. Some products were classified as "less than fully effective" and are still under review. Many products that are the same, similar or related to DESI products are classified as DESI. "Less than fully effective" DESI products are not covered.

## Plan exclusions

The following drug categories are not covered:

- DESI drugs
- Antiobesity agents
- Experimental / research drugs
- Cosmetic drugs
- Immunization agents
- 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: syringes, needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, 2 peak flow meters per year (Astech, Assess®, Peak Air® brands), 1 vaporizer every 3 years and 1 humidifier every 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.

## Prior authorization of non-PDL medications

Drugs that aren't on the PDL require prior authorization (PA). Providers can send PA requests by mail or fax to:

UnitedHealthcare Community Plan  
Pharmacy Services Department  
2 Allegheny Center  
Suite 600  
Pittsburgh, PA 15212  
Fax: 866-940-7328  
Phone: **800-310-6826**

All PA requests should use the PA request form in the UnitedHealthcare Community Plan provider manual. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. The UnitedHealthcare Pharmacy Department will respond to requests based on state law.

We ask that providers prescribe drugs that are on this PDL to patients covered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should ask the prescriber to change to a medication on this PDL. If a PDL alternative is not appropriate, the prescriber should ask us for a PA.

For questions about the PA process, providers can call the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **800-310-6826**. Members can call Rocky Mountain Health Plans Member Services at **800-346-4643**, TTY 711, 8 a.m.–8 p.m., Monday–Friday.

## **3-day temporary supply overrides for non-PDL drugs**

The pharmacy should talk to prescribers before filling a prescription for a non-PDL drug. If the prescriber is unavailable and the medication is needed immediately, the claim processing system will accept an override for one 3-day supply of the newly prescribed non-PDL drug. The pharmacy should submit a claim for the 3-day supply with a PA type of 8 and PA number of "120". Depending on the members plan, a 3-day supply of non-preferred drugs may be available.

For assistance, pharmacies may call **800-310-6826**. If the prescriber thinks a non-PDL drug is medically necessary, they can request a PA.

## **Quantity limitations (QL)**

Prescriptions for more than the dosage limit need prior authorization (PA).

### **Quantity limits based on efficient medication dosing**

The Efficient Medication Dosing Program consolidates medication dosage to the most efficient daily quantity. This helps patients follow their drug therapy and lowers health care costs.

The limits for this program are based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules. The prescription claims processing system will automatically apply the right quantity limit to a drug. If necessary, the system will also tell the pharmacist to ask the prescriber for a new prescription.

We will let providers know about any changes to the program. Providers can request a medical exception for a patient through the PA process. For questions, providers can call UnitedHealthcare Community Plan Pharmacy Prior Notification Services at **800-310-6826**.

### **Controlled substances**

You may fill 4 medications from the following classes in a 30-day period:

- Benzodiazepines
- Sedative hypnotic agents
- Barbiturates
- Select muscle relaxants

PA is required for additional fills. Medications in these classes may have quantity limits.

### **Specialty pharmaceutical management program**

Drugs on the PDL that are part of the Specialty Pharmaceutical Management Program are labeled with an "SP" in this booklet. This program helps us provide high-quality, cost-effective care for our members. For example, certain injectable drugs that are unavailable through the retail pharmacy network are available through this program after PA.

To get PA, a provider must request electronic PA or fax a PA form to the UnitedHealthcare Community Plan Pharmacy Department at **866-940-7328**. The Pharmacy Department will review and respond to all requests. Once the request is approved, we'll deliver the product to the member or provider.

To get an electronic PA, submit the request through CoverMyMeds or Surescripts at [professionals.optumrx.com/prior-authorization.html](http://professionals.optumrx.com/prior-authorization.html)

To request a PA form, call the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826**.

## Step therapy (ST)

The PDL drugs below are only covered after trying the first-line agent or through prior authorization (PA). While lower-cost PDL drugs may be appropriate in many cases, other non-PDL drugs are also available with PA.

STEP drug	First-line agent(s)
<b>Amerge®</b>	Trial at a minimum dose of 50 mg of sumatriptan tablets
<b>Aricept® 23 mg</b>	90-day trial of Aricept 10 mg daily
<b>DPP-4 inhibitors (Nesina®, Kazano®, Oseni®)</b>	At least a 90-day trial of 1500 mg/day of metformin
<b>Elidel®</b>	Minimum age of 2. Trial of 1 topical corticosteroid
<b>Eucrisa®</b>	Trial of a topical corticosteroid AND 1 of the following: Elidel or tacrolimus ointment
<b>Fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days
<b>Fluticasone propionate/ salmeterol</b>	(1) 30-day trial of 1 inhaled corticosteroid (e.g., Amnity® Ellipta, Asmanex®) OR (2) 60-day trial of a long-acting beta2-agonist (e.g., Arcapta®, Striverdi®) OR 60-day trial of an orally inhaled anticholinergic agent (e.g., Incuse® Ellipta, Atrovent®, Combivent®, Anoro® Ellipta)
<b>GLP-1/insulin combinations (Soliqua®)</b>	Trial of 1 drug from the following classes: GLP-1 or basal insulin
<b>Lubiprostone</b>	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
<b>Motegrity®</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Movantik®</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza®)
<b>Optivar®</b>	14-day trial of ketotifen within previous 90 days required first
<b>Ranexa</b>	Trial of 1 drug from the following classes: beta blockers, calcium channel blockers, long-acting nitrates
<b>Renvela®</b>	8-week trial of calcium acetate

STEP drug	First-line agent(s)
<b>Tolterodine</b>	30-day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
<b>Tretinoin cream (Tretinoin cream 0.025%, 0.05%, 0.1%, and Avita® cream 0.025%)</b>	Trial of Differin® OTC gel 0.1%
<b>Trospium</b>	30-day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
<b>Trulance®</b>	For chronic idiopathic constipation or irritable bowel syndrome-constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Uloric®</b>	8-week trial of up to 600 mg of allopurinol required first
<b>Xopenex® respules</b>	30-day trial of albuterol 0.083% or 0.5% respules

## PDL suggestions

Providers can send PDL suggestions to our Director of Pharmacy Services at:

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

PDL suggestions must include appropriate documentation, such as clinical studies from medical literature. This literature should include information showing clinical necessity and therapeutic advantages over current PDL products. Suggestions with appropriate documentation will be reviewed by the P&T Committee at the next committee meeting.

## Editor

We encourage you to send us any comments and suggestions for this PDL. Your input is important to us and helps us make sure this PDL is a continued success. All comments will be reviewed and considered. Please send your comments to:

UnitedHealthcare Community Plan  
 2 Allegheny Center  
 Suite 600  
 Pittsburgh, PA 15212  
 Fax: 866-940-7328



A UnitedHealthcare Company

If you need help with the information in this document, including written/ oral translation; or in a different format like large print or as an audio file, we can help you at no cost. You can get help by calling Rocky Mountain Health Plans (RMHP) at 888-282-8801 or State Relay 711 for callers with speech or hearing disabilities.

Si necesita ayuda con la información en este documento incluida la traducción oral/escrita, un formato diferente (como letra grande), o un archivo de audio, podemos ayudarlo sin costo. Puede obtener ayuda llamando Rocky Mountain Health Plans (RMHP) al 888-282-8801 o State Retransmisión 711 para personas con discapacidad auditiva o del habla.

## **Introduction**

Prescribers should use this Preferred Drug List (PDL) for patients with Rocky Mountain Health Plans a UnitedHealthcare Community Plan pharmacy benefits. The drugs in this PDL:

- Offer treatment options for patients who need a drug from that class.
- Have been reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee.
- Have been selected to provide the most clinically appropriate and cost-effective medications for patients with Rocky Mountain Health Plans a UnitedHealthcare Community Plan drug benefits. Unlisted drugs need prior authorization (PA).

The PDL is up-to-date with current medical practice. This edition includes:

- New drugs on the PDL
- Updates to prescribing information based on changes in pharmacotherapy
- Updates based on comments and suggestions from providers

## **Notice**

UnitedHealthcare Community Plan provides this PDL and its appendix for medical providers. We do not guarantee this information is accurate, and it is not comprehensive.

This PDL is not a replacement for a medical provider's knowledge and expertise of prescription drugs. We are not responsible for any medical provider's actions or omissions based on information in this booklet. Medical providers should refer to the drug manufacturer's product literature or standard references for more detailed information.

## **Preface**

This PDL is organized by sections. Each section includes therapeutic groups by a drug class or disease state.

Products are listed by generic name with brand names as a reference. Unless exceptions are noted, all dosage strengths and forms of the drug are included in the PDL. Providers are encouraged to prescribe generics first.

This PDL covers select over-the-counter (OTC) products. Providers are encouraged to prescribe OTC medications when clinically appropriate.

## **Pharmacy and Therapeutics (P&T) Committee**

The P&T Committee has doctors and pharmacists who are not with UnitedHealthcare Community Plan or its affiliates. It also includes some UnitedHealthcare Community Plan medical directors and pharmacists. Everyone on the P&T committee must follow the committee's ethics standards.

The P&T Committee meets 4 times a year and sends a newsletter to all participating

doctors. All PDL decisions are also updated on the UnitedHealthcare Community Plan website every quarter.

## **Covered outpatient prescription drugs**

Medically necessary outpatient prescription drugs prescribed by a licensed prescriber are covered. Some items need prior authorization (PA). Eligibility for this benefit is based on the member's benefit plan.

## **Medical prescription drugs**

Medical drugs are covered under the member's medical benefit

## **Product selection criteria**

The P&T Committee reviews clinical information on new drugs that are typically included in an outpatient pharmacy benefit. The review may include:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/warnings/precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for this PDL, it will be compared to similar drugs currently in the PDL. As part of this process, some drugs may be removed from a class. This is to make sure only the most clinically useful and cost-effective drugs are on the PDL.

All the information in the PDL is provided as a reference for drug selection. Prescribers can use this information to help them decide which drug to select for a patient.

### **PDL product descriptions**

The PDL shows which strengths and dosage forms are covered. A drug may also have additional information or exceptions noted in the list. Use the examples below for reference.

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

**Extended-release and delayed-release products must have their own entry.**

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

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 OPHTHALMIC and DERMATOLOGY section 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.**

### **Drug tiers**

The PDL has different tiers for drugs:

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**

This PDL **requires** generic substitution on most products when a generic equivalent is available. Generic substitution is when a pharmacy gives the generic drug instead of the

brand name drug. The PDL indicates generic availability in the “Covered Drug” column.

If a brand name drug is medically necessary, prescribers can request a prior authorization (PA). The PA list does not include brand name items if a generic equivalent is covered. There are also many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and a substitute for the brand product.

The UnitedHealthcare Community Plan Maximum Allowable Cost (MAC) list sets a limit on the reimbursement price for certain prescription drugs. This price will typically cover most generics but not branded versions of the same drug. Products on the MAC list are commonly prescribed and dispensed and have usually gone through the Federal Drug Administration’s (FDA) review and approval process.

All FDA-approved generic substitutions since 1984, and many approved before 1984, show bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must have the same active ingredient(s), strength and dosage form as the brand name product.
2. The FDA gave the generic an “A” rating and determined the generic is therapeutically equivalent to the reference brand. Ratings can be found in the FDA’s Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When both criteria are met, a generic can be substituted with the full expectation that it will produce the same clinical effect and safety profile as the prescribed brand name product. Drugs that have a narrow therapeutic index (NTI) can also be guided by these principles.

Providers do not need to approach a therapeutic class (e.g., NTI drugs) differently from other classes when the FDA has determined a therapeutic equivalence. Also, providers do not need to do extra clinical tests or exams when substituting a therapeutically equivalent generic drug.

## **Drug Efficacy Study Implementation (DESI) drugs**

The FDA requires all drugs to be safe and effective to be on the market. Before 1962, the FDA did not check the effectiveness of each drug.

The DESI program was created to see how well drugs approved before 1962 work for their labeled indications. Most of these DESI products were classified as “fully effective” and are still available. Some products were classified as “less than fully effective” and are still under review. Many products that are the same, similar or related to DESI products are classified

as DESI. "Less than fully effective" DESI products are not covered.

## **Plan exclusions**

The following drug categories are not covered:

- DESI drugs
- Antiobesity agents
- Experimental / research drugs
- Cosmetic drugs
- Immunization agents
- 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: syringes, needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, 2 peak flow meters per year (Astech, Assess, Peak Air brands), 1 vaporizer every 3 years and 1 humidifier every 3 years

## **Days supply dispensing limitations**

Plan members can get a one-month or up to three-month supply of certain drugs per prescription order or refill. Controlled substances can only be reordered or refilled when 90% of it has been used. Non-controlled substances can be reordered or refilled when 85% of it has been used.

If a claim is submitted before the 90%/85% threshold, it will reject with a “refill too soon” message.

## **Prior authorization of non-PDL medications**

Drugs that aren’t on the PDL require prior authorization (PA). Providers can send PA requests by mail or fax to:

**UnitedHealthcare Community Plan  
Pharmacy Services Department**  
2 Allegheny Center  
Suite 600  
Pittsburgh, PA 15212  
**Fax 1-866-940-7328**  
**Phone 1-800-310-6826**

All PA requests should use the PA request form in the UnitedHealthcare Community Plan provider manual. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. The UnitedHealthcare Pharmacy Department will respond to requests based on state law.

We ask that providers prescribe drugs that are on this PDL to patients covered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should ask the prescriber to change to a medication on this PDL. If a PDL alternative is not appropriate, the prescriber should ask us for a PA.

For questions about the PA process, providers can call the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **1-800-310-6826**. Members can call Rocky Mountain Health Plans Member Services at **1-800-346-4643, TTY 711**, 8 a.m. – 8 p.m., Monday – Friday.

## **3-day temporary supply overrides for non-PDL drugs**

The pharmacy should talk to prescribers before filling a prescription for a non-PDL drug. **If the prescriber is unavailable and the medication is needed immediately, the claim processing system will accept an override for one 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for the 3-day supply with a PA Type of 8 and PA number of "120". Depending on the members plan, a 3-day supply of non-preferred drugs may be available.

For assistance, pharmacies may call 1-800-310-6826. If the prescriber thinks a non-PDL drug is medically necessary, they can request a PA.

## **Quantity limits (QL)**

Prescriptions for more than the dosage limit need prior authorization (PA).

### **Quantity limits based on efficient medication dosing**

The Efficient Medication Dosing Program consolidates medication dosage to the most efficient daily quantity. This helps patients follow their drug therapy and lowers health care costs.

The limits for this program are based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules. The prescription claims processing system will automatically apply the right quantity limit to a drug. If necessary, the system will also tell the pharmacist to ask the prescriber for a new prescription.

We will let providers know about any changes to the program. Providers can request a medical exception for a patient through the PA process. For questions, providers can call UnitedHealthcare Community Plan Pharmacy Prior Notification Services at 1-800-310-6826.

### **Controlled substances**

You may fill 4 medications from the following classes in a 30-day period:

- benzodiazepines
- sedative hypnotic agents
- barbiturates
- select muscle relaxants

PA is required for additional fills. Medications in these classes may have quantity limits.

### **Specialty Pharmaceutical Management Program**

Drugs on the PDL that are part of the Specialty Pharmaceutical Management Program are labeled with an “SP” in this booklet. This program helps us provide high-quality, cost-effective care for our members. For example, certain injectable drugs that are unavailable through the retail pharmacy network are available through this program after PA.

To get PA, a provider must request electronic PA or fax a PA form to the UnitedHealthcare Community Plan Pharmacy Department at 1-866-940-7328. The Pharmacy Department will review and respond to all requests. Once the request is approved, we'll deliver the product to the member or provider.

To get an electronic PA, submit the request through CoverMyMeds or SureScripts at <https://professionals.optumrx.com/prior-authorization.html>

To request a PA form, call the UnitedHealthcare Community Plan Pharmacy Department at **1-800-310-6826**.

### **Step therapy (ST)**

The PDL drugs below are only covered after trying the first-line agent or through prior authorization (PA).

While lower cost PDL drugs may be appropriate in many cases, other non-PDL drugs are also available with PA.

<b>STEP drug</b>	<b>First-Line agent(s)</b>
<b>Amerge</b>	Trial at a minimum dose of 50mg of sumatriptan tablets.
<b>Aricept 23mg</b>	90-day trial of Aricept 10mg daily.
<b>calcipotriene cream &amp; oint 0.005%</b>	Trial of two medium to high potency corticosteroid topical treatments.
<b>calcitriol 3mcg/gm</b>	Trial of two topical corticosteroids.
<b>DPP4 Inhibitors (Nesina, Kazano, Oseni)</b>	At least a 90-day trial of 1500mg/day of metformin.
<b>Elidel</b>	Minimum age of 2. Trial of one topical corticosteroid.
<b>Eucrisa</b>	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment.
<b>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.

<b>STEP drug</b>	<b>First-Line agent(s)</b>
<b>fluticasone propionate/ salmeterol</b>	(1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR (2) 60 day trial of a long-acting beta2- agonist (e.g. Arcapta, Striverdi) OR 60 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
<b>GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2-pack)</b>	At least a 90-day trial of 1500mg/ day of metformin.
<b>GLP-1/ Insulin Combinations (Soliqua)</b>	Trial of one drug from the following classes: GLP-1 or Basal Insulin.
<b>lubiprostone</b>	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol.
<b>Motegrity</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza).
<b>Movantik</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza).
<b>Optivar</b>	14 day trial of ketotifen within previous 90 days required first.
<b>Ranexa</b>	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates.
<b>Renvela</b>	8-week trial of calcium acetate.
<b>SGLT-2 Inhibitors (Steglatro, Segluromet)</b>	At least a 90 day trial of 1500mg/ day of metformin
<b>tacrolimus 0.03%</b>	Minimum age of 2. Trial of one topical corticosteroid.
<b>tacrolimus 0.1%</b>	Minimum age of 16. Trial of one topical corticosteroid.
<b>tolterodine</b>	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
<b>Tretinoin Cream (Tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)</b>	Trial of Differin OTC Gel 0.1%.
<b>trospium</b>	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.

<b>STEP drug</b>	<b>First-Line agent(s)</b>
<b>Trulance</b>	For chronic idiopathic constipation or irritable bowel syndrome-constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza).
<b>Uloric</b>	8-week trial of up to 600mg of allopurinol required first.
<b>Xopenex Respules</b>	30-day trial of Albuterol .083% or .5% respules.

## **PDL suggestions**

Providers can send PDL suggestions to our Director of Pharmacy Services at:

Attn: Director of Pharmacy Services  
 UnitedHealthcare Community Plan  
 2 Allegheny Center  
 Suite 600  
 Pittsburgh, PA 15212  
 Fax: 1-866-940-7328

PDL suggestions must include appropriate documentation, such as clinical studies from medical literature. This literature should include information showing clinical necessity and therapeutic advantages over current PDL products. Suggestions with appropriate documentation will be reviewed by the P&T Committee at the next committee meeting.

## **Editor**

We encourage you to send us any comments and suggestions for this PDL. Your input is important to us and helps us make sure this PDL is a continued success. All comments will be reviewed and considered. Please send your comments to:

UnitedHealthcare Community Plan  
 2 Allegheny Center  
 Suite 600  
 Pittsburgh, PA 15212  
 Fax: 1-866-940-7328

## RMHP Prime & CHP + Formulary

### Table of Contents

Analgesics.....	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions.....	8
Anesthetics.....	15
Anti-Addiction/Substance Abuse Treatment Agents.....	15
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence.....	17
Antiandrogens - Hormone Suppressants.....	18
Antibacterials.....	18
Antibacterials - Drugs to Treat Bacterial Infections.....	22
Anticonvulsants.....	23
Antidementia Agents.....	25
Antidepressants.....	26
Antidepressants - Drugs to Treat Depression.....	27
Antiemetics.....	28
Antiemetics - Drugs to Treat Nausea and Vomiting.....	29
Antifungals.....	30
Antifungals - Drugs to Treat Fungal Infections.....	31
Antigout Agents.....	32
Antimigraine Agents.....	32
Antimigraine Agents - Drugs to Treat Migraines.....	33
Antimyasthenic Agents.....	33
Antimycobacterials.....	34
Antineoplastics.....	34
Antineoplastics - Drugs to Treat Cancer.....	37
Antineoplastics, Other - Chemotherapy Agents.....	37
Anti-Obesity Agents - Drugs for Weight Loss.....	38
Antiparasitics.....	38
Antiparasitics - Drugs to Treat Parasitic Infections.....	39
Antiparkinson Agents.....	39
Antipsychotics.....	40
Antispasticity Agents.....	42
Antivirals.....	42
Antivirals - Drugs to Treat Viral Infections.....	45
Anxiolytics.....	46
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs.....	46
Bipolar Agents.....	46
Blood Glucose Regulators.....	47
Blood Glucose Regulators - Drugs to Regulate Blood Sugar.....	49

Blood Products and Modifiers .....	50
Blood Products and Modifiers - Drugs to Treat Blood Disorders .....	52
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 .....	62
Dermatological Agents .....	63
Dermatological Agents - Drugs to Treat Skin Conditions .....	68
Diabetes - Glucose Monitoring .....	70
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs .....	73
Electrolytes/Minerals/Metals/Vitamins .....	73
Estrogens - Hormone Replacement/Modifying Drugs .....	90
Gastrointestinal Agents .....	90
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions .....	94
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment .....	111
Genitourinary Agents .....	111
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions .....	112
Glycemic Agents - Diabetic Drugs .....	112
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) .....	113
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) .....	113
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones .....	114
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) .....	114
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones .....	114
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) .....	115
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones .....	123
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) .....	123
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones .....	123
Hormonal Agents, Suppressant (Adrenal) .....	124
Hormonal Agents, Suppressant (Pituitary) .....	124
Hormonal Agents, Suppressant (Thyroid) .....	124
Immune Suppressants - Immune System Drugs .....	125
Immunological Agents .....	125
Immunological Agents - Drugs that Stimulate or Suppress the Immune System .....	129
Inflammatory Bowel Disease Agents .....	130
Metabolic Bone Disease Agents .....	130
Miscellaneous Therapeutic Agents .....	131
Molecular Target Inhibitors - Chemotherapy Agents .....	146

Monoclonal Antibodies - Chemotherapy Agents .....	147
Ophthalmic Agents.....	147
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	150
Otic Agents.....	154
Otic Agents - Drugs to Treat Ear Conditions.....	154
Respiratory Tract/Pulmonary Agents.....	155
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	163
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	181
Skeletal Muscle Relaxants.....	181
Sleep Disorder Agents .....	182
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	182

Preferred Agents	Non-Preferred Agents
Analgesics Nonsteroidal Anti-inflammatory Drugs	
<p><i>addaprin (generic for ADDAPRIN) - Tier 1; QL</i>  <i>ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL</i>  <i>ADVIS ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</i>  <i>all day pain relief (generic for MEDIPROXEN) - Tier 1; QL</i>  <i>all day relief (generic for MEDIPROXEN) - Tier 1; QL</i>  <i>celecoxib oral (generic for CELEBREX) - Tier 1; QL</i>  <i>diclofenac potassium oral tablet 50 mg - Tier 1; QL</i>  <i>diclofenac sodium er - Tier 1; QL</i>  <i>diclofenac sodium external gel 1 % (generic for ASPERCREME ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL</i>  <i>diclofenac sodium external solution 1.5 % - Tier 1; PA; QL</i>  <i>diclofenac sodium oral - Tier 1; QL</i>  <i>ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL</i>  <i>etodolac (generic for LODINE) - Tier 1; QL</i>  <i>FLANAX (brand for all day pain relief) - Tier 2; QL</i>  <i>ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL</i>  <i>ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i>  <i>ft ibuprofen infants (generic for INFANTS ADVIL) - Tier 1; QL</i>  <i>ft ibuprofen oral tablet (generic for ADDAPRIN) - Tier 1; QL</i>  <i>ft pain relief oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL</i>  <i>ibuprofen (generic for IBU) - Tier 1; QL</i>  <i>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i>  <i>ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL</i>  <i>ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL</i></p>	<p><i>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL</i>  <i>LICART - Tier 2; PA; QL</i>  <i>NAPRELAN (brand for naproxen sodium er) - Tier 2; PA</i></p>

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

Preferred Agents	Non-Preferred Agents
<p>ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - <i>Tier 1; QL</i></p> <p>ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - <i>Tier 1; QL</i></p> <p>ibuprofen junior strength oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - <i>Tier 1; QL</i></p> <p>ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - <i>Tier 1; QL</i></p> <p>ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - <i>Tier 1; QL</i></p> <p>ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - <i>Tier 1; QL</i></p> <p>indomethacin oral capsule - <i>Tier 1; QL</i></p> <p>INFANTS ADVIL (brand for cvs ibuprofen infants) - <i>Tier 2; QL</i></p> <p>infants ibuprofen (generic for INFANTS ADVIL) - <i>Tier 1; QL</i></p> <p>ketoprofen oral capsule 25 mg (generic for KIPROFEN) - <i>Tier 1; QL</i></p> <p>ketorolac tromethamine oral - <i>Tier 1; QL</i></p> <p>medi-first ibuprofen (generic for ADDAPRIN) - <i>Tier 1; QL</i></p> <p>mediproxen (generic for MEDIPROXEN) - <i>Tier 1; QL</i></p> <p>meloxicam oral tablet - <i>Tier 1; QL</i></p> <p>MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - <i>Tier 2; QL</i></p> <p>MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - <i>Tier 2; QL</i></p> <p>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - <i>Tier 2; QL</i></p> <p>nabumetone oral - <i>Tier 1; QL</i></p> <p>naproxen dr (generic for EC-NAPROSYN) - <i>Tier 1; QL</i></p> <p>naproxen oral (generic for EC-NAPROSYN) - <i>Tier 1; QL</i></p> <p>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - <i>Tier 1; QL</i></p> <p>oxaprozin oral tablet (generic for DAYPRO) - <i>Tier 1; QL</i></p> <p>piroxicam oral - <i>Tier 1; QL</i></p> <p>sulindac oral - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Long-acting	<p>buprenorphine (generic for BUTRANS) - <i>Tier 1; PA; QL</i></p> <p>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - <i>Tier 1; PA; QL</i></p> <p>morphine sulfate er oral tablet extended release (generic for MS CONTIN) - <i>Tier 1; PA; QL</i></p> <p>oxymorphone hcl er - <i>Tier 1; PA; QL</i></p>
Opioid Analgesics, Short-acting	<p>BELBUCA - <i>Tier 2; PA; QL</i></p> <p>HYSINGLA ER (brand for hydrocodone bitartrate er) - <i>Tier 2; PA; QL</i></p> <p>NUCYNTA ER - <i>Tier 2; PA; QL</i></p> <p>OXYCONTIN - <i>Tier 2; PA; QL</i></p> <p>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - <i>Tier 2; PA; QL</i></p> <p>XTAMPZA ER - <i>Tier 2; PA; QL</i></p> <p>apap-caff-dihydrocodeine (generic for TREZIX) - <i>Tier 1; PA; QL</i></p> <p>NUCYNTA - <i>Tier 2; PA; QL</i></p> <p>TREZIX (brand for apap-caff-dihydrocodeine) - <i>Tier 2; PA; QL</i></p>

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

## Preferred Agents

*endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL*  
*hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL*  
*hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL*  
*hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL*  
*hydromorphone hcl rectal - Tier 1; QL*  
*morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL*  
*morphine sulfate oral - Tier 1; QL*  
*morphine sulfate rectal - Tier 1; QL*  
*oxycodone hcl oral concentrate - Tier 1; QL*  
*oxycodone hcl oral solution - Tier 1; QL*  
**OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL**  
*oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL*  
*pentazocine-naloxone hcl - Tier 1; QL*  
*TENCON (brand for butalbital-acetaminophen) - Tier 2; QL*  
*tramadol hcl oral tablet 50 mg - Tier 1; QL*

## Opioid Dependence Treatments - Antidotes/Deterrents/Protectants

*buprenorphine hcl sublingual - Tier 1; QL*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<p>Analgesics - Miscellaneous Analgesics</p> <p>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL      8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL      8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL      8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL      8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL      8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL      8hr muscle aches &amp; pain (generic for TYLENOL 8 HOUR) - Tier 1; QL      8hr muscle aches &amp; pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL      acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL      acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL      acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL      acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL      acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL      acetaminophen childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL      acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL      acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1      acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL      acetaminophen extra strength oral liquid (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</p>	

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

Preferred Agents	Non-Preferred Agents
<p>acetaminophen extra strength oral tablet (generic for MM ACETAMINOPHEN EX STR) - <i>Tier 1; QL</i></p> <p>acetaminophen infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - <i>Tier 1; QL</i></p> <p>acetaminophen oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - <i>Tier 1; QL</i></p> <p>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - <i>Tier 1; QL</i></p> <p>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - <i>Tier 1; QL</i></p> <p>acetaminophen oral tablet 325 mg (generic for PHARBETOL) - <i>Tier 1; QL</i></p> <p>acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - <i>Tier 1; QL</i></p> <p>acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - <i>Tier 1; QL</i></p> <p>acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - <i>Tier 1; QL</i></p> <p>acetaminophen rectal suppository 650 mg - <i>Tier 1; QL</i></p> <p>aminofen (generic for PHARBETOL) - <i>Tier 1; QL</i></p> <p>apra (generic for MAX RELIEF JUNIOR) - <i>Tier 1; QL</i></p> <p>arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - <i>Tier 1; QL</i></p> <p>arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - <i>Tier 1; QL</i></p> <p>arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - <i>Tier 1; QL</i></p> <p>betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - <i>Tier 1; QL</i></p>	

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

## Preferred Agents

## Non-Preferred Agents

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*  
fever reducing childrens (generic for FEVERALL CHILDRENS) - *Tier 1; QL*  
feveral 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*

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

Preferred Agents	Non-Preferred Agents
<p><i>ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</i></p> <p><i>ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</i></p> <p><i>ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL</i></p> <p><i>ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</i></p> <p><i>headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1</i></p> <p><i>headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1</i></p> <p><i>headache relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1</i></p> <p><i>infants pain &amp; fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</i></p> <p><i>mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL</i></p> <p><i>mapap oral capsule - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL</p> <p>MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL</p> <p>migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1</p> <p>migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1</p> <p>migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1</p> <p>mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</p> <p>mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>m-pap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</p> <p>non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</p> <p>non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</p> <p>non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL</p> <p>pain &amp; fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</p> <p>pain &amp; fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>pain &amp; fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</p> <p>pain &amp; fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</p> <p>pain and fever relief kids (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL</p> <p>pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</p> <p>pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</p> <p>pain relief extra strength oral capsule 500 mg - Tier 1; QL</p> <p>pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</p> <p>pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</p> <p>pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</p> <p>pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL</p> <p>pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>pain relief regular strength (generic for PHARBETOL) - Tier 1; QL</p> <p>pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</p> <p>pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</p> <p>pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</p> <p>pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1</p>	

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

Preferred Agents	Non-Preferred Agents
<p>pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - <i>Tier 1; QL</i></p> <p>pain reliever oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - <i>Tier 1; QL</i></p> <p>pain reliever oral tablet 325 mg (generic for PHARBETOL) - <i>Tier 1; QL</i></p> <p>pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - <i>Tier 1</i></p> <p>pain-off (generic for EXCEDRIN EXTRA STRENGTH) - <i>Tier 1</i></p> <p>PANADOL CHILDRENS (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>PANADOL EXTRA STRENGTH (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>PANADOL INFANTS (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>PHARBETOL (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>sb arthritis pain relief (generic for TYLENOL 8 HOUR) - <i>Tier 1; QL</i></p> <p>sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - <i>Tier 1; QL</i></p> <p>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - <i>Tier 2; QL</i></p> <p>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - <i>Tier 2; QL</i></p> <p>VANQUISH EXTRA STRENGTH (brand for cvs headache relief) - <i>Tier 2</i></p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p> <p>salsalate oral - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Short-acting	
<i>oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL</i>	
Anesthetics	
Local Anesthetics	
<i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; PA; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>LIDOCAN (brand for lidocaine) - Tier 2; PA; QL</i> <i>LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL</i> <i>LIDOZALL (brand for lidocaine) - Tier 2; QL</i> <i>LIDOZALL PLUS (brand for lidocaine) - Tier 2; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i> <i>PROXIVOL (brand for burn gel) - Tier 2; QL</i> <i>ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i>	
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> <i>VIVITROL - Tier 2; QL</i>	
Opioid Dependence	
<i>buprenorphine hcl-naloxone hcl sublingual film (generic for SUBOXONE) - Tier 1</i> <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg - Tier 1</i>	<i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA</i> <i>ZUBSOLV - Tier 2; PA</i>

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

## Preferred Agents

## Non-Preferred Agents

### Opioid Reversal Agents

*naloxone hcl injection solution - Tier 1; QL*  
*naloxone hcl injection solution cartridge - Tier 1; QL*  
*naloxone hcl nasal (generic for NARCAN) - Tier 1; QL*  
*naloxone hcl solution prefilled syringe 2 mg/2ml injection - Tier 1; QL*  
*NARCAN (brand for naloxone hcl) - Tier 2; QL*  
*REXTOVY - Tier 2; PA; QL*

*KLOXXADO - Tier 2; PA; QL*  
*ZIMHI - Tier 2; PA; QL*

### Smoking Cessation Agents

*ft nicotine transdermal (generic for HABITROL) - Tier 1; QL*  
*habitrol (generic for HABITROL) - Tier 1; QL*  
*NICODERM CQ (brand for cvs nicotine) - Tier 2; QL*  
*nicotine step 1 (generic for HABITROL) - Tier 1; QL*  
*nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL*  
*nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL*  
*nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL*  
*nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL*  
*nicotine transdermal system (generic for HABITROL) - Tier 1; QL*  
*varenicline tartrate (generic for CHANTIX) - Tier 1; QL*  
*varenicline tartrate (starter) - Tier 1; QL*  
*varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL*

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

Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Smoking Cessation Agents - Deterrents	
<p><i>ft nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>ft nicotine mouth/throat (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>mini nicotine (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>NICORETTE (brand for cvs nicotine) - Tier 2; QL</i></p> <p><i>NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL</i></p> <p><i>NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL</i></p> <p><i>nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine polacrilex mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine polacrilex mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine polacrilex mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<i>nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4)</i> - Tier 1; QL <i>quit2 (generic for KLS QUIT2)</i> - Tier 1; QL <i>quit4 (generic for KLS QUIT4)</i> - Tier 1; QL <i>THRIVE (brand for cvs nicotine)</i> - Tier 2; QL	
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	<i>ORGOVYX</i> - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
<i>amikacin sulfate injection solution 500 mg/2ml</i> - Tier 1 <i>neomycin sulfate oral</i> - Tier 1; QL <i>streptomycin sulfate intramuscular</i> - Tier 1 <i>ZEMDRI</i> - Tier 2	
Antibacterials, Other	
<i>chloramphenicol sod succinate</i> - Tier 1 <i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN)</i> - Tier 1; QL <i>clindamycin palmitate hcl (generic for CLEOCIN)</i> - Tier 1; QL <i>clindamycin phosphate vaginal (generic for CLEOCIN)</i> - Tier 1; QL <i>colistimethate sodium (cba) (generic for COLY-MYCIN M)</i> - Tier 1 <i>daptomycin</i> - Tier 1 <i>FIRVANQ (brand for vancomycin hcl)</i> - Tier 2; PA; QL <i>lincomycin hcl injection (generic for LINCOCIN)</i> - Tier 1 <i>linezolid in sodium chloride</i> - Tier 1 <i>linezolid intravenous (generic for ZYVOX)</i> - Tier 1 <i>linezolid oral suspension reconstituted (generic for ZYVOX)</i> - Tier 1; DX2RX; QL <i>linezolid oral tablet (generic for ZYVOX)</i> - Tier 1; DX2RX	<i>CLINDESSE</i> - Tier 2; PA; QL <i>SOLOSEC</i> - Tier 2; PA; QL <i>XACIATO</i> - Tier 2; PA; QL

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

## Preferred Agents

*methenamine hippurate (generic for HIPREX) - Tier 1; QL  
metronidazole external (generic for METROCREAM) - Tier 1; QL  
metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL  
metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL  
nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL  
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL  
nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL  
polymyxin b sulfate injection - Tier 1  
SIVEXTRO INTRAVENOUS - Tier 2  
tigecycline (generic for TYGACIL) - Tier 1  
tinidazole oral tablet 250 mg - Tier 1  
tinidazole oral tablet 500 mg - Tier 1; QL  
trimethoprim oral - Tier 1; QL  
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-% - Tier 1  
vancomycin hcl intravenous solution 1000 mg/200ml, 1500 mg/300ml, 2000 mg/400ml, 500 mg/100ml - Tier 1  
vancomycin hcl oral (generic for FIRVANQ) - Tier 1; QL  
VANDAZOLE (brand for metronidazole) - Tier 2; QL  
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML - Tier 2*

## Non-Preferred Agents

### Beta-lactam, Cephalosporins

*cefaclor oral capsule - Tier 1; QL  
cefadroxil - Tier 1; QL  
cefazolin sodium injection solution reconstituted 1 gm, 10 gm - Tier 1  
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-% - Tier 1  
cefdinir - Tier 1; QL  
cefixime oral capsule - Tier 1; QL  
cefotetan disodium (generic for CEFOTAN) - Tier 1  
cefoxitin sodium intravenous solution reconstituted 10 gm - Tier 1  
cefpodoxime proxetil oral tablet - Tier 1; QL  
cefprozil - Tier 1; QL  
ceftazidime injection (generic for TAZICEF) - Tier 1  
ceftazidime intravenous (generic for TAZICEF) - Tier 1*

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

Preferred Agents	Non-Preferred Agents
<p>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - <i>Tier 1</i></p> <p>cefuroxime axetil - <i>Tier 1; QL</i></p> <p>cephalexin oral capsule 250 mg, 500 mg - <i>Tier 1; QL</i></p> <p>cephalexin oral suspension reconstituted - <i>Tier 1; QL</i></p> <p>FETROJA - <i>Tier 2</i></p> <p>tazicef injection (generic for TAZICEF) - <i>Tier 1</i></p> <p>tazicef intravenous solution reconstituted (generic for TAZICEF) - <i>Tier 1</i></p> <p>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG - <i>Tier 2</i></p>	
<p>Beta-lactam, Penicillins</p> <p>amoxicillin - <i>Tier 1; QL</i></p> <p>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - <i>Tier 1; QL</i></p> <p>ampicillin - <i>Tier 1; QL</i></p> <p>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - <i>Tier 1</i></p> <p>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML - <i>Tier 2</i></p> <p>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML - <i>Tier 2; QL</i></p> <p>dicloxacillin sodium - <i>Tier 1; QL</i></p> <p>nafcillin sodium injection solution reconstituted 1 gm - <i>Tier 1</i></p> <p>nafcillin sodium intravenous - <i>Tier 1</i></p> <p>oxacillin sodium injection solution reconstituted 1 gm - <i>Tier 1</i></p> <p>oxacillin sodium intravenous - <i>Tier 1</i></p> <p>penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - <i>Tier 1</i></p> <p>penicillin g sodium - <i>Tier 1</i></p> <p>penicillin v potassium - <i>Tier 1; QL</i></p> <p>piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - <i>Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<b>Carbapenems</b> <p><i>ertapenem sodium - Tier 1</i>  <i>imipenem-cilastatin intravenous solution reconstituted 250 mg - Tier 1</i>  <i>meropenem intravenous solution reconstituted 500 mg - Tier 1</i>  <b>MEROPENEM-SODIUM CHLORIDE - Tier 2</b>  <b>RECARBRO - Tier 2</b>  <b>VABOMERE - Tier 2</b></p>	
<b>Macrolides</b> <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>  <b>DIFICID - Tier 2; PA; QL</b>  <i>e.e.s. 400 (generic for E.E.S. 400) - Tier 1; 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>	
<b>Quinolones</b> <p><b>BAXDELA INTRAVENOUS - Tier 2</b>  <b>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL</b>  <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i>  <i>levofloxacin oral tablet - Tier 1; QL</i>  <i>moxifloxacin hcl in nacl - Tier 1</i>  <i>moxifloxacin hcl oral - Tier 1; QL</i>  <i>ofloxacin oral - Tier 1; QL</i></p>	
<b>Sulfonamides</b> <p><i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i>  <i>sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL</i>  <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<b>Tetracyclines</b>	
<i>doxy 100 (generic for DOXY 100) - Tier 1</i> <i>doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1</i> <i>doxycycline hyclate oral capsule - Tier 1; QL</i> <i>doxycycline hyclate oral tablet 100 mg - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 100 mg (generic for MONODOXYNE NL) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i> <i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i> <i>NUZYRA ORAL - Tier 2; PA; QL</i>	<i>ORACEA (brand for doxycycline) - Tier 2; PA</i>
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>	
<b>Antibacterials, Other - Antibiotics</b>	
<i>antibiotic external ointment 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>antiseptic (generic for BETADINE) - Tier 1</i> <i>BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2</i> <i>first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1</i> <i>ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</i> <i>povidone iodine (generic for BETADINE) - Tier 1</i> <i>povidone-iodine external solution (generic for BETADINE) - Tier 1</i> <i>SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2</i> <i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i>	<i>SUTAB - Tier 2; PA</i>

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

Preferred Agents	Non-Preferred Agents
Anticonvulsants	
Anticonvulsants, Other BRIVIACT INTRAVENOUS - Tier 2 <i>felbamate oral suspension - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>felbamate oral tablet (generic for FELBATOL) - Tier 1; QL</i> <i>lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL</i> <i>lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL</i> <i>lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL</i> <i>lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</i> <i>levetiracetam in nacl - Tier 1</i> <i>levetiracetam intravenous (generic for KEPPTRA) - Tier 1</i> <i>levetiracetam oral solution (generic for KEPPTRA) - Tier 1; Maximum age of 9 years for solution; QL; AL</i> <i>levetiracetam oral tablet (generic for KEPPTRA) - Tier 1; QL</i> <i>roweepra (generic for ROWEEPTRA) - Tier 1; QL</i> <i>subvenite (generic for SUBVENITE) - Tier 1; QL</i> <i>subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL</i> <i>subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL</i> <i>subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</i>	BRIVIACT ORAL - Tier 2; PA; QL EPIDIOLEX - Tier 2; PA; SP; QL FYCOMPA - Tier 2; PA; QL <i>TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL</i> XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<p>topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</p> <p>topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL</p> <p>topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL</p> <p>valproic acid oral capsule - Tier 1; QL</p> <p>valproic acid oral solution 250 mg/5ml - Tier 1; QL</p>	
Calcium Channel Modifying Agents	
<p>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</p> <p>methsuximide (generic for CELONTIN) - Tier 1; QL</p>	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<p>clobazam (generic for ONFI) - Tier 1; PA; QL</p> <p>diazepam rectal - Tier 1; QL</p> <p> gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</p> <p> gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</p> <p>NAYZILAM - Tier 2; PA; QL</p> <p>phenobarbital oral - Tier 1; QL</p> <p> primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</p> <p>tiagabine hcl - Tier 1; PA; QL; AL</p> <p>vigabatrin oral packet (generic for VIGPODER) - Tier 1; PA; SP; QL</p> <p>vigpoder (generic for VIGPODER) - Tier 1; PA; SP; QL</p>	<p>SYMPAZAN - Tier 2; PA; QL</p> <p>VALTOCO 10 MG DOSE - Tier 2; PA; QL</p> <p>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML - Tier 2; PA; QL</p> <p>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML - Tier 2; PA; QL</p> <p>VALTOCO 5 MG DOSE - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>Sodium Channel Agents</p> <p><i>carbamazepine er (generic for CARBATROL) - Tier 1; QL</i>  <i>carbamazepine oral suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL</i>  <i>carbamazepine oral tablet (generic for EPITOL) - Tier 1; QL</i>  <i>carbamazepine oral tablet chewable 100 mg - Tier 1; QL</i>  <i>CARBATROL (brand for carbamazepine er) - Tier 2; QL</i>  <i>DILANTIN INFATABS (brand for phenytoin) - Tier 2; QL</i>  <i>DILANTIN ORAL CAPSULE 100 MG (brand for phenytoin sodium extended) - Tier 2; QL</i>  <i>DILANTIN ORAL CAPSULE 30 MG - Tier 2</i>  <i>DILANTIN ORAL SUSPENSION (brand for phenytoin) - Tier 2; QL</i>  <i>DILANTIN-125 (brand for phenytoin) - Tier 2; QL</i>  <i>epitol (generic for EPITOL) - Tier 1; QL</i>  <i>fosphenytoin sodium injection solution 500 mg pe/10ml (generic for CEREBYX) - Tier 1</i>  <i>lacosamide intravenous (generic for VIMPAT) - Tier 1</i>  <i>lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL</i>  <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL</i>  <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i>  <i>phenytek (generic for PHENYTEK) - Tier 1; QL</i>  <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i>  <i>phenytoin oral (generic for DILANTIN) - Tier 1; QL</i>  <i>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</i>  <i>rufinamide (generic for BANZEL) - Tier 1; PA; QL</i>  <i>TEGRETOL (brand for carbamazepine) - Tier 2; QL</i>  <i>TEGRETOL-XR (brand for carbamazepine er) - Tier 2; QL</i>  <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i></p>	<p><i>APTIOM - Tier 2; PA; QL</i>  <i>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</i></p>
<p>Antidementia Agents</p> <p>Antidementia Agents, Other</p>	<p><i>NAMZARIC (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL</i></p>

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

## Preferred Agents

## Non-Preferred Agents

### Cholinesterase Inhibitors

*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; AL  
galantamine hydrobromide oral solution - Tier 1; QL; AL  
galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL  
galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18  
years of age will require PA; QL; AL  
rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age  
will require PA; QL; AL  
rivastigmine tartrate - Tier 1; QL; AL*

### 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  
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300  
mg (generic for WELLBUTRIN XL) - Tier 1; QL  
bupropion hcl oral - Tier 1; QL  
mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1;  
Tabs (not soltabs); QL  
mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL  
perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50  
mg - Tier 1  
perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL*

### Monoamine Oxidase Inhibitors

*tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
<i>citalopram hydrobromide oral solution - Tier 1; QL</i> <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL</i> <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL</i> <i>fluoxetine hcl oral capsule 10 mg, 20 mg (generic for PROZAC) - Tier 1; QL</i> <i>fluoxetine hcl oral capsule 40 mg (generic for PROZAC) - Tier 1</i> <i>fluoxetine hcl oral solution - Tier 1</i> <i>fluvoxamine maleate - Tier 1; QL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i> <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL</i> <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL</i> <i>venlafaxine hcl - Tier 1; QL</i> <i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</i>	<i>TRINTELLIX - Tier 2; PA; QL</i>
Tricyclics	
<i>amitriptyline hcl oral - Tier 1; QL</i> <i>amoxapine - Tier 1; QL</i> <i>clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL</i> <i>desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL</i> <i>doxepin hcl oral capsule - Tier 1; QL</i> <i>doxepin hcl oral concentrate - Tier 1; QL</i> <i>imipramine hcl oral - Tier 1; QL</i> <i>nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL</i>	
Antidepressants - Drugs to Treat Depression	
Atypical Antipsychotics	<i>LYBALVI - Tier 2; DX2RX; ST; QL; AL</i>

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

Preferred Agents	Non-Preferred Agents
Antiemetics	
Antiemetics, Other <i>ANTIVERT ORAL TABLET CHEWABLE 25 MG (brand for cvs motion sickness relief) - Tier 2</i> <i>BONINE (brand for cvs motion sickness relief) - Tier 2</i> <i>driminate (generic for DRIMINATE) - Tier 1</i> <i>ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>meclizine hcl oral tablet 12.5 mg - Tier 1; QL</i> <i>meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL</i> <i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1</i> <i>metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL</i> <i>metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL</i> <i>motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i> <i>motion-time (generic for BONINE) - Tier 1</i> <i>perphenazine oral - Tier 1; QL</i> <i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i> <i>prochlorperazine maleate oral - Tier 1; QL</i> <i>promethazine hcl oral solution 6.25 mg/5ml - Tier 1; QL</i> <i>promethazine hcl oral tablet - Tier 1; QL</i> <i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i> <i>PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL</i> <i>travel ease (generic for BONINE) - Tier 1</i> <i>trimethobenzamide hcl oral - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts	
AKYNZEO INTRAVENOUS - Tier 2 <i>aprepitant (generic for EMEND) - Tier 1; QL</i> <b>CINVANTI - Tier 2</b> <i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i> <i>fosaprepitant dimeglumine (generic for EMEND) - Tier 1</i> <i>granisetron hcl intravenous - Tier 1</i> <i>ondansetron hcl injection - Tier 1</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> <i>palonosetron hcl (generic for POSFREA) - Tier 1</i> <i>POSFREA (brand for palonosetron hcl) - Tier 2</i> <b>SUSTOL - Tier 2</b>	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 oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i>	

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

Preferred Agents	Non-Preferred Agents
<p>Antifungals</p> <p><i>amphotericin b intravenous - Tier 1</i></p> <p><i>caspofungin acetate intravenous solution reconstituted 70 mg (generic for CANCIDAS) - Tier 1</i></p> <p><i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i></p> <p><b>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG - Tier 2</b></p> <p><i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i></p> <p><i>ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i></p> <p><i>ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>griseofulvin microsize oral - Tier 1; QL</i></p> <p><i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL</i></p> <p><i>itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL</i></p> <p><i>ketoconazole oral - Tier 1; QL</i></p> <p><i>micafungin sodium intravenous solution reconstituted 100 mg (generic for MYCAMINE) - Tier 1</i></p> <p><i>miconazole 3 - Tier 1; QL</i></p> <p><i>miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i></p> <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>voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</i></p>	<p><b>GYNAZOLE-1 - Tier 2; PA; QL</b></p>

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

Preferred Agents	Non-Preferred Agents
Antifungals - Drugs to Treat Fungal Infections	
Antifungals - Fungal Infection Drugs <i>3 day vaginal - Tier 1</i> <i>antifungal external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1</i> <i>antifungal external powder (generic for DESENEX) - Tier 1; QL</i> <i>antifungal foot care (generic for LAMISIL AT) - Tier 1; QL</i> <i>athletes foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1</i> <i>athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i> <i>athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1</i> <i>athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i> <i>athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL</i> <i>athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1</i> <i>athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1</i> <i>baza antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1</i> <i>clotrimazole 3 - Tier 1</i> <i>clotrimazole 7 - Tier 1; QL</i> <i>clotrimazole vaginal cream 1 % - Tier 1; QL</i> <i>CRITIC-AID CLEAR AF - Tier 2</i> <i>CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2</i> <i>DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL</i> <i>DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2</i> <i>foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i> <i>ft antifungal external cream 2 % (generic for MEDPURA ANTIFUNGAL) - Tier 1</i>	

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

Preferred Agents	Non-Preferred Agents
<p><i>ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>ft clotrimazole - Tier 1; QL</i></p> <p><i>ft clotrimazole 3 - Tier 1</i></p> <p><i>jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL</i></p> <p><i>LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL</i></p> <p><i>MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2</i></p> <p><i>micaderm (generic for MEDPURA ANTIFUNGAL) - Tier 1</i></p> <p><i>MICATIN (brand for antifungal) - Tier 2</i></p> <p><i>miconazole antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1</i></p> <p><i>miconazole nitrate external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1</i></p> <p><i>miconazorb af (generic for DESENEX) - Tier 1; QL</i></p> <p><i>MICRO GUARD (brand for antifungal) - Tier 2; QL</i></p> <p><i>terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>ZEASORB-AF (brand for antifungal) - Tier 2; QL</i></p>	
Antigout Agents	
<p><i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i></p> <p><i>colchicine oral tablet - Tier 1; QL</i></p> <p><i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i></p> <p><i>probenecid - Tier 1; QL</i></p>	<p><i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i></p>
Antimigraine Agents	
Ergot Alkaloids	
<p><i>dihydroergotamine mesylate injection - Tier 1; QL</i></p> <p><i>MIGERGOT - Tier 2; QL</i></p>	<p><i>QULIPTA - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Prophylactic	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - <i>Tier 2; QL</i> AIMOVIG - <i>Tier 2; PA; QL</i> EMGALITY - <i>Tier 2; PA; QL</i> EMGALITY (300 MG DOSE) - <i>Tier 2; PA; QL</i>	AJOVY - <i>Tier 2; PA; QL</i>
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
NURTEC - <i>Tier 2; PA; QL</i> UBRELVY - <i>Tier 2; PA; QL</i>	
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 oral tablet (generic for ZOMIG) - Tier 1; QL</i>	<i>ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL</i>
Antimyasthenic Agents	
Parasympathomimetics	
<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>	

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

Preferred Agents	Non-Preferred Agents
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i>	
<i>rifabutin - Tier 1; QL</i>	
Antituberculars	
<i>cycloserine oral - Tier 1; QL</i>	
<i>ethambutol hcl oral tablet 100 mg - Tier 1</i>	
<i>ethambutol hcl oral tablet 400 mg - Tier 1; QL</i>	
<i>isoniazid oral - Tier 1; QL</i>	
<i>PRIFTIN - Tier 2; QL</i>	
<i>pyrazinamide oral - Tier 1; QL</i>	
<i>rifampin oral - Tier 1; QL</i>	
<i>SIRTURO - Tier 2; QL</i>	
<i>TRECATOR - Tier 2; QL</i>	
Antineoplastics	
Alkylating Agents	
<i>BELRAPZO (brand for bendamustine hcl) - Tier 2</i>	
<i>BENDAMUSTINE HCL INTRAVENOUS SOLUTION (brand for bendamustine hcl) - Tier 2</i>	
<i>bendamustine hcl intravenous solution reconstituted (generic for TREANDA) - Tier 1</i>	
<i>BENDEKA (brand for bendamustine hcl) - Tier 2</i>	
<i>cyclophosphamide oral capsule - Tier 1</i>	
<i>CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2</i>	
<i>LEUKERAN - Tier 2</i>	
<i>MATULANE - Tier 2; SP</i>	
<i>MYLERAN - Tier 2</i>	
<i>temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP</i>	
<i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i>	
<i>VIVIMUSTA (brand for bendamustine hcl) - Tier 2</i>	

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

Preferred Agents	Non-Preferred Agents
<b>Antiandrogens</b> <p><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>  <i>ERLEADA ORAL TABLET 240 MG - Tier 2; SP; QL</i>  <i>ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; QL</i>  <i>EULEXIN - Tier 2; QL</i>  <i>NUBEQA - Tier 2; PA; QL</i></p>	<i>XTANDI - Tier 2; PA; SP; QL</i>
<b>Antiangiogenic Agents</b> <p><i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i>  <i>POMALYST - Tier 2; PA; SP; QL</i>  <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i>  <i>THALOMID - Tier 2; PA; SP; QL</i></p>	
<b>Antiestrogens/Modifiers</b> <p><i>tamoxifen citrate oral tablet 10 mg - Tier 1; \$0; QL</i>  <i>tamoxifen citrate oral tablet 20 mg - Tier 1; \$0; HCR; QL</i>  <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i></p>	
<b>Antimetabolites</b> <p><i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i>  <i>mercaptopurine oral tablet - Tier 1; QL</i>  <i>TABLOID - Tier 2; SP</i></p>	
<b>Antineoplastics, Other</b> <p><i>IDHIFA - Tier 2; PA; SP; QL</i>  <i>LONSURF - Tier 2; PA; SP; QL</i>  <i>NINLARO - Tier 2; PA; SP; QL</i>  <i>ZOLINZA - Tier 2; PA; SP; QL</i></p>	
<b>Aromatase Inhibitors, 3rd Generation</b> <p><i>anastrozole oral (generic for ARIMIDEX) - Tier 1; HCR; QL</i>  <i>exemestane (generic for AROMASIN) - Tier 1; QL</i>  <i>letrozole oral (generic for FEMARA) - Tier 1; HCR; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<b>Enzyme Inhibitors</b> <p><i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP</p>	
<b>Molecular Target Inhibitors</b> <p>BALVERSA - Tier 2; PA; SP; QL  COTELLIC - Tier 2; PA; SP; QL  DAURISMO - Tier 2; PA; SP; QL  ERIVEDGE - Tier 2; PA; SP; QL  <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL</i>  <i>everolimus oral tablet 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP</i>  <i>everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL</i>  IBRANCE - Tier 2; PA; SP; QL  JAKAFI - Tier 2; PA; SP; QL  LYNPARZA - Tier 2; PA; SP; QL  MEKINIST ORAL SOLUTION RECONSTITUTED - Tier 2; SP; QL  MEKINIST ORAL TABLET - Tier 2; PA; SP; QL  ODOMZO - Tier 2; PA; SP; QL  PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL  PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL  PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL  ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL  ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; QL  ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; QL; AL  RUBRACA - Tier 2; PA; SP; QL  RYDAPT - Tier 2; PA; SP; QL  <i>sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL</i>  STIVARGA - Tier 2; PA; SP; QL  <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; QL</i></p>	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

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

Preferred Agents	Non-Preferred Agents
<i>sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP</i> <b>TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; QL</b> <b>TAFINLAR ORAL TABLET SOLUBLE - Tier 2; SP; QL</b> <b>TIBSOVO - Tier 2; PA; SP; QL</b> <i>torpenz (generic for TORPENZ) - Tier 1; PA; SP; QL</i> <b>VENCLEXTA - Tier 2; PA; SP; QL</b> <b>VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL</b> <b>VERZENIO - Tier 2; PA; SP; QL</b> <b>VITRAKVI - Tier 2; PA; SP; QL</b> <b>ZEJULA - Tier 2; PA; SP; QL; AL</b> <b>ZELBORAF - Tier 2; PA; SP; QL</b> <b>ZYDELIG - Tier 2; PA; SP; QL</b>	
<b>Retinoids</b>	
<i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP</i> <i>tretinoin oral - Tier 1; SP</i>	
<b>Treatment Adjuncts</b>	
<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>	
<b>Antineoplastics - Drugs to Treat Cancer</b>	
<b>Antimetabolites - Chemotherapy Agents</b>	
<i>capecitabine (generic for XELODA) - Tier 1; SP</i>	
<b>Molecular Target Inhibitors - Chemotherapy Agents</b>	<b>SCEMBLIK ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL</b>
<b>Antineoplastics, Other - Chemotherapy Agents</b>	
<b>Antineoplastics - Drugs to Treat Cancer</b>	
<b>ZYKADIA - Tier 2; PA; SP; QL</b>	<b>LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL</b>

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

Preferred Agents	Non-Preferred Agents
Anti-Obesity Agents - Drugs for Weight Loss	WEGOVY - Tier 2; PA; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; QL</i> <i>BILTRICIDE (brand for praziquantel) - Tier 2; PA; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; PA; QL</i>	EMVERM - Tier 2; PA; QL
Antiprotozoals	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> <i>BENZNIDAZOLE - Tier 2; QL</i> <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; QL</i> <i>KRINTAFEL - Tier 2; QL</i> <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral - Tier 1; QL</i> <i>pentamidine isethionate (generic for NEBUPENT) - Tier 1</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i> <i>SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<i>ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing maximum strength external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	<i>ONGENTYS - Tier 2; PA; QL</i>
Dopamine Agonists	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	<i>INBRIJA - Tier 2; PA; QL</i> 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
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>selegiline hcl oral - Tier 1; QL</i>	
Antipsychotics	
1st Generation/Typical	
<i>chlorpromazine hcl oral tablet - Tier 1; QL</i> <i>fluphenazine decanoate injection - Tier 1; QL</i> <i>fluphenazine hcl injection - Tier 1</i> <i>fluphenazine hcl oral concentrate - Tier 1</i> <i>fluphenazine hcl oral elixir - Tier 1</i> <i>fluphenazine hcl oral tablet - Tier 1; QL</i> <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; DX2RX; QL</i> <i>haloperidol oral tablet 0.5 mg - Tier 1; DX2RX; QL</i> <i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg - Tier 1; QL</i> <i>loxapine succinate - Tier 1; QL</i> <i>pimozide - Tier 1; QL; AL</i> <i>thioridazine hcl oral - Tier 1; QL</i> <i>thiothixene - Tier 1; QL</i> <i>trifluoperazine hcl - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
<p>2nd Generation/Atypical</p> <p>ABILIFY ASIMTUFI - Tier 2; PA; QL; AL      ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL  <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (generic for ABILIFY) - Tier 1; DX2RX; QL; AL</i>  <i>aripiprazole oral tablet 2 mg (generic for ABILIFY) - Tier 1; DX2RX; QL</i>      ARISTADA - Tier 2; DX2RX; ST; 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  <i>lurasidone hcl (generic for LATUDA) - Tier 1; DX2RX; QL; AL</i>  <i>olanzapine oral tablet (generic for ZYPREXA) - Tier 1; DX2RX; QL; AL</i>      PERSERIS - Tier 2; DX2RX; ST; QL; AL  <i>quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; DX2RX; QL; AL</i>  <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400      mg, 50 mg (generic for SEROQUEL) - Tier 1; DX2RX; QL; AL</i>  <i>quetiapine fumarate oral tablet 150 mg - Tier 1; QL; AL</i>  <i>risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier      1; DX2RX; ST; QL; AL</i>  <i>risperidone oral solution (generic for RISPERDAL) - Tier 1; DX2RX;      Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>risperidone oral tablet 0.25 mg - Tier 1; QL; AL</i>  <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (generic for      RISPERDAL) - Tier 1; DX2RX; QL; AL</i>      RYKINDO - Tier 2; PA; QL; AL      UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100      MG/0.28ML - Tier 2; DX2RX; ST; QL; AL  <i>ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; QL; AL</i></p>	<p>ARISTADA INITIO - Tier 2; DX2RX; ST; QL; AL      REXULTI - Tier 2; DX2RX; ST; QL; AL      VRAYLAR - Tier 2; DX2RX; ST; QL; AL</p>
<p>Treatment-Resistant</p> <p><i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Antispasticity Agents	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i>	
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>cidofovir intravenous - Tier 1</i> <b>PREVYMIS INTRAVENOUS - Tier 2</b> <i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
<b>BARACLUDE ORAL SOLUTION - Tier 2; QL</b> <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
Anti-hepatitis C (HCV) Agents	
<i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <b>MAVYRET ORAL PACKET - Tier 2; PA; SP; QL</b> <b>MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,&amp; 6; SP; QL</b> <i>ribavirin oral - Tier 1; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <b>SOVALDI - Tier 2; PA; SP; QL</b> <b>VOSEVI - Tier 2; SP; QL</b> <b>ZEPATIER - Tier 2; PA; SP; QL</b>	<i>EPCLUSIA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>HARVONI ORAL TABLET (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i>
Antiherpetic Agents	
<i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i> <i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Integrase Inhibitors (INSTI) BIKTARVY - Tier 2; DX2RX; QL DOVATO - Tier 2; QL GENVOYA - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL JULUCA - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) COMPLERA - Tier 2; DX2RX; QL DELSTRIGO - Tier 2; QL EDURANT - Tier 2; QL <i>efavirenz</i> - Tier 1; QL <i>efavirenz-emtricitab-tenofo df</i> - Tier 1; QL <i>efavirenz-lamivudine-tenofovir</i> (generic for SYMFI) - Tier 1; QL <i>etravirine</i> (generic for INTELENCE) - Tier 1; QL INTELENCE ORAL TABLET 25 MG - Tier 2; QL <i>nevirapine</i> - Tier 1; QL <i>nevirapine er</i> - Tier 1; QL	<i>SYMFI</i> (brand for <i>efavirenz-lamivudine-tenofovir</i> ) - Tier 2; PA; QL <i>SYMFI LO</i> (brand for <i>efavirenz-lamivudine-tenofovir</i> ) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<i>abacavir sulfate (generic for ZIAGEN) - Tier 1; QL</i> <i>abacavir sulfate-lamivudine - Tier 1; QL</i> <i>emtricitabine (generic for EMTRIVA) - Tier 1; QL</i> <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg (generic for TRUVADA) - Tier 1; QL</i> <i>emtricitabine-tenofovir df oral tablet 200-300 mg (generic for TRUVADA) - Tier 1; HCR; QL</i> <b>EMTRIVA ORAL SOLUTION - Tier 2; QL</b> <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> <b>ODEFSEY - Tier 2; QL</b> <b>RETROVIR INTRAVENOUS - Tier 2</b> <i>tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; HCR; QL</i> <b>TRIUMEQ - Tier 2; QL</b> <b>TRIUMEQ PD - Tier 2; DX2RX; QL</b> <b>VIREAD ORAL POWDER - Tier 2; QL</b> <b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL</b> <i>zidovudine (generic for RETROVIR) - Tier 1; QL</i>	<i>CIMDUO - Tier 2; PA; QL</i>
Anti-HIV Agents, Other	
<b>FUZEON - Tier 2; QL</b> <i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i> <b>SELZENTRY ORAL SOLUTION - Tier 2; QL</b> <b>TROGARZO - Tier 2</b> <b>TYBOST - Tier 2; QL</b>	

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

Preferred Agents	Non-Preferred Agents
<p>Anti-HIV Agents, Protease Inhibitors (PI)</p> <p>APTIVUS - Tier 2; QL  <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 &gt;= 8 years of age will require PA; QL; AL  <i>ritonavir (generic for NORVIR) - Tier 1; QL</i>  VIRACEPT - Tier 2; QL</p>	
<p>Anti-influenza Agents</p> <p><i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i>  <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i>  RELENZA DISKHALER - Tier 2; QL  <i>rimantadine hcl - Tier 1; QL</i></p>	<p>XOFLUZA (40 MG DOSE) - Tier 2; PA; QL  XOFLUZA (80 MG DOSE) - Tier 2; PA; QL</p>
<p>Antivirals - Drugs to Treat Viral Infections</p> <p>Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs</p> <p><i>foscarnet sodium (generic for FOSCAVIR) - Tier 1</i></p>	
<p>Anti-Influenza Agents - Flu Drugs</p> <p>RAPIVAB - Tier 2</p>	
<p>Antivirals</p> <p>LAGEVRIO - Tier 2; QL  PAXLOVID (150/100) - Tier 2; QL  PAXLOVID (300/100) - Tier 2; QL  VEKLURY - Tier 2</p>	

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

Preferred Agents	Non-Preferred Agents
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral - Tier 1; QL</i>	
Benzodiazepines	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLOONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	<i>LOREEV XR - Tier 2; PA; QL</i>
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	<i>QELBREE - Tier 2; PA; QL; AL</i>
Bipolar Agents	
Mood Stabilizers	
<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 &gt;= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Blood Glucose Regulators	
Antidiabetic Agents	
<p>acarbose oral - <i>Tier 1; QL</i></p> <p>ALOGLIPTIN BENZOATE - Tier 2; DX2RX; QL</p> <p>ALOGLIPTIN-METFORMIN HCL - Tier 2; DX2RX; QL</p> <p>ALOGLIPTIN-PIOGLITAZONE - <i>Tier 2; DX2RX; QL</i></p> <p>DAPAGLIFLOZIN PROPANEDIOL (<i>brand for dapagliflozin propanediol</i>) - <i>Tier 2; DX2RX; QL</i></p> <p>glimepiride oral tablet 1 mg, 2 mg, 4 mg - <i>Tier 1; QL</i></p> <p>glipizide er (<i>generic for GLUCOTROL XL</i>) - <i>Tier 1; QL</i></p> <p>glipizide oral tablet 10 mg, 5 mg - <i>Tier 1; QL</i></p> <p>glyburide micronized - <i>Tier 1; QL</i></p> <p>glyburide oral - <i>Tier 1; QL</i></p> <p>glyburide-metformin - <i>Tier 1; QL</i></p> <p>liraglutide (<i>generic for VICTOZA</i>) - <i>Tier 1; PA; QL</i></p> <p>metformin hcl er (osm) - <i>Tier 1; PA; QL</i></p> <p>metformin hcl er oral tablet extended release 24 hour 500 mg - <i>Tier 1; QL</i></p> <p>metformin hcl er oral tablet extended release 24 hour 750 mg - <i>Tier 1</i></p> <p>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - <i>Tier 1; QL</i></p> <p>nateglinide - <i>Tier 1; QL</i></p> <p>OZEMPIC - <i>Tier 2; PA; QL</i></p> <p>OZEMPIC (2 MG/DOSE) - <i>Tier 2; PA; QL</i></p> <p>pioglitazone hcl (<i>generic for ACTOS</i>) - <i>Tier 1; QL</i></p> <p>repaglinide - <i>Tier 1; QL</i></p> <p>RYBELSUS - <i>Tier 2; PA; QL</i></p> <p>RYBELSUS (FORMULATION R2) - <i>Tier 2; PA; QL</i></p> <p>saxagliptin hcl (<i>generic for ONGLYZEA</i>) - <i>Tier 1; DX2RX; QL</i></p> <p>SEGLUROMET - <i>Tier 2; DX2RX; QL</i></p> <p>SOLIQUA - <i>Tier 2; ST; QL</i></p>	<p>BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL</p> <p>BYETTA 10 MCG PEN - <i>Tier 2; PA; QL</i></p> <p>BYETTA 5 MCG PEN - <i>Tier 2; PA; QL</i></p> <p>FARXIGA (<i>brand for dapagliflozin propanediol</i>) - <i>Tier 2; DX2RX; QL</i></p> <p>GLYXAMBI - <i>Tier 2; PA</i></p> <p>JANUMET - <i>Tier 2; PA; QL</i></p> <p>JANUMET XR - <i>Tier 2; PA; QL</i></p> <p>JANUVIA - <i>Tier 2; PA; QL</i></p> <p>JARDIANC - <i>Tier 2; PA; QL</i></p> <p>JENTADUETO - <i>Tier 2; PA; QL</i></p> <p>JENTADUETO XR - <i>Tier 2; PA; QL</i></p> <p>QTERN - <i>Tier 2; PA; QL</i></p> <p>STEGLUJAN - <i>Tier 2; PA; QL</i></p> <p>SYMLINPEN 120 - <i>Tier 2; PA; QL</i></p> <p>SYMLINPEN 60 - <i>Tier 2; PA; QL</i></p> <p>SYNJARDY - <i>Tier 2; PA; QL</i></p> <p>SYNJARDY XR - <i>Tier 2; PA; QL</i></p> <p>TRADJENTA - <i>Tier 2; PA; QL</i></p> <p>TRIJARDY XR - <i>Tier 2; PA; QL</i></p> <p>XIGDUO XR (<i>brand for dapagliflozin pro-metformin er</i>) - <i>Tier 2; PA; QL</i></p> <p>XULTOPHY - <i>Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p>STEGLATRO - Tier 2; DX2RX; QL  VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML  SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; QL  VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML  SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; ST; QL</p>	
<b>Glycemic Agents</b>	
<p>BAQSIMI ONE PACK - Tier 2; QL  BAQSIMI TWO PACK - Tier 2; QL  <i>glucagon emergency injection kit</i> - Tier 1; QL  GLUCAGON EMERGENCY INJECTION SOLUTION  RECONSTITUTED - Tier 2; QL  GVOKE HYPOPEN 1-PACK - Tier 2; QL  GVOKE HYPOPEN 2-PACK - Tier 2; QL  GVOKE KIT - Tier 2; QL  GVOKE PFS - Tier 2; QL</p>	
<b>Insulins</b>	
<p>HUMULIN 70/30 VIAL - Tier 2; QL  HUMULIN N VIAL - Tier 2; QL  HUMULIN R VIAL - Tier 2; QL  INSULIN ASPART PROT &amp; ASPART (brand for insulin aspart prot &amp; aspart) - Tier 2; QL  INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL  INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL  INSULIN LISPRO JUNIOR KWIKPEN - Tier 2; ST; QL  INSULIN LISPRO PROT &amp; LISPRO - Tier 2; QL  LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL  LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL  NOVOLIN 70/30 RELION - Tier 2; QL  NOVOLIN 70/30 VIAL - Tier 2; QL</p>	<p>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL  ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL  APIDRA SOLOSTAR - Tier 2; PA; QL  APIDRA VIAL - Tier 2; PA; QL  FIASP - Tier 2; PA; QL  FIASP FLEXTOUCH - Tier 2; PA; QL  FIASP PENFILL - Tier 2; PA; QL  HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL  HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL  HUMULIN N KWIKPEN - Tier 2; PA; QL  INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>NOVOLIN N RELION - Tier 2; QL            NOVOLIN N VIAL - Tier 2; QL            NOVOLIN R RELION - Tier 2; QL            NOVOLIN R VIAL - Tier 2; QL  <b>NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL</b>  <b>NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL</b></p>	<p>LYUMJEV - Tier 2; PA; QL            LYUMJEV KWIKPEN - Tier 2; PA; QL            NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL            NOVOLIN N FLEXPEN - Tier 2; PA; QL            NOVOLIN R FLEXPEN - Tier 2; PA; QL  <b>NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL</b>  <b>NOVOLOG MIX 70/30 FLEXPEN (brand for insulin aspart prot &amp; aspart flexpen) - Tier 2; PA; QL</b>  <b>NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot &amp; aspart) - Tier 2; PA; QL</b>  <b>NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL</b>  <b>NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL</b>  <b>SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL</b>  <b>TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL</b>  <b>TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL</b>  <b>TRESIBA (brand for insulin degludec) - Tier 2; PA; QL</b>  <b>TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</b></p>

## Blood Glucose Regulators - Drugs to Regulate Blood Sugar

### Glycemic Agents - Diabetic Drugs

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

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

Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
<i>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i> <i>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i> <i>NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL</i> <i>REZVOGLAR KWIKPEN - Tier 2; QL</i>	
Blood Products and Modifiers	
Anticoagulants	
<i>dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL</i> <i>ELIQUIS - Tier 2; QL</i> <i>ELIQUIS DVT/PE STARTER PACK - Tier 2; QL</i> <i>enoxaparin sodium (generic for LOVENOX) - Tier 1; QL</i> <i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-% - Tier 1</i> <i>heparin sodium (porcine) - Tier 1</i> <i>heparin sodium (porcine) pf - Tier 1</i> <i>jantoven (generic for JANTOVEN) - Tier 1; QL</i> <i>warfarin sodium oral (generic for JANTOVEN) - Tier 1; QL</i>	<i>PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
<p>Blood Products and Modifiers, Other</p> <p><i>anagrelide hcl (generic for AGRYLIN) - Tier 1</i></p> <p>ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP</p> <p>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL</p> <p>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP</p> <p>DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2</p> <p>DROXIA ORAL CAPSULE 400 MG - Tier 2; QL</p> <p>EPOGEN - Tier 2; PA; SP</p> <p>LEUKINE - Tier 2; PA; SP</p> <p>MULPLETA - Tier 2; PA; SP; QL</p> <p>NEULASTA - Tier 2; PA; SP</p> <p>NEULASTA ONPRO - Tier 2; PA; SP</p> <p><i>plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL</i></p> <p>PROCERIT - Tier 2; PA; SP</p> <p>PROMACTA - Tier 2; PA; SP; QL</p> <p>RETACRIT - Tier 2; PA; SP</p> <p>UDENYCA - Tier 2; PA; SP</p> <p>UDENYCA ONBODY - Tier 2; PA; SP</p> <p>ZARXIO - Tier 2; PA; SP</p> <p>ZIEXTENZO - Tier 2; PA; SP</p>	<p>FULPHILA - Tier 2; PA; SP</p> <p>NEUPOGEN - Tier 2; PA; SP</p> <p>NIVESTYM - Tier 2; PA; SP</p> <p>NYVEPRIA - Tier 2; PA; SP</p> <p>RELEUKO - Tier 2; PA; SP</p>
<p>Hemostasis Agents</p> <p><i>aminocaproic acid oral - Tier 1; QL</i></p> <p><i>tranexamic acid oral - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>Platelet Modifying Agents</p> <p>BRILINTA - Tier 2; PA; QL            CABLIVI - Tier 2; PA; SP; QL  <i>cilostazol</i> - Tier 1; QL  <i>clopidogrel bisulfate oral (generic for PLAVIX)</i> - Tier 1; QL  <i>dipyridamole oral</i> - Tier 1; QL  <i>prasugrel hcl (generic for EFFIENT)</i> - Tier 1; PA; QL</p>	<p>DOPTELET - Tier 2; PA; SP; QL            TAVALISSE - Tier 2; PA; SP; QL</p>
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
<p>ADVATE - Tier 2            KOVALTRY - Tier 2  <i>NOVOEIGHT</i> - Tier 2            NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT - Tier 2</p>	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
<p>ADYNOVATE - Tier 2            AFSTYLA - Tier 2  <i>ALPHANATE</i> - Tier 2  <i>ALPHANINE SD</i> - Tier 2  <i>ALPROLIX</i> - Tier 2  <i>BENEFIX</i> - Tier 2  <i>COAGADEX</i> - Tier 2  <i>CORIFACT</i> - Tier 2  <i>ELOCTATE</i> - Tier 2            ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2  <i>FEIBA</i> - Tier 2  <i>FIBRYGA</i> - Tier 2  <i>HEMLIBRA</i> - Tier 2; PA; SP; QL</p>	

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

Preferred Agents	Non-Preferred Agents
HEMOFIL M - Tier 2 HUMATE-P - Tier 2 IDELVION - Tier 2 <i>IXINITY (brand for rixubis) - Tier 2</i> KOATE - Tier 2 KOATE-DVI - Tier 2 KOGENATE FS - Tier 2 NOVOSEVEN RT - Tier 2 OBIZUR - Tier 2 PROFILNINE - Tier 2 REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT - <i>Tier 2</i> RECOMBINATE - Tier 2 RIASTAP - Tier 2 <i>RIXUBIS (brand for rixubis) - Tier 2</i> TRETEN - Tier 2 VONVENDI - Tier 2 WILATE - Tier 2 XYNTHA - Tier 2 XYNTHA SOLOFUSE - <i>Tier 2</i>	
<b>Cardiovascular Agents</b>	
<b>Alpha-adrenergic Agonists</b>	
clonidine hcl oral - <i>Tier 1; QL</i> guanfacine hcl - <i>Tier 1; QL</i> methyldopa - <i>Tier 1; QL</i> midodrine hcl - <i>Tier 1; QL</i>	
<b>Alpha-adrenergic Blocking Agents</b>	
doxazosin mesylate oral (generic for CARDURA) - <i>Tier 1; QL</i> prazosin hcl oral - <i>Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	<i>EDARBI - Tier 2; PA; QL</i>
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>ALTACE (brand for ramipril) - Tier 2; QL</i> <i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1;</i> <i>Members &gt;= 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i> <i>trandolapril - Tier 1; QL</i>	
Antiarrhythmics	
<i>amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL</i> <i>MULTAQ - Tier 2; PA; QL</i> <i>disopyramide phosphate (generic for NORPACE) - Tier 1; QL</i> <i>dofetilide (generic for TIKOSYN) - Tier 1; QL</i> <i>flecainide acetate - Tier 1; QL</i> <i>mexiletine hcl oral - Tier 1; QL</i> <i>NORPACE CR - Tier 2</i> <i>propafenone hcl - Tier 1; QL</i> <i>quinidine gluconate er - Tier 1; QL</i> <i>quinidine sulfate - Tier 1; QL</i> <i>sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL</i> <i>sotalol hcl oral (generic for BETAPACE) - Tier 1; QL</i>	

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

## Preferred Agents

## Non-Preferred Agents

### Beta-adrenergic Blocking Agents

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

*HEMANGEOL - Tier 2; PA; QL*

### Calcium Channel Blocking Agents, Dihydropyridines

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

*NORLIQVA - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
<p>Calcium Channel Blocking Agents, Nondihydropyridines</p> <p><i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i>  <i>diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL</i>  <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL</i>  <i>diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL</i>  <i>dilt-xr - Tier 1; QL</i>  <i>tiadylt er (generic for TIADYLT ER) - Tier 1; QL</i>  <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL</i>  <i>verapamil hcl er oral tablet extended release - Tier 1; QL</i>  <i>verapamil hcl oral - Tier 1; QL</i></p>	
<p>Cardiovascular Agents, Other</p> <p><i>acetazolamide er - Tier 1; QL</i>  <i>acetazolamide oral - Tier 1; QL</i>  <i>amiloride-hydrochlorothiazide - Tier 1; QL</i>  <i>amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL</i>  <i>amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1</i>  <i>amlodipine-olmesartan (generic for AZOR) - Tier 1</i>  <i>atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL</i>  <i>benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL</i>  <i>bisoprolol-hydrochlorothiazide - Tier 1; QL</i>  <i>captopril-hydrochlorothiazide - Tier 1; QL</i>  <i>digoxin oral solution - Tier 1</i>  <i>digoxin oral tablet 125 mcg, 250 mcg (generic for LANOXIN) - Tier 1; QL</i></p>	<p><i>CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL</i>  <i>EDARBYCLOR - Tier 2; PA; QL</i>  <i>KERENDIA - Tier 2; PA; QL</i>  <i>TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p><i>enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL</i>  <i>ENTRESTO ORAL TABLET - Tier 2; PA; QL</i>  <i>fosinopril sodium-hctz - Tier 1; QL</i>  <i>irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL</i>  <i>LANOXIN ORAL TABLET 125 MCG, 250 MCG (brand for digoxin) - Tier 2; QL</i>  <i>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL</i>  <i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i>  <i>olmesartan medoxomil-hctz (generic for BENICAR HCT) - 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; 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>	<p><i>FUROSCIX - Tier 2; PA; QL</i></p>
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i>  <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Diuretics, Thiazide	
<i>chlorthalidone - Tier 1; QL</i> <i>DIURIL - Tier 2; QL</i> <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i>	
Dyslipidemics, Fibrin Acid Derivatives	
<i>fenofibrate micronized oral capsule 130 mg - Tier 1</i> <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 (generic for TRICOR) - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg (generic for LIPITOR) - Tier 1; \$0; QL</i> <i>atorvastatin calcium oral tablet 40 mg, 80 mg (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral tablet 10 mg - Tier 1; QL; AL</i> <i>lovastatin oral tablet 20 mg, 40 mg - Tier 1; \$0; QL; AL</i> <i>pravastatin sodium - Tier 1; \$0; QL</i> <i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg (generic for ZOCOR) - Tier 1; \$0; QL</i> <i>simvastatin oral tablet 5 mg, 80 mg - Tier 1; QL</i>	<i>ATORVALIQ - Tier 2; PA; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other	
<p>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL        cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL        ezetimibe (generic for ZETIA) - Tier 1; QL        niacin er (antihyperlipidemic) - Tier 1; QL        omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL        prevalite oral powder (generic for PREVALITE) - Tier 1; QL</p>	<p>NEXLETOL - Tier 2; PA; QL        NEXLIZET - Tier 2; PA; QL        PRALUENT - Tier 2; 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</p>
Vasodilators, Direct-acting Arterial	
<p>hydralazine hcl oral - Tier 1; QL        minoxidil oral - Tier 1; QL</p>	
Vasodilators, Direct-acting Arterial/Venous	
<p>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL        isosorbide mononitrate - Tier 1; QL        isosorbide mononitrate er - Tier 1; QL        NITRO-BID - Tier 2; QL        nitroglycerin rectal (generic for RECTIV) - Tier 1; PA; QL        nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL        nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</p>	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
Calcium Channel Blocking Agents - Blood Pressure Drugs	
DILTIAZEM HCL-DEXTROSE - Tier 2	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p>milrinone lactate - Tier 1        milrinone lactate in dextrose - Tier 1</p>	<p>VERQUVO - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>Central Nervous System Agents</p> <p>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</p> <p><i>atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>clonidine hcl er - Tier 1; QL</i></p> <p><i>dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>methylphenidate hcl er - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p>	<p><i>JORNAY PM - Tier 2; PA; QL; AL</i></p> <p><i>RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL</i></p> <p><i>RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; QL; AL</i></p>

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

Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<p><i>ADDERALL XR (brand for amphetamine-dextroamphetamine) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL</i></p> <p><i>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL</i></p>	<p><i>ADZENYS XR-ODT - Tier 2; PA; QL; AL</i></p> <p><i>AZSTARYS - Tier 2; PA; QL</i></p>
Central Nervous System, Other	
<p><i>AUSTEDO - Tier 2; PA; SP; QL</i></p> <p><i>caffeine citrate oral - Tier 1; QL; AL</i></p> <p><i>INGREZZA ORAL CAPSULE - Tier 2; PA; SP; QL</i></p> <p><i>INGREZZA ORAL CAPSULE THERAPY PACK - Tier 2; PA; SP; QL</i></p> <p><i>NUEDEXTA - Tier 2; PA; QL</i></p> <p><i>riluzole - Tier 1; QL</i></p> <p><i>tetrabenazine (generic for XENAZINE) - Tier 1; PA; SP; QL</i></p>	<p><i>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</i></p> <p><i>HORIZANT - Tier 2; PA; QL</i></p> <p><i>RADICAVA ORS - Tier 2; PA; SP; QL</i></p> <p><i>RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL</i></p> <p><i>TIGLUTIK - Tier 2; PA; QL</i></p>
Fibromyalgia Agents	
<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL</i></p> <p><i>pregabalin oral (generic for LYRICA) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents	
<i>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; SP; QL</i> <i> fingolimod hcl (generic for GILENYA) - Tier 1; SP; QL</i> <i>GILENYA ORAL CAPSULE 0.25 MG - Tier 2; SP; QL</i> <i> glatiramer acetate (generic for GLATOPA) - Tier 1; PA; SP; QL</i> <i> glatopa (generic for GLATOPA) - Tier 1; PA; SP; QL</i> <i> MAYZENT - Tier 2; PA; SP; QL</i> <i>PLEGRIDY INTRAMUSCULAR - Tier 2; SP; QL</i> <i>PLEGRIDY STARTER PACK - Tier 2; PA; SP; QL</i> <i>PLEGRIDY SUBCUTANEOUS - Tier 2; PA; SP; QL</i> <i>teriflunomide (generic for AUBAGIO) - Tier 1; SP; QL</i>	<i>AVONEX PEN - Tier 2; PA; SP; QL</i> <i>AVONEX PREFILLED - Tier 2; PA; SP; QL</i> <i>BAFIERTAM - Tier 2; PA</i> <i>BETASERON - Tier 2; PA; SP</i> <i>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (brand for glatiramer acetate) - Tier 2; PA; SP; QL</i> <i>KESIMPTA - Tier 2; PA</i> <i>MAYZENT STARTER PACK - Tier 2; PA; SP; QL</i> <i>VUMERITY - Tier 2; PA; SP; QL</i> <i>ZEPOSIA - Tier 2; PA</i> <i>ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA</i>
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	<i>BRONCHITOL - Tier 2; PA; QL</i>
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>periogard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i> <i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Dermatological Agents	
Acne and Rosacea Agents	
<p>acitretin - Tier 1; PA; QL</p> <p>amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL</p> <p>azelaic acid external (generic for FINACEA) - Tier 1; QL</p> <p>claravis (generic for AMNESTEEM) - Tier 1; PA; QL</p> <p>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</p> <p>isotretinoin oral capsule 10 mg, 20 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL</p> <p>isotretinoin oral capsule 30 mg (generic for CLARAVIS) - Tier 1; PA; QL</p> <p>tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL</p> <p>zenatane (generic for AMNESTEEM) - Tier 1; PA; QL</p>	<p>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</p> <p>ABSORICA LD - Tier 2; PA; QL</p> <p>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</p> <p>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</p> <p>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</p> <p>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</p> <p>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL</p> <p>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL</p>
Dermatitis and Pruitus Agents	
<p>ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>alclometasone dipropionate external ointment - Tier 1; QL</p> <p>ammonium lactate external (generic for AL12) - Tier 1; QL</p> <p>anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</p> <p>betamethasone dipropionate external lotion - Tier 1</p>	<p>BRYHALI - Tier 2; PA; QL</p> <p>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</p> <p>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p><i>betamethasone dipropionate external ointment - Tier 1; QL</i></p> <p><i>betamethasone valerate external cream - Tier 1; QL</i></p> <p><i>betamethasone valerate external lotion - Tier 1; QL</i></p> <p><i>betamethasone valerate external ointment - Tier 1; QL</i></p> <p><i>clobetasol propionate e - Tier 1; QL</i></p> <p><i>clobetasol propionate external cream 0.05 % - Tier 1; QL</i></p> <p><i>clobetasol propionate external ointment - Tier 1; QL</i></p> <p><i>clobetasol propionate external solution - Tier 1; QL</i></p> <p><i>cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>EUCRISA - Tier 2; ST; QL</i></p> <p><i>fluocinolone acetonide body (generic for DERMA-SMOOTH/FS BODY) - Tier 1; QL</i></p> <p><i>fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL</i></p> <p><i>fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL</i></p> <p><i>fluocinolone acetonide external solution - Tier 1; QL</i></p> <p><i>fluocinolone acetonide scalp (generic for DERMA-SMOOTH/FS SCALP) - Tier 1; QL</i></p> <p><i>fluocinonide emulsified base - Tier 1; QL</i></p> <p><i>fluocinonide external cream (generic for VANOS) - Tier 1; QL</i></p> <p><i>fluocinonide external solution - Tier 1; QL</i></p> <p><i>fluticasone propionate external cream - Tier 1; QL</i></p> <p><i>fluticasone propionate external ointment - Tier 1; QL</i></p> <p><i>ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>ft itch relief/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>halobetasol propionate external cream - Tier 1; QL</p> <p>hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>hydrocortisone butyrate external ointment - Tier 1; QL</p> <p>hydrocortisone butyrate external solution - Tier 1; QL</p> <p>hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL</p> <p>hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>hydrocortisone external lotion 2.5 % - Tier 1; QL</p> <p>hydrocortisone external ointment 0.5 % - Tier 1</p> <p>hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL</p> <p>hydrocortisone external ointment 2.5 % - Tier 1; QL</p> <p>hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>hydrocortisone/aloë (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>hydrocortisone/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>instacort 5 - Tier 1; QL</p> <p>LAC-HYDRIN FIVE - Tier 2; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL  mometasone furoate external - Tier 1; QL  pimecrolimus (generic for ELIDEL) - Tier 1; Minimum age of 2 years; QL; AL  selenium sulfide external lotion - Tier 1; QL  tacrolimus external ointment 0.03 % - Tier 1; Minimum age of 2 years; QL; AL  tacrolimus external ointment 0.1 % - Tier 1; Minimum age of 16 years; QL; AL  triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL  triamcinolone acetonide external lotion 0.025 % - Tier 1  triamcinolone acetonide external lotion 0.1 % - Tier 1; QL  triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL  triderm (generic for TRIDERM) - Tier 1; QL</p>	
<p>Dermatological Agents, Other</p> <p>calcipotriene external cream - Tier 1; QL  calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL  calcipotriene external solution - Tier 1; QL  clotrimazole-betamethasone - 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  silver sulfadiazine external (generic for SSD) - Tier 1; QL  ssd (generic for SSD) - Tier 1; QL</p>	<p>ENSTILAR - Tier 2; PA; QL  PROCTOFOAM HC - Tier 2; PA  TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL  VECTICAL (brand for calcitriol) - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>Pediculicides/Scabicides</p> <p><i>lice killing (generic for NIX CREME RINSE) - Tier 1</i>  <i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i>  <i>malathion (generic for OVIDE) - Tier 1; QL</i>  <i>permethrin external (generic for ELIMITE) - Tier 1; QL</i>  <i>spinosad (generic for NATROBA) - Tier 1; QL</i></p>	<p><i>SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL</i></p>
<p>Topical Anti-infectives</p> <p><i>ciclodan (generic for CICLODAN) - Tier 1; QL</i>  <i>ciclopirox external solution (generic for CICLODAN) - Tier 1; QL</i>  <i>clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL</i>  <i>clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL</i>  <i>clindamycin phosphate external solution - Tier 1; QL</i>  <i>clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i>  <i>clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i>  <i>clotrimazole external solution 1 % - Tier 1; QL</i>  <i>erythromycin external (generic for ERYGEL) - Tier 1; QL</i>  <i>gentamicin sulfate external - Tier 1; QL</i>  <i>ketoconazole external cream - Tier 1; QL</i>  <i>ketoconazole external shampoo - Tier 1; QL</i>  <i>klayesta (generic for KLAYESTA) - Tier 1; QL</i>  <i>mupirocin ointment - Tier 1; QL</i>  <i>nyamyc (generic for KLAYESTA) - Tier 1; QL</i>  <i>nystatin external (generic for KLAYESTA) - Tier 1; QL</i>  <i>nystop (generic for KLAYESTA) - Tier 1; QL</i>  <i>tgt clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i></p>	<p><i>JUBLIA - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p>Dermatological Agents - Drugs to Treat Skin Conditions</p> <p><i>advanced healing external ointment (generic for HYDROLATUM) - Tier 1</i></p> <p><i>astringent (generic for DOMEBORO) - Tier 1</i></p> <p><i>astringent solution (generic for DOMEBORO) - Tier 1</i></p> <p><i>AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2</i></p> <p><i>baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i></p> <p><i>beauty 360 pure glycerin - Tier 1</i></p> <p><i>beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1</i></p> <p><i>boro-packs (generic for DOMEBORO) - Tier 1</i></p> <p><i>BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL</i></p> <p><i>bp 10-1 - Tier 1</i></p> <p><i>diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i></p> <p><i>DR SMITHS DIAPER - Tier 2; QL</i></p> <p><i>ft glycerin - Tier 1</i></p> <p><i>glycerin external liquid , 99.5 % - Tier 1</i></p> <p><i>hydrolatum (generic for HYDROLATUM) - Tier 1</i></p> <p><i>hydrophor (generic for HYDROLATUM) - Tier 1</i></p> <p><i>ointment base (generic for HYDROLATUM) - Tier 1</i></p> <p><i>renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1</i></p> <p><i>sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1</i></p> <p><i>sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - <i>Tier 1; QL</i></p> <p>sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - <i>Tier 1; QL</i></p> <p>sulfamez wash - <i>Tier 1</i></p> <p>SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - <i>Tier 2; QL</i></p> <p>zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - <i>Tier 1; QL</i></p>	
<b>Dermatological Agents - Skin Agents</b>	
<p>ABREVA (brand for docosanol) - <i>Tier 2; QL</i></p> <p>calamine external - <i>Tier 1</i></p> <p>calamine-zinc oxide external lotion - <i>Tier 1</i></p> <p>docosanol external (generic for ABREVA) - <i>Tier 1; QL</i></p> <p>ft docosanol (generic for ABREVA) - <i>Tier 1; QL</i></p> <p>gormel - <i>Tier 1; QL</i></p> <p>gormel 10 (generic for NUTRAPLUS) - <i>Tier 1; QL</i></p> <p>hemorrhoidal rectal suppository 0.25-3-85.5 % - <i>Tier 1</i></p> <p>NUTRAPLUS (brand for gormel 10) - <i>Tier 2; QL</i></p> <p>OPZELURA - <i>Tier 2; PA; SP; QL</i></p> <p>urea 20 intensive hydrating - <i>Tier 1; QL</i></p> <p>urea external cream 20 % - <i>Tier 1; QL</i></p> <p>urea external lotion - <i>Tier 1; QL</i></p> <p>ureacin-10 (generic for NUTRAPLUS) - <i>Tier 1; QL</i></p> <p>ureacin-20 - <i>Tier 1; QL</i></p> <p>XERAC AC - <i>Tier 2</i></p>	CIBINQO - <i>Tier 2; PA; SP; QL</i>

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

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL	ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL	ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL
ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL	ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL
ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL	ACCU-CHEK GUIDE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL	ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL
CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL
CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL	BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL
CHEMSTRIP 10 MD - Tier 2	BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL
CHEMSTRIP 10/SG - Tier 2	BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
CHEMSTRIP 2 GP - Tier 2	CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
CHEMSTRIP 5 OB - Tier 2	CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL
CHEMSTRIP 7 - Tier 2	CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
CHEMSTRIP 9 - Tier 2	CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL
CHEMSTRIP K (brand for ketone test) - Tier 2; QL	CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
CHEMSTRIP UGK - Tier 2; QL	
DEXCOM G6 RECEIVER - Tier 2; PA; QL; AL	
DEXCOM G7 RECEIVER - Tier 2; PA; QL; AL	
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL	
EASYSMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
<p>EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>FREESTYLE LIBRE 14 DAY READER - <i>Tier 2; PA; QL; AL</i></p> <p>FREESTYLE LIBRE 2 PLUS SENSOR (brand for guardian sensor 3) - <i>Tier 2; PA; QL; AL</i></p> <p>FREESTYLE LIBRE 2 READER - <i>Tier 2; PA; QL; AL</i></p> <p>FREESTYLE LIBRE 3 READER - <i>Tier 2; PA; QL; AL</i></p> <p>FREESTYLE LIBRE READER - <i>Tier 2; PA; QL; AL</i></p> <p>GUARDIAN REAL-TIME REPLACE PED - <i>Tier 2; PA; QL; AL</i></p> <p>IHEALTH CONTROL SOLUTION (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>KETO-DIASTIX - <i>Tier 2; QL</i></p> <p>KETONE CARE - <i>Tier 2; QL</i></p> <p>KETONE TEST (brand for ketone test) - <i>Tier 2; QL</i></p> <p>KETOSTIX (brand for ketone test) - <i>Tier 2; QL</i></p> <p>LANCETS (brand for cvs lancets original) - <i>Tier 2; QL</i></p> <p>LANCETS 28G THIN (brand for cvs lancets original) - <i>Tier 2; QL</i></p> <p>MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>NEUTEK 2TEK CONTROL (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - <i>Tier 2; QL</i></p>	<p>CONTOUR TEST STRIPS (brand for blood glucose test) - <i>Tier 2; PA; QL</i></p> <p>DEXCOM G6 SENSOR (brand for guardian sensor 3) - <i>Tier 2; PA; AL</i></p> <p>DEXCOM G7 SENSOR (brand for guardian sensor 3) - <i>Tier 2; PA; AL</i></p> <p>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - <i>Tier 2; PA; AL</i></p> <p>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - <i>Tier 2; PA; AL</i></p> <p>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - <i>Tier 2; PA; QL; AL</i></p> <p>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - <i>Tier 2; PA; QL</i></p> <p>FREESTYLE TEST (brand for blood glucose test) - <i>Tier 2; PA; QL</i></p> <p>GUARDIAN SENSOR (3) (brand for guardian sensor 3) - <i>Tier 2; PA; AL</i></p> <p>GUARDIAN SENSOR 3 (brand for guardian sensor 3) - <i>Tier 2; PA; AL</i></p> <p>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - <i>Tier 2; PA; QL</i></p> <p>ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - <i>Tier 2; PA; QL</i></p> <p>ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - <i>Tier 2; PA; QL</i></p> <p>ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - <i>Tier 2; PA; QL</i></p> <p>PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - <i>Tier 2; PA; QL</i></p> <p>RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - <i>Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p>ONETOUCH ULTRA BLUE TEST (brand for blood glucose test) - <i>Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</i></p> <p>ONETOUCH ULTRA CONTROL (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - <i>Tier 2; QL</i></p> <p>ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - <i>Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</i></p> <p>ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - <i>Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</i></p> <p>ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - <i>Tier 2; QL</i></p> <p>ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - <i>Tier 2; QL</i></p> <p>ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - <i>Tier 2; QL</i></p> <p>ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - <i>Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</i></p> <p>PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - <i>Tier 2; QL</i></p> <p>VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - <i>Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	ACCRUFER - Tier 2; PA; QL
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP</i> <i>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>DENTAGEL (brand for sf) - Tier 2</i> <i>EASYGEL - Tier 2</i> <i>FLUORIDEX DAILY RENEWAL - Tier 2</i> <i>FRAICHE 5000 DENTAL (brand for sf) - Tier 2</i> <i>ISOLYTE-S - Tier 2</i> <i>kcl (0.149%) in nacl - Tier 1</i> <i>kcl (0.298%) in nacl - Tier 1</i> <i>klor-con (generic for KLOR-CON) - Tier 1; QL</i> <i>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</i> <i>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</i> <i>klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL</i> <i>magnesium sulfate injection - Tier 1</i>	<i>ENDARI (brand for l-glutamine) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
<p>magnesium sulfate intravenous - <i>Tier 1</i></p> <p>multiple electro type 1 ph 5.5 (generic for PLASMA-LYTE 148) - <i>Tier 1</i></p> <p>multiple electro type 1 ph 7.4 (generic for PLASMA-LYTE A) - <i>Tier 1</i></p> <p>PHYSIOLYTE - <i>Tier 2</i></p> <p>PHYSIOSOL IRRIGATION - <i>Tier 2</i></p> <p>PLASMA-LYTE 148 (brand for multiple electro type 1 ph 5.5) - <i>Tier 2</i></p> <p>potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - <i>Tier 1; QL</i></p> <p>potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - <i>Tier 1; QL</i></p> <p>potassium chloride er oral capsule extended release 10 meq - <i>Tier 1; QL</i></p> <p>potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - <i>Tier 1; QL</i></p> <p>potassium chloride er oral tablet extended release 20 meq - <i>Tier 1; QL</i></p> <p>potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - <i>Tier 1; QL</i></p> <p>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-% - <i>Tier 1</i></p> <p>potassium chloride oral (generic for KLOR-CON) - <i>Tier 1; QL</i></p> <p>potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - <i>Tier 1; QL</i></p> <p>potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - <i>Tier 1</i></p> <p>potassium citrate er oral tablet extended release 5 meq (540 mg) - <i>Tier 1</i></p> <p>PREVIDENT (brand for sf) - <i>Tier 2</i></p> <p>PREVIDENT 5000 DRY MOUTH (brand for sf) - <i>Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL      ringers irrigation (generic for TIS-U-SOL) - Tier 1      sf gel 1.1% (generic for DENTAGEL) - Tier 1      sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL      sodium bicarbonate intravenous solution 4.2 %, 7.5 % - Tier 1      sodium bicarbonate solution 8.4 % intravenous - Tier 1      SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS - Tier 2      sodium chloride (pf) - Tier 1      sodium chloride injection solution 2.5 meq/ml - Tier 1      sodium chloride intravenous solution 0.45 %, 3 %, 5 % - Tier 1      SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS - Tier 2      sodium chloride solution 0.9 % intravenous - Tier 1      SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS - Tier 2      sodium chloride solution 4 meq/ml intravenous - Tier 1      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      TIS-U-SOL (brand for ringers irrigation) - Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p> <p>BPROTECTED PEDIA IRON (brand for fe-vite iron) - <i>Tier 2; QL</i>  <i>cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM)</i>  <i>- Tier 1; QL</i></p> <p><i>calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL</i></p> <p><i>calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL</i></p> <p><i>calcium 500/vitamin d3 - Tier 1</i></p> <p><i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL</i></p> <p><i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1</i></p> <p><i>calcium 600/vitamin d (generic for ONE VITE CALCIUM + D3) - Tier 1; QL</i></p> <p><i>calcium 600/vitamin d-3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL</i></p> <p><i>calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL</i></p> <p><i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL</i></p> <p><i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg - Tier 1; QL</i></p> <p><i>calcium cit plus vit d-3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1</i></p> <p><i>calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1</i></p> <p><i>calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1</i></p> <p><i>calcium citrate oral tablet 950 (200 ca) mg - Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>calcium citrate plus vit d - <i>Tier 1; QL</i></p> <p>calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - <i>Tier 1</i></p> <p>calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - <i>Tier 1; QL</i></p> <p>calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - <i>Tier 1; QL</i></p> <p>calcium citrate-vit d - <i>Tier 1; QL</i></p> <p>calcium citrate-vitamin d oral tablet 315-5 mg-mcg - <i>Tier 1; QL</i></p> <p>calcium high potency/vitamin d - <i>Tier 1; QL</i></p> <p>calcium plus vitamin d (generic for ONE VITE CALCIUM + D3) - <i>Tier 1; QL</i></p> <p>calcium plus vitamin d3 (generic for ONE VITE CALCIUM + D3) - <i>Tier 1; QL</i></p> <p>calcium/minerals/vitamin d - <i>Tier 1</i></p> <p>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - <i>Tier 1</i></p> <p>electrolyte (generic for ENFAMIL ENFALYTE) - <i>Tier 1; QL</i></p> <p>electrolyte adv care (generic for ENFAMIL ENFALYTE) - <i>Tier 1; QL</i></p> <p>electrolyte solution (generic for ENFAMIL ENFALYTE) - <i>Tier 1; QL</i></p> <p>ENFAGROW NEUROPRO TODDLER (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAGROW NEXT STEP (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAGROW PREMIUM OLDER TODDLER (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>ENFAMIL AR SPIT-UP ORAL POWDER (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - <i>Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>ENFAMIL ENSPIRE/IRON (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>ENFAMIL GENTLEASE (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAMIL HUMAN MILK FORTIFIER ORAL PACKET - <i>Tier 2</i></p> <p>ENFAMIL NEUROPRO GENTLEASE ORAL LIQUID (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAMIL NUTRAMIGEN (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAMIL NUTRAMIGEN LIPIL (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAMIL NUTRAMIGEN PROBIOT LGG (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>ENFAMIL NUTRAMIGEN TOD/ENF LGG (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>ENFAMIL PREGESTIMIL LIPIL (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAMIL PREMATURE (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAMIL PREMIUM INFANT ORAL LIQUID (brand for protein fortifier) - <i>Tier 2</i></p> <p>ENFAMIL PROSOBEE LIPIL ORAL CONCENTRATE - <i>Tier 2</i></p> <p>ENFAMIL REGULINE-IRON (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>ENFAPORT (brand for protein fortifier) - <i>Tier 2</i></p> <p>EZFE 200 - <i>Tier 2</i></p> <p>ferate (generic for FERATE) - <i>Tier 1</i></p> <p>FER-IN-SOL (brand for fe-vite iron) - <i>Tier 2; QL</i></p> <p>ferosul (generic for FEROSUL) - <i>Tier 1; QL</i></p> <p>ferretts - <i>Tier 1</i></p> <p>ferrex 150 capsule 150 mg oral (generic for FERREX 150) - <i>Tier 1</i></p> <p>FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - <i>Tier 2</i></p>	

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

## Preferred Agents

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*  
GERBER GOOD START SOY/IRON (brand for cvs advantage/iron) - *Tier 2*  
GOOD START 2 ESSENTIALS SOY/FE (brand for cvs advantage/iron) - *Tier 2*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>GOOD START ESSENTIALS SOY/IRON (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>GOOD START SOY PLUS 2 (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>hi cal (generic for OYSO 500+D) - <i>Tier 1; QL</i></p> <p>iferex 150 (generic for FERREX 150) - <i>Tier 1</i></p> <p>iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - <i>Tier 1; QL</i></p> <p>iron infant/toddler (generic for BPROTECTED PEDIA IRON) - <i>Tier 1; QL</i></p> <p>iron oral tablet 240 (27 fe) mg (generic for FERATE) - <i>Tier 1</i></p> <p>iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - <i>Tier 1; QL</i></p> <p>K-PHOS - <i>Tier 2; QL</i></p> <p>magnesium oral tablet 500 mg - <i>Tier 1</i></p> <p>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - <i>Tier 1</i></p> <p>magnesium oxide -mg supplement oral tablet 500 mg - <i>Tier 1</i></p> <p>magnesium-oxide (generic for MAGNESIUM-OXIDE) - <i>Tier 1</i></p> <p>NU-IRON (brand for polysaccharide iron complex) - <i>Tier 2</i></p> <p>ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - <i>Tier 2; QL</i></p> <p>oralyte (generic for ENFAMIL ENFALYTE) - <i>Tier 1; QL</i></p> <p>OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - <i>Tier 2; QL</i></p> <p>oysco 500+d (generic for OYSO 500+D) - <i>Tier 1; QL</i></p> <p>oyster shell calcium + d oral tablet 500-10 mg-mcg - <i>Tier 1</i></p> <p>oyster shell calcium + d3 - <i>Tier 1</i></p> <p>oyster shell calcium plus d (generic for OYSO 500+D) - <i>Tier 1; QL</i></p> <p>oyster shell calcium w/d (generic for OYSO 500+D) - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>oyster shell calcium/vit d (generic for OYSCO 500+D) - <i>Tier 1; QL</i></p> <p>oyster shell calcium/vit d3 - <i>Tier 1</i></p> <p>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - <i>Tier 1; QL</i></p> <p>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - <i>Tier 1; QL</i></p> <p>oyster shell calcium-vit d - <i>Tier 1; QL</i></p> <p>ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - <i>Tier 1; QL</i></p> <p>PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - <i>Tier 2; QL</i></p> <p>PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - <i>Tier 2; QL</i></p> <p>PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - <i>Tier 2; QL</i></p> <p>PEDIALYTE SINGLES (brand for cvs electrolyte solution) - <i>Tier 2; QL</i></p> <p>pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - <i>Tier 1; QL</i></p> <p>PHOSPHA 250 NEUTRAL (brand for phosphorous) - <i>Tier 2; QL</i></p> <p>phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - <i>Tier 1; QL</i></p> <p>phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - <i>Tier 1; QL</i></p> <p>PHOSPHO-TRIN K500 - <i>Tier 2; QL</i></p> <p>poly-iron 150 (generic for FERREX 150) - <i>Tier 1</i></p> <p>polysaccharide iron complex (generic for FERREX 150) - <i>Tier 1</i></p> <p>polysaccharide-iron complex (generic for FERREX 150) - <i>Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>potassium citrate-citric acid - <i>Tier 1</i></p> <p>PREGESTIMIL (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>PURAMINO DHA/ARA (brand for cvs advantage/iron) - <i>Tier 2</i></p> <p>REHYDRALYTE (brand for cvs electrolyte solution) - <i>Tier 2; QL</i></p> <p>sod citrate-citric acid oral solution 500-334 mg/5ml - <i>Tier 1</i></p> <p>TRUE FERROUS SULFATE - <i>Tier 2; QL</i></p> <p>TRUE MAGNESIUM OXIDE (brand for ft magnesium oxide) - <i>Tier 2</i></p> <p>ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - <i>Tier 1; QL</i></p> <p>WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - <i>Tier 2</i></p> <p>wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - <i>Tier 1; QL</i></p> <p>zinc gluconate - <i>Tier 1; QL</i></p> <p>zinc gluconate oral tablet 50 mg - <i>Tier 1; QL</i></p> <p>zinc oral tablet 50 mg - <i>Tier 1; QL</i></p>	
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - <i>Tier 2; QL</i></p> <p>deferasirox granules (generic for JADENU SPRINKLE) - <i>Tier 1; PA; SP; QL</i></p> <p>deferasirox oral packet (generic for JADENU SPRINKLE) - <i>Tier 1; PA; SP; QL</i></p> <p>deferasirox oral tablet (generic for JADENU) - <i>Tier 1; PA; SP; QL</i></p> <p>deferasirox oral tablet soluble (generic for EXJADE) - <i>Tier 1; PA; SP</i></p> <p>trentine hcl oral capsule 250 mg (generic for SYPRINE) - <i>Tier 1; PA</i></p>	
Phosphate Binders	
<p>calcium acetate (phos binder) (generic for CALPHRON) - <i>Tier 1; QL</i></p> <p>calcium acetate oral tablet 667 mg (generic for CALPHRON) - <i>Tier 1; QL</i></p> <p>sevelamer carbonate oral tablet (generic for RENVELA) - <i>Tier 1; ST; QL</i></p>	<p>AURYXIA - <i>Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Potassium Binders	
LOKELMA - Tier 2; PA; QL SPS (SODIUM POLYSTYRENE SULF) - Tier 2; QL VELTASSA ORAL PACKET 1 GM - Tier 2; PA; QL; AL VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM - Tier 2; PA; QL	
Vitamins  <i>a-25 - Tier 1; QL</i> ALTRIXA (brand for daily multiple vitamins) - Tier 2 AMLADEX (brand for daily multiple vitamins) - Tier 2 AQUASOL A - Tier 2 aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL <i>b complex vitamins - Tier 1; QL</i> <i>b complex-b12 - Tier 1</i> <i>b-complex oral tablet - Tier 1</i> <i>b-complex with b-12 - Tier 1</i> <i>b-complex/b-12 oral - Tier 1</i> BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL CENTRUM SPECIALIST PRENATAL - Tier 2	

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

Preferred Agents	Non-Preferred Agents
<p>classic prenatal - <i>Tier 1; QL</i></p> <p>d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - <i>Tier 1</i></p> <p>d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - <i>Tier 1</i></p> <p>d3 max st (generic for IS-D 10,000) - <i>Tier 1</i></p> <p>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - <i>Tier 1; QL</i></p> <p>d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - <i>Tier 1</i></p> <p>d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - <i>Tier 1</i></p> <p>d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - <i>Tier 1</i></p> <p>d-3-5 (generic for DIALYVITE VITAMIN D 5000) - <i>Tier 1</i></p> <p>d3-50 (generic for D3-50) - <i>Tier 1; QL</i></p> <p>daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i></p> <p>daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i></p> <p>daily vite (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i></p> <p>daily vites (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i></p> <p>daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i></p> <p>DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - <i>Tier 2; QL</i></p> <p>DECARA ORAL CAPSULE 625 MCG (25000 UT) - <i>Tier 2</i></p> <p>DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - <i>Tier 2; QL</i></p> <p>DIALYVITE VITAMIN D 5000 (brand for cvs d3) - <i>Tier 2</i></p> <p>D-VI-SOL (brand for aqueous vitamin d) - <i>Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>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 ft vitamin d3 rapid release (generic for DIAL YVITE VITAMIN D 5000) - Tier 1 full spectrum b/vitamin c (generic for DIAL YVITE 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 </p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1</i></p> <p><i>NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2</i></p> <p><i>NEONATAL COMPLETE (brand for prenatal) - Tier 2; QL</i></p> <p><i>NEONATAL PLUS (brand for prenatal) - Tier 2; QL</i></p> <p><i>NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL</i></p> <p><i>NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; QL</i></p> <p><i>nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL</i></p> <p><i>NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL</i></p> <p><i>niacin er oral capsule extended release 250 mg - Tier 1; QL</i></p> <p><i>niacin er oral capsule extended release 500 mg - Tier 1</i></p> <p><i>niacin er oral tablet extended release 1000 mg - Tier 1</i></p> <p><i>niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1</i></p> <p><i>niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1</i></p> <p><i>NIVA-PLUS (brand for prenatal) - Tier 2; QL</i></p> <p><i>OBSTETRIX DHA - Tier 2</i></p> <p><i>once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1</i></p> <p><i>one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1</i></p> <p><i>ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2</i></p> <p><i>ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2</i></p> <p><i>ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; QL</i></p> <p><i>ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL</i></p> <p><i>one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1</i></p> <p><i>one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1</i></p> <p><i>phytonadione injection - Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>phytonadione oral - Tier 1; QL      prenatal formula - Tier 1      prenatal formula oral tablet 28-0.8 mg - <i>Tier 1; QL</i>      prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - <i>Tier 1; QL</i>      prenatal multi+dha - <i>Tier 1; QL</i>      prenatal multivitamin - <i>Tier 1; QL</i>      prenatal multivitamins - <i>Tier 1; QL</i>      prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - <i>Tier 1; QL</i>      prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - <i>Tier 1; QL</i>      prenatal oral tablet 28-0.8 mg - <i>Tier 1; QL</i>      prenatal plus (generic for NEONATAL PLUS) - <i>Tier 1; QL</i>      prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - <i>Tier 1; QL</i>      prenatal vitamins (generic for NEONATAL VITAMIN) - <i>Tier 1; QL</i>      prenatal vitamins oral tablet 28-0.8 mg - <i>Tier 1; QL</i>      prenatall/iron - <i>Tier 1; QL</i>      PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - <i>Tier 2</i>      radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - <i>Tier 1</i>      rena-vite (generic for DIALYVITE 800) - <i>Tier 1; QL</i>      SLO-NIACIN (brand for niacin er) - <i>Tier 2</i>      stress formula (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i>      stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i> </p>	

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

Preferred Agents	Non-Preferred Agents
<p>sv vitamin d3 oral capsule 25 mcg (generic for PRONUTRIENTS VITAMIN D3) - <i>Tier 1</i></p> <p>sv vitamin d3 oral capsule 50 mcg (2000 ut) - <i>Tier 1; QL</i></p> <p>sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - <i>Tier 1</i></p> <p>tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i></p> <p>THERA (brand for daily multiple vitamins) - <i>Tier 2</i></p> <p>thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - <i>Tier 1</i></p> <p>thiamine mononitrate oral - <i>Tier 1; QL</i></p> <p>tri-vite pediatric - <i>Tier 1; QL</i></p> <p>TRUE DAILY VITE (brand for daily multiple vitamins) - <i>Tier 2</i></p> <p>TRUE MULTIVITAMIN (brand for daily multiple vitamins) - <i>Tier 2</i></p> <p>TRUE VITAMIN A - <i>Tier 2; QL</i></p> <p>TRUE VITAMIN B1 ORAL TABLET 100 MG - <i>Tier 2; QL</i></p> <p>TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - <i>Tier 2</i></p> <p>TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - <i>Tier 2; QL</i></p> <p>TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) - <i>Tier 2; QL</i></p> <p>TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - <i>Tier 2</i></p> <p>TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - <i>Tier 2</i></p> <p>TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - <i>Tier 2; QL</i></p> <p>TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - <i>Tier 2</i></p> <p>TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - <i>Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - <i>Tier 1</i></p> <p>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) - <i>Tier 1; QL</i></p> <p>vitamin b complex oral capsule - <i>Tier 1; QL</i></p> <p>vitamin b complex w/b-12 - <i>Tier 1</i></p> <p>vitamin b-1 oral tablet 100 mg - <i>Tier 1; QL</i></p> <p>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - <i>Tier 1; QL</i></p> <p>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - <i>Tier 1</i></p> <p>vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - <i>Tier 1</i></p> <p>vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - <i>Tier 1; QL</i></p> <p>vitamin d oral tablet chewable 10 mcg (400 unit) - <i>Tier 1</i></p> <p>vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - <i>Tier 1; QL</i></p> <p>vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - <i>Tier 1</i></p> <p>vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - <i>Tier 1</i></p> <p>vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - <i>Tier 1</i></p> <p>vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - <i>Tier 1</i></p> <p>vitamin d3 oral capsule 50 mcg (2000 ut) - <i>Tier 1; QL</i></p> <p>vitamin d-3 oral capsule 50 mcg (2000 ut) - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - <i>Tier 1; QL</i> vitamin d3 oral tablet 10 mcg (400 unit) - <i>Tier 1; QL</i> vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - <i>Tier 1</i> vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - <i>Tier 1</i> vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - <i>Tier 1</i> vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - <i>Tier 1; QL</i> vitamin d3 oral tablet chewable 10 mcg (400 unit) - <i>Tier 1</i> vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - <i>Tier 1</i> vitamin d-400 oral tablet 10 mcg (400 unit) - <i>Tier 1; QL</i> vitamin k1 injection - <i>Tier 1</i> vitamin-b complex - <i>Tier 1</i> VITATELY WITH GINGER (brand for prenatal) - <i>Tier 2; QL</i> weekly-d (generic for D3-50) - <i>Tier 1; QL</i> WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - <i>Tier 2</i> WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - <i>Tier 2; QL</i> WESTAB PLUS (brand for prenatal) - <i>Tier 2; QL</i> womens prenatal+dha - <i>Tier 1; QL</i>	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	MYFEMBREE - <i>Tier 2; PA; QL</i> NEXTSTELLIS - <i>Tier 2; PA; QL</i>
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - <i>Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
<b>Anti-Constipation Agents</b> <p><i>constulose - Tier 1; QL</i>  <i>enulose - Tier 1; QL</i>  <i>generlac - Tier 1; QL</i>  <i>lactulose encephalopathy - Tier 1; QL</i>  <i>lactulose oral solution - Tier 1; QL</i>  <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; QL</i>  <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i>  <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; QL</i>  <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i>  <i>MOVANTIK - Tier 2; ST; QL</i>  <i>prucalopride succinate (generic for MOTEGRITY) - Tier 1; ST; QL</i></p>	<p><i>LINZESS - Tier 2; PA; QL</i>  <i>MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; ST; QL</i>  <i>RELISTOR SUBCUTANEOUS - Tier 2; PA; QL</i>  <i>SYMPROIC - Tier 2; PA; QL</i>  <i>TRULANCE - Tier 2; PA; QL</i></p>
<b>Anti-Diarrheal Agents</b> <p><i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i>  <i>diamode (generic for IMODIUM A-D) - Tier 1</i>  <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i>  <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i>  <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i>  <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i>  <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i>  <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i>  <i>MYTESI - Tier 2; PA; QL</i></p>	<p><i>VIBERZI - Tier 2; PA; QL</i></p>
<b>Antispasmodics, Gastrointestinal</b> <p><i>dicyclomine hcl oral capsule - Tier 1; QL</i>  <i>dicyclomine hcl oral solution - Tier 1</i>  <i>dicyclomine hcl oral tablet - Tier 1; QL</i>  <i>glycopyrrrolate oral tablet 1 mg, 2 mg - Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents, Other	
GATTEX - Tier 2; PA; SP; QL gavilyte-c - <i>Tier 1; QL</i> gavilyte-g (generic for GAVILYTE-G) - <i>Tier 1; QL</i> gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - <i>Tier 1; QL</i> peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - <i>Tier 1; QL</i> peg-3350/electrolytes (generic for GAVILYTE-G) - <i>Tier 1; QL</i> ursodiol oral capsule 300 mg - <i>Tier 1; QL</i> ursodiol oral tablet (generic for URSO FORTE) - <i>Tier 1</i>	CLENPIQ - Tier 2; PA; QL PLENVU - <i>Tier 2; PA; QL</i> PYLERA (brand for bis subcit-metronid-tetracyc) - <i>Tier 2; PA</i> SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - <i>Tier 2; PA; QL</i> TALICIA - <i>Tier 2; PA; QL</i>
Histamine2 (H2) Receptor Antagonists	
acid controller (generic for PEPCID AC) - <i>Tier 1; QL</i> acid reducer oral tablet (generic for PEPCID AC) - <i>Tier 1; QL</i> acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - <i>Tier 1</i> cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - <i>Tier 1</i> cimetidine oral tablet 300 mg, 400 mg, 800 mg - <i>Tier 1; QL</i> famotidine (pf) - <i>Tier 1</i> famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - <i>Tier 1; QL</i> famotidine oral (generic for MM ACID-PEP MAXIMUM STRENGTH) - <i>Tier 1; QL</i> famotidine orig st (generic for PEPCID AC) - <i>Tier 1; QL</i> ft acid reducer oral tablet (generic for PEPCID AC) - <i>Tier 1; QL</i> heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - <i>Tier 1; QL</i> heartburn relief oral tablet 10 mg (generic for PEPCID AC) - <i>Tier 1; QL</i> heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - <i>Tier 1</i> PEPCID AC (brand for acid controller) - <i>Tier 2; QL</i> TAGAMET HB 200 (brand for cimetidine) - <i>Tier 2</i>	

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

Preferred Agents	Non-Preferred Agents
Irritable Bowel Syndrome Agents	BYLVAY - Tier 2; PA; SP; QL; AL BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL
Protectants	
<i>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</i> <i>sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL</i> <i>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</i>	
Proton Pump Inhibitors	<i>acid reducer oral capsule delayed release - Tier 1; QL</i> <i>esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL</i> <i>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members &gt;= 2 years of age will require PA; QL; AL</i> <i>ft acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i> <i>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i> <i>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</i> <i>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL</i> <i>omeprazole magnesium - Tier 1; QL</i> <i>omeprazole magnesium oral capsule delayed release - Tier 1; QL</i> <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL</i> <i>pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL</i> <i>PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</i> <i>PROTONIX ORAL TABLET DELAYED RELEASE (brand for pantoprazole sodium) - Tier 2; QL</i>

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

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
<p><i>ABATINEX (brand for acidophilus) - Tier 2</i></p> <p><i>acid gone (generic for ACID GONE) - Tier 1</i></p> <p><i>acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1</i></p> <p><i>acidophilus oral capsule , 10 mg (generic for INTESTINEX) - Tier 1</i></p> <p><i>acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1</i></p> <p><i>acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1</i></p> <p><i>adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>adult probiotic (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>advanced antacid (generic for MINTOX) - Tier 1; QL</i></p> <p><i>almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p> <p><i>alum &amp; mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL</i></p> <p><i>antacid &amp; anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p> <p><i>antacid &amp; anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL</i></p> <p><i>antacid &amp; antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p> <p><i>antacid &amp; anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p> <p><i>antacid &amp; gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p> <p><i>antacid advanced (generic for MINTOX) - Tier 1; QL</i></p> <p><i>antacid anti-gas (generic for MINTOX) - Tier 1; QL</i></p> <p><i>antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p>	

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

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

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

Preferred Agents	Non-Preferred Agents
<p>antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - <i>Tier 1</i></p> <p>antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - <i>Tier 1</i></p> <p>antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>antacid regular strength oral suspension 200-200-20 mg/5ml (generic for MINTOX) - <i>Tier 1; QL</i></p> <p>antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - <i>Tier 1</i></p> <p>antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - <i>Tier 1</i></p> <p>antacid/antigas (generic for MINTOX) - <i>Tier 1; QL</i></p> <p>antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>antacid/anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - <i>Tier 1; QL</i></p> <p>antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - <i>Tier 1</i></p> <p>anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - <i>Tier 1</i></p> <p>anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - <i>Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPOTOM RELIEF) - Tier 1</p> <p>anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1</p> <p>AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2</p> <p>BIOTINEX (brand for acidophilus) - Tier 2</p> <p>bismuth (generic for SOOTHE) - Tier 1; QL</p> <p>bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL</p> <p>BOLSITOL (brand for acidophilus) - Tier 2</p> <p>calcium antacid (generic for CAL-GEST ANTACID) - Tier 1</p> <p>calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1</p> <p>calcium carbonate antacid oral suspension - Tier 1; QL</p> <p>calcium carbonate antacid oral tablet - Tier 1</p> <p>calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1</p> <p>cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1</p> <p>chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1</p> <p>childrens soothe - Tier 1</p> <p>comfort gel (generic for MINTOX) - Tier 1; QL</p> <p>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</p> <p>CULTURELLE WOMENS 4 IN 1 (brand for acidophilus) - Tier 2</p> <p>diarrhea (generic for SOOTHE) - Tier 1</p> <p>diarrhea relief (generic for SOOTHE) - Tier 1</p> <p>digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1</p> <p>enema (generic for FLEET ENEMA) - <i>Tier 1</i></p> <p>enema disposable (generic for FLEET ENEMA) - <i>Tier 1</i></p> <p>enema ready-to-use (generic for FLEET ENEMA) - <i>Tier 1</i></p> <p>enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - <i>Tier 1</i></p> <p>FLEET ENEMA (brand for cvs enema disposable) - <i>Tier 2</i></p> <p>FLEET PEDIATRIC (brand for enema pediatric) - <i>Tier 2</i></p> <p>FLORA VANCE (brand for cvs adult 50+ probiotic) - <i>Tier 2; QL</i></p> <p>floranex tablet oral (generic for FLORANEX) - <i>Tier 1</i></p> <p>FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - <i>Tier 2</i></p> <p>FLORASTART - <i>Tier 2</i></p> <p>foaming antacid oral tablet chewable 80-20 mg - <i>Tier 1</i></p> <p>FREE + PURE DAILY PROBIOTIC - <i>Tier 2</i></p> <p>freeze dried acidophilus (generic for INTESTINEX) - <i>Tier 1</i></p> <p>ft antacid &amp; antigas (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - <i>Tier 1</i></p> <p>ft antacid regular strength (generic for CAL-GEST ANTACID) - <i>Tier 1</i></p> <p>ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - <i>Tier 1</i></p> <p>ft enema saline (generic for FLEET ENEMA) - <i>Tier 1</i></p> <p>ft gas relief - <i>Tier 1</i></p> <p>ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - <i>Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1</p> <p>ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1</p> <p>ft milk of magnesia (generic for DULCOLAX) - Tier 1</p> <p>ft probiotic (generic for FLORASTOR) - Tier 1</p> <p>ft stomach relief oral suspension (generic for SOOTHE) - Tier 1</p> <p>ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1</p> <p>ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL</p> <p>gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief extra strength oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1</p> <p>gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1</p> <p>gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief oral tablet chewable 80 mg - Tier 1</p> <p>gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1</p> <p>gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1</p>	

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

Preferred Agents	Non-Preferred Agents
<p>GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - <i>Tier 2</i></p> <p>GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - <i>Tier 2</i></p> <p>GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - <i>Tier 2</i></p> <p>GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - <i>Tier 2</i></p> <p>GELUSIL - <i>Tier 2</i></p> <p>gentle laxative oral suspension (generic for DULCOLAX) - <i>Tier 1</i></p> <p>geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - <i>Tier 1; QL</i></p> <p>geri-mox (generic for MINTOX) - <i>Tier 1; QL</i></p> <p>geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>GUTVITE IMMUNE SUPPORT (brand for acidophilus) - <i>Tier 2</i></p> <p>heartburn antacid (generic for ACID GONE) - <i>Tier 1</i></p> <p>heartburn antacid ex st (generic for ACID GONE) - <i>Tier 1</i></p> <p>heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - <i>Tier 1</i></p> <p>heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - <i>Tier 1</i></p> <p>heartland gas relief - <i>Tier 1</i></p> <p>IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - <i>Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - <i>Tier 1</i></p> <p>infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - <i>Tier 1</i></p> <p>intestinex (generic for INTESTINEX) - <i>Tier 1</i></p> <p>KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - <i>Tier 2</i></p> <p>LACTEOL DIARRHEASE (brand for acidophilus) - <i>Tier 2</i></p> <p>lactobacillus oral tablet (generic for FLORANEX) - <i>Tier 1</i></p> <p>lacto-peptic (generic for FLORA VANCE) - <i>Tier 1; QL</i></p> <p>long lasting antacid (generic for CAL-GEST ANTACID) - <i>Tier 1</i></p> <p>loperamide-simethicone (generic for IMODIUM MULTI-SYMPOTOM RELIEF) - <i>Tier 1</i></p> <p>MAALOX CHILDRENS (brand for childrens pepto) - <i>Tier 2</i></p> <p>MAALOX MAX ORAL SUSPENSION (brand for antacid &amp; anti-gas max str) - <i>Tier 2; QL</i></p> <p>MAALOX MULTI SYMPTOM MAX ST (brand for antacid &amp; anti-gas max str) - <i>Tier 2; QL</i></p> <p>mag-al plus (generic for MINTOX) - <i>Tier 1; QL</i></p> <p>mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>mega probiotic (generic for FLORA VANCE) - <i>Tier 1; QL</i></p> <p>milk of magnesia (generic for DULCOLAX) - <i>Tier 1</i></p> <p>mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - <i>Tier 1; QL</i></p> <p>mintox plus - <i>Tier 1</i></p> <p>mood support probiotic (generic for FLORA VANCE) - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2</i></p> <p><i>PAXOTIN (brand for acidophilus) - Tier 2</i></p> <p><i>PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2</i></p> <p><i>PHAZYME (brand for cvs gas relief extra strength) - Tier 2</i></p> <p><i>PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2</i></p> <p><i>pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1</i></p> <p><i>pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1</i></p> <p><i>pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1</i></p> <p><i>pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1</i></p> <p><i>pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL</i></p> <p><i>pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1</i></p> <p><i>probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1</i></p> <p><i>probiotic blend (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>probiotic colon care (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>probiotic complex (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1</i></p> <p><i>probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>ready-to-use enema rectal enema (generic for FLEET ENEMA) - <i>Tier 1</i></p> <p>RESTORA (brand for cvs adult 50+ probiotic) - <i>Tier 2; QL</i></p> <p>RISAQUAD (brand for cvs adult 50+ probiotic) - <i>Tier 2; QL</i></p> <p>RISAQUAD-2 (brand for cvs adult 50+ probiotic) - <i>Tier 2; QL</i></p> <p>saccharomyces boulardii (generic for FLORASTOR) - <i>Tier 1</i></p> <p>saline enema (generic for FLEET ENEMA) - <i>Tier 1</i></p> <p>senior probiotic (generic for FLORA VANCE) - <i>Tier 1; QL</i></p> <p>SIMEPED (brand for cvs gas relief infants) - <i>Tier 2</i></p> <p>simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - <i>Tier 1</i></p> <p>simethicone oral (generic for GAS-X EXTRA STRENGTH) - <i>Tier 1</i></p> <p>simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - <i>Tier 1</i></p> <p>smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - <i>Tier 1</i></p> <p>smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - <i>Tier 1</i></p> <p>smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - <i>Tier 1</i></p> <p>sodium bicarbonate oral tablet - <i>Tier 1</i></p> <p>soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - <i>Tier 1</i></p> <p>soothe oral suspension (generic for SOOTHE) - <i>Tier 1</i></p> <p>soothe oral tablet chewable (generic for SOOTHE) - <i>Tier 1; QL</i></p> <p>stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - <i>Tier 1</i></p>	

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

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

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

## Preferred Agents

## Non-Preferred Agents

### Laxatives - Bowel Treatment Drugs

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

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

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

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

Preferred Agents	Non-Preferred Agents
<p><i>polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>reguloid oral powder 43 % (generic for REGULOID) - Tier 1</i></p> <p><i>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>sorbitol oral - Tier 1</i></p> <p><i>true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p>	
<b>Laxatives - Drugs to treat Constipation</b>	
<p><i>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</i></p> <p><i>BLACK-DRAUGHT LAX-SENNNA (brand for cvs senna) - Tier 2; QL</i></p> <p><i>citroma (generic for CITROMA) - Tier 1; QL</i></p> <p><i>CITRUCEL (brand for cvs fiber therapy) - Tier 2</i></p> <p><i>COLACE (brand for cvs stool softener) - Tier 2; QL</i></p> <p><i>col-rite oral capsule 250 mg - Tier 1; QL</i></p> <p><i>docusate calcium (generic for SURFAK) - Tier 1</i></p> <p><i>docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL</i></p> <p><i>docusate sodium oral (generic for COLACE) - Tier 1; QL</i></p> <p><i>DOCUZEN (brand for cvs senna plus) - Tier 2</i></p> <p><i>dss (generic for COLACE) - Tier 1; QL</i></p> <p><i>easy-lax plus (generic for SENOKOT S) - Tier 1</i></p> <p><i>ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2</i></p> <p><i>fiber laxative (generic for FIBERCON) - Tier 1</i></p> <p><i>fiber laxative + calcium (generic for FIBERCON) - Tier 1</i></p> <p><i>fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1</i></p> <p><i>fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1</i></p> <p><i>fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1</i></p> <p><i>fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1</i></p> <p><i>fiber-caps (generic for FIBERCON) - Tier 1</i></p> <p><i>fiber-lax (generic for FIBERCON) - Tier 1</i></p> <p><i>FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL</i></p> <p><i>FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL</i></p> <p><i>ft fiber laxative (generic for CITRUCEL) - Tier 1</i></p> <p><i>ft magnesium citrate (generic for CITROMA) - Tier 1; QL</i></p> <p><i>ft senna laxative (generic for BLACK-DRAUGHT LAX-SENNNA) - Tier 1; QL</i></p> <p><i>ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENNNA) - Tier 1; QL</i></p> <p><i>ft senna-s (generic for SENOKOT S) - Tier 1</i></p> <p><i>ft stool softener oral capsule (generic for COLACE) - Tier 1; QL</i></p> <p><i>ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1</i></p> <p><i>geri-kot (generic for BLACK-DRAUGHT LAX-SENNNA) - Tier 1; QL</i></p> <p><i>glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1</i></p> <p><i>glycerin (infants &amp; children) rectal suppository 1 gm - Tier 1</i></p> <p><i>glycerin adult (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>glycerin child rectal suppository 1 gm, 1.2 gm - <i>Tier 1</i></p> <p>glycerin childrens - <i>Tier 1</i></p> <p>glycerin pediatric rectal suppository 1.2 gm - <i>Tier 1</i></p> <p>LAXACIN (brand for cvs senna plus) - <i>Tier 2</i></p> <p>laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - <i>Tier 1</i></p> <p>laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - <i>Tier 1</i></p> <p>laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - <i>Tier 1</i></p> <p>laxative regular strength (generic for SENNA SMOOTH) - <i>Tier 1</i></p> <p>magnesium citrate oral solution (generic for CITROMA) - <i>Tier 1; QL</i></p> <p>mm stool softener (generic for COLACE) - <i>Tier 1; QL</i></p> <p>mm stool softener laxative (generic for COLACE) - <i>Tier 1; QL</i></p> <p>natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p> <p>natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p> <p>ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - <i>Tier 2; QL</i></p> <p>ONELAX SENNA (brand for senna) - <i>Tier 2</i></p> <p>p col-rite (generic for SENOKOT S) - <i>Tier 1</i></p> <p>PEDIA-LAX ORAL LIQUID - <i>Tier 2</i></p> <p>PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - <i>Tier 2</i></p> <p>sb docusate sodium/senna (generic for SENOKOT S) - <i>Tier 1</i></p> <p>senexon-s (generic for SENOKOT S) - <i>Tier 1</i></p> <p>senna lax (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>senna laxative (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p> <p>senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - <i>Tier 1</i></p> <p>senna oral syrup 176 mg/5ml - <i>Tier 1</i></p> <p>senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - <i>Tier 1</i></p> <p>senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p> <p>senna plus oral tablet (generic for SENOKOT S) - <i>Tier 1</i></p> <p>senna s (generic for SENOKOT S) - <i>Tier 1</i></p> <p>senna smooth (generic for SENNA SMOOTH) - <i>Tier 1</i></p> <p>senna-docusate sodium (generic for SENOKOT S) - <i>Tier 1</i></p> <p>senna-lax (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p> <p>senna-plus (generic for SENOKOT S) - <i>Tier 1</i></p> <p>senna-s oral tablet (generic for SENOKOT S) - <i>Tier 1</i></p> <p>senna-tabs (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p> <p>senna-time (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p> <p>senna-time s (generic for SENOKOT S) - <i>Tier 1</i></p> <p>SENNAZON (brand for senna) - <i>Tier 2</i></p> <p>sennosides-docusate sodium (generic for SENOKOT S) - <i>Tier 1</i></p> <p>SENOKOT (brand for cvs senna) - <i>Tier 2; QL</i></p> <p>SENOKOT S (brand for cvs senna plus) - <i>Tier 2</i></p> <p>soluble fiber therapy - <i>Tier 1</i></p> <p>stimulant lax plus (generic for SENOKOT S) - <i>Tier 1</i></p> <p>stimulant laxative (generic for SENOKOT S) - <i>Tier 1</i></p> <p>stool softener extra str - <i>Tier 1; QL</i></p> <p>stool softener laxative oral capsule (generic for COLACE) - <i>Tier 1; QL</i></p> <p>stool softener oral capsule 100 mg (generic for COLACE) - <i>Tier 1; QL</i></p> <p>stool softener oral capsule 240 mg (generic for SURFAK) - <i>Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>stool softener oral capsule 250 mg - <i>Tier 1; QL</i></p> <p>stool softener oral capsule 50 mg (generic for COLACE CLEAR) - <i>Tier 1</i></p> <p>stool softener pls laxative (generic for SENOKOT S) - <i>Tier 1</i></p> <p>stool softener plus laxative (generic for SENOKOT S) - <i>Tier 1</i></p> <p>stool softener/laxative (generic for SENOKOT S) - <i>Tier 1</i></p> <p>stool softener/laxative oral tablet (generic for SENOKOT S) - <i>Tier 1</i></p> <p>vegetable lax+stool softener (generic for SENOKOT S) - <i>Tier 1</i></p> <p>vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNNA) - <i>Tier 1; QL</i></p>	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - <i>Tier 2; PA; SP; QL</i></p> <p>CREON - <i>Tier 2</i></p> <p>CYSTAGON - <i>Tier 2; QL</i></p> <p>NITYR - <i>Tier 2; PA; SP; QL</i></p> <p>RAVICTI - <i>Tier 2; PA; SP; QL</i></p> <p>sapropterin dihydrochloride (generic for JAVYGTOR) - <i>Tier 1; PA; SP; QL</i></p> <p>sodium phenylbutyrate oral powder (generic for BUPHENYL) - <i>Tier 1; PA; SP</i></p> <p>STRENSIQ - <i>Tier 2; PA; SP</i></p> <p>VYNDAMAX - <i>Tier 2; PA; SP; QL</i></p> <p>VYNDAQEL - <i>Tier 2; PA; SP; QL</i></p>	<p>CERDELGA - <i>Tier 2; PA; SP; QL</i></p> <p>ORFADIN (brand for nitisinone) - <i>Tier 2; PA; SP; QL</i></p> <p>PHEBURANE - <i>Tier 2; PA; SP; QL</i></p> <p>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - <i>Tier 2; PA</i></p>
Genitourinary Agents	
Antispasmodics, Urinary	
<p>oxybutynin chloride er - <i>Tier 1; QL</i></p> <p>oxybutynin chloride oral tablet 5 mg - <i>Tier 1; QL</i></p> <p>OXYTROL FOR WOMEN - <i>Tier 2; QL</i></p> <p>solifenacain succinate (generic for VESICARE) - <i>Tier 1; QL</i></p> <p>tolterodine tartrate (generic for DETROL) - <i>Tier 1; ST; QL</i></p> <p>tolterodine tartrate er - <i>Tier 1; PA; QL</i></p> <p>trospium chloride - <i>Tier 1; QL</i></p>	<p>MYRBETRIQ (brand for mirabegron er) - <i>Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i>	
Genitourinary Agents, Other	
<i>bethanechol chloride oral - Tier 1</i> <i>ELMIRON - Tier 2; PA; QL</i> <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; PA; SP; QL</i>	<i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; PA; SP; QL</i> <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP</i> <i>THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL</i>
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<i>azo (generic for PHENAZO) - Tier 1</i> <i>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>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	

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

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

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; PA	SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1;</i>	
<i>QL</i>	
<i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA;</i>	
<i>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;</i>	
<i>Coverage based on benefit; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens <i>danazol oral - Tier 1; QL</i> <i>DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; PA; QL</i> <i>NATESTO - Tier 2; PA; QL</i> <i>testosterone cypionate intramuscular solution 100 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA</i> <i>testosterone cypionate intramuscular solution 200 mg/ml (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> <i>testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA</i> <i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i>	<i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i> <i>XYOSTED - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
<p>Estrogens</p> <p>afirmelle (generic for AFIRMELLE) - Tier 1; \$0; QL      altavera (generic for ALTAVERA) - Tier 1; \$0; QL      alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; \$0; QL      alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; \$0; QL      apri - Tier 1; \$0; QL      aranelle - Tier 1; \$0; QL      ashlyna (generic for ASHLYNA) - Tier 1; \$0; QL      aubra eq (generic for AFIRMELLE) - Tier 1; \$0; QL      aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; \$0; QL      aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; \$0; QL      aurovela 24 fe - Tier 1; \$0; QL      aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; \$0; QL      aurovela fe 1/20 - Tier 1; \$0; QL      aviane (generic for AFIRMELLE) - Tier 1; \$0; QL      ayuna (generic for ALTAVERA) - Tier 1; \$0; QL      azurette (generic for AZURETTE) - Tier 1; \$0; QL      balziva (generic for BALZIVA) - Tier 1; \$0; QL      blisovi 24 fe - Tier 1; \$0; QL      blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; \$0; QL      blisovi fe 1/20 - Tier 1; \$0; QL      briellyn (generic for BALZIVA) - Tier 1; \$0; QL      camrese (generic for ASHLYNA) - Tier 1; \$0; QL      camrese lo (generic for CAMRESE LO) - Tier 1; \$0; QL      charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; \$0; QL      chateal eq (generic for ALTAVERA) - Tier 1; \$0; QL      cryselle-28 - Tier 1; \$0; QL      cyred eq - Tier 1; \$0; QL      dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; \$0; QL</p>	<p>ANNOVERA - Tier 2; PA; QL      BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL      BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; \$0; QL      BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL      CLIMARA (brand for estradiol) - Tier 2; PA; QL      CLIMARA PRO - Tier 2; PA      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      DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA      ELESTRIN - Tier 2; PA      EVAMIST - Tier 2; PA      LO LOESTRIN FE - Tier 2; PA; QL      NATAZIA - Tier 2; PA; \$0; QL      NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; \$0; QL      PREMARIN VAGINAL - Tier 2; PA; QL      SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; \$0; QL      VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; \$0; QL      daysee (generic for ASHLYNA) - Tier 1; \$0; QL      delyla (generic for AFIRMELLE) - Tier 1; \$0; QL      DEPO-ESTRADIOL - Tier 2; QL      desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; \$0; QL      dotti (generic for DOTTI) - Tier 1; QL      drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; \$0; QL      DUAVEE - Tier 2; QL      elinest - Tier 1; \$0; QL      eluryng (generic for ELURYNG) - Tier 1; \$0; QL      enilloring (generic for ELURYNG) - Tier 1; \$0; QL      empresse-28 (generic for ENPRESSE-28) - Tier 1; \$0; QL      enskyce - Tier 1; \$0; QL      estarylla (generic for ESTARYLLA) - Tier 1; \$0; QL      estradiol oral (generic for ESTRACE) - Tier 1; QL      estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL      estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL      estradiol vaginal (generic for ESTRACE) - Tier 1; QL      ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; \$0; QL      etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; \$0; QL      falmina (generic for AFIRMELLE) - Tier 1; \$0; QL      feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; \$0; QL      feirza 1/20 - Tier 1; \$0; QL      finzala (generic for CHARLOTTE 24 FE) - Tier 1; \$0; QL      hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; \$0; QL      hailey 24 fe - Tier 1; \$0; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; \$0; QL          hailey fe 1/20 - Tier 1; \$0; QL          haloette (generic for ELURYNG) - Tier 1; \$0; QL          iclevia (generic for ICLEVIA) - Tier 1; \$0; QL          introvale (generic for ICLEVIA) - Tier 1; \$0; QL          isibloom - Tier 1; \$0; QL          jaimiess (generic for ASHLYNA) - Tier 1; \$0; QL          jasmiel (generic for JASMIEL) - Tier 1; \$0; QL          jolessa (generic for ICLEVIA) - Tier 1; \$0; QL          juleber - Tier 1; \$0; QL          junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; \$0; QL          junel 1/20 (generic for AUROVELA 1/20) - Tier 1; \$0; QL          junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; \$0; QL          kalliga - Tier 1; \$0; QL          kariva (generic for AZURETTE) - Tier 1; \$0; QL          kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; \$0; QL          kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; \$0; QL          kurvelo (generic for ALTAVERA) - Tier 1; \$0; QL          larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; \$0; QL          larin 1/20 (generic for AUROVELA 1/20) - Tier 1; \$0; QL          larin 24 fe - Tier 1; \$0; QL          larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; \$0; QL          larin fe 1/20 - Tier 1; \$0; QL          leena - Tier 1; \$0; QL          lessina (generic for AFIRMELLE) - Tier 1; \$0; QL          levonest (generic for ENPRESSE-28) - Tier 1; \$0; QL          levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; \$0; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - <i>Tier 1; \$0; QL</i></p> <p>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - <i>Tier 1; \$0; QL</i></p> <p>levonorg-eth estrad triphasic (generic for ENPRESSE-28) - <i>Tier 1; \$0; QL</i></p> <p>levora 0.15/30 (28) (generic for ALTAVERA) - <i>Tier 1; \$0; QL</i></p> <p>lojaimiess (generic for CAMRESE LO) - <i>Tier 1; \$0; QL</i></p> <p>loryna (generic for JASMIEL) - <i>Tier 1; \$0; QL</i></p> <p>low-ogestrel - <i>Tier 1; \$0; QL</i></p> <p>lo-zumandimine (generic for JASMIEL) - <i>Tier 1; \$0; QL</i></p> <p>lutera (generic for AFIRMELLE) - <i>Tier 1; \$0; QL</i></p> <p>lyllana (generic for DOTTI) - <i>Tier 1; QL</i></p> <p>marlissa (generic for ALTAVERA) - <i>Tier 1; \$0; QL</i></p> <p>mibelas 24 fe (generic for CHARLOTTE 24 FE) - <i>Tier 1; \$0; QL</i></p> <p>microgestin 1.5/30 (generic for AUROVELA 1.5/30) - <i>Tier 1; \$0; QL</i></p> <p>microgestin 1/20 (generic for AUROVELA 1/20) - <i>Tier 1; \$0; QL</i></p> <p>microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - <i>Tier 1; \$0; QL</i></p> <p>microgestin fe 1/20 - <i>Tier 1; \$0; QL</i></p> <p>mili (generic for ESTARYLLA) - <i>Tier 1; \$0; QL</i></p> <p>mono-linyah (generic for ESTARYLLA) - <i>Tier 1; \$0; QL</i></p> <p>necon 0.5/35 (28) - <i>Tier 1; \$0; QL</i></p> <p>nikki (generic for JASMIEL) - <i>Tier 1; \$0; QL</i></p> <p>norelgestromin-eth estradiol (generic for XULANE) - <i>Tier 1; \$0; QL</i></p> <p>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - <i>Tier 1; \$0; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - <i>Tier 1; \$0; QL</i></p> <p>norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - <i>Tier 1; \$0; QL</i></p> <p>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg (generic for TILIA FE) - <i>Tier 1; \$0; QL</i></p> <p>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - <i>Tier 1; \$0; QL</i></p> <p>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - <i>Tier 1; \$0; QL</i></p> <p>norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - <i>Tier 1; \$0; QL</i></p> <p>nortrel 0.5/35 (28) - <i>Tier 1; \$0; QL</i></p> <p>nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - <i>Tier 1; \$0; QL</i></p> <p>nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - <i>Tier 1; \$0; QL</i></p> <p>nortrel 7/7/7 (generic for DASETTA 7/7/7) - <i>Tier 1; \$0; QL</i></p> <p>nylia 1/35 (generic for DASETTA 1/35 (28)) - <i>Tier 1; \$0; QL</i></p> <p>nylia 7/7/7 (generic for DASETTA 7/7/7) - <i>Tier 1; \$0; QL</i></p> <p>ocella (generic for OCELLA) - <i>Tier 1; \$0; QL</i></p> <p>philith (generic for BALZIVA) - <i>Tier 1; \$0; QL</i></p> <p>pimtrea (generic for AZURETTE) - <i>Tier 1; \$0; QL</i></p> <p>portia-28 (generic for ALTAVERA) - <i>Tier 1; \$0; QL</i></p> <p>PREMARIN ORAL - <i>Tier 2; QL</i></p> <p>PREMPHASE - <i>Tier 2; QL</i></p> <p>PREMPRO - <i>Tier 2; QL</i></p> <p>reclipsen - <i>Tier 1; \$0; QL</i></p> <p>setlakin (generic for ICLEVIA) - <i>Tier 1; \$0; QL</i></p> <p>simliya (generic for AZURETTE) - <i>Tier 1; \$0; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>simpesse</i> (generic for ASHL YNA) - Tier 1; \$0; QL  <i>sprintec 28</i> (generic for ESTARYLLA) - Tier 1; \$0; QL  <i>sronyx</i> (generic for AFIRMELLE) - Tier 1; \$0; QL  <i>syeda</i> (generic for OCELLA) - Tier 1; \$0; QL  <i>tarina 24 fe</i> - Tier 1; \$0; QL  <i>tarina fe 1/20 eq</i> - Tier 1; \$0; QL  <i>tilia fe</i> (generic for TILIA FE) - Tier 1; \$0; QL  <i>tri-estarylla</i> (generic for TRI-ESTARYLLA) - Tier 1; \$0; QL  <i>tri-legest fe</i> (generic for TILIA FE) - Tier 1; \$0; QL  <i>tri-linyah</i> (generic for TRI-ESTARYLLA) - Tier 1; \$0; QL  <i>tri-lo-estarylla</i> (generic for TRI-LO-ESTARYLLA) - Tier 1; \$0; QL  <i>tri-lo-marzia</i> (generic for TRI-LO-ESTARYLLA) - Tier 1; \$0; QL  <i>tri-mili</i> (generic for TRI-ESTARYLLA) - Tier 1; \$0; QL  <i>tri-sprintec</i> (generic for TRI-ESTARYLLA) - Tier 1; \$0; QL  <i>trivora (28)</i> (generic for ENPRESSE-28) - Tier 1; \$0; QL  <i>tri-vylibra</i> (generic for TRI-ESTARYLLA) - Tier 1; \$0; QL  <i>tri-vylibra lo</i> (generic for TRI-LO-ESTARYLLA) - Tier 1; \$0; QL  <i>turqoz</i> - Tier 1; \$0; QL  <i>TYBLUME</i> - Tier 2; \$0; QL  <i>valtya 1/50</i> (generic for KELNOR 1/50) - Tier 1; \$0; QL  <i>velivet</i> - Tier 1; QL  <i>vestura</i> (generic for JASMIEL) - Tier 1; \$0; QL  <i>vienva</i> (generic for AFIRMELLE) - Tier 1; \$0; QL  <i>viorele</i> (generic for AZURETTE) - Tier 1; \$0; QL  <i>volnea</i> (generic for AZURETTE) - Tier 1; \$0; QL  <i>vyfemla</i> (generic for BALZIVA) - Tier 1; \$0; QL  <i>vylibra</i> (generic for ESTARYLLA) - Tier 1; \$0; QL  <i>wera</i> - Tier 1; \$0; QL  <i>wymzya fe</i> (generic for WYMZYA FE) - Tier 1; \$0; QL  <i>xulane</i> (generic for XULANE) - Tier 1; \$0; QL  <i>yuvafem</i> (generic for YUVAFEM) - Tier 1; QL  <i>zafemy</i> (generic for XULANE) - Tier 1; \$0; QL  <i>zovia 1/35 (28)</i> (generic for KELNOR 1/35) - Tier 1; \$0; QL  <i>zumandimine</i> (generic for OCELLA) - Tier 1; \$0; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>Progestins</p> <p><i>camila</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>deblitane</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>ELLA</i> - Tier 2; QL  <i>emzahh</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>errin</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>gallifrey</i> (generic for GALLIFREY) - Tier 1; QL  <i>heather</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>incassia</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>jencycla</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>lyleq</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>lyza</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>medroxyprogesterone acetate intramuscular suspension</i> (generic for DEPO-PROVERA) - Tier 1; \$0; QL  <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i> (generic for DEPO-PROVERA) - Tier 1; QL  <i>medroxyprogesterone acetate oral</i> (generic for PROVERA) - Tier 1; QL  <i>megestrol acetate oral suspension 40 mg/ml</i> - Tier 1; QL  <i>megestrol acetate oral tablet 20 mg</i> - Tier 1  <i>megestrol acetate oral tablet 40 mg</i> - Tier 1; QL  <i>nora-be</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>norethindrone acetate oral</i> (generic for GALLIFREY) - Tier 1; QL  <i>norethindrone oral</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>norlyroc</i> (generic for CAMILA) - Tier 1; \$0; QL  <i>progesterone oral</i> (generic for PROMETRIUM) - Tier 1; PA; QL  <i>sharobel</i> (generic for CAMILA) - Tier 1; \$0; QL</p>	
<p>Selective Estrogen Receptor Modifying Agents</p> <p><i>raloxifene hcl</i> (generic for EVISTA) - Tier 1; \$0; HCR; QL</p>	<p><i>OSPHENA</i> - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
<p>aftera (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>curae oral tablet 1.5 mg (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>econtra one-step (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>her style (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>levonorgestrel (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>my choice (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>my way (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>new day (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>opcicon one-step (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>option 2 (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>PLAN B ONE-STEP (brand for levonorgestrel) - <i>Tier 2; \$0; QL</i></p> <p>react (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p> <p>take action (generic for AFTERA) - <i>Tier 1; \$0; QL</i></p>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<p>euthyrox (generic for EUTHYROX) - <i>Tier 1; QL</i></p> <p>levo-t (generic for EUTHYROX) - <i>Tier 1; QL</i></p> <p>levothyroxine sodium oral tablet (generic for EUTHYROX) - <i>Tier 1; QL</i></p> <p>levoxyl (generic for EUTHYROX) - <i>Tier 1; QL</i></p> <p>liothyronine sodium oral (generic for CYTOMEL) - <i>Tier 1; QL</i></p> <p>SYNTHROID (brand for levothyroxine sodium) - <i>Tier 2; QL</i></p> <p>unithroid (generic for EUTHYROX) - <i>Tier 1; QL</i></p>	<p>ERMEZA - <i>Tier 2; PA; QL</i></p> <p>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) - <i>Tier 2; PA; QL</i></p> <p>TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML - <i>Tier 2; PA; QL</i></p> <p>TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML - <i>Tier 2; PA</i></p>
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	<p>ARMOUR THYROID (brand for niva thyroid) - <i>Tier 2; PA; QL</i></p>

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

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

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

Preferred Agents	Non-Preferred Agents
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	LUPKYNIS - Tier 2; PA; SP; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for FIRAZYR)</i> - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL	
Immunoglobulins	
ASCENIV - Tier 2 BIVIGAM - Tier 2 CUTAQUIG - Tier 2 CUVITRU - Tier 2 CYTOGAM - Tier 2 FLEBOGAMMA DIF - Tier 2 GAMASTAN - Tier 2 GAMMAGARD - Tier 2 GAMMAGARD S/D LESS IGA - Tier 2 GAMMAKED - Tier 2 GAMMAPLEX - Tier 2 GAMUNEX-C - Tier 2 HEPAGAM B - Tier 2 HIZENTRA - Tier 2 HYPERHEP B - Tier 2 NABI-HB - Tier 2 OCTAGAM - Tier 2 PANZYGA - Tier 2 PRIVIGEN - Tier 2 XEMBIFY - Tier 2	

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

Preferred Agents	Non-Preferred Agents
Immunological Agents, Other	
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL DUPIXENT - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OTEZLA 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 10 & 20 & 30 MG - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP XOLAIR - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL 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 XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL

#### Immunostimulants

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

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

## Preferred Agents

## Non-Preferred Agents

### Immunosuppressants

ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL  
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL  
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML - Tier 2; PA; SP; QL  
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL  
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL  
ADALIMUMAB-FKJP (2 PEN) - Tier 2; PA; SP; QL  
ADALIMUMAB-FKJP (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 oral capsule (generic for GENGRAF) - Tier 1; QL  
HADLIMA - Tier 2; PA; SP; QL  
HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL  
*HYRIMOZ-CROHNS/UC STARTER (brand for adalimumab-adaz) - 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*

AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; NDC(s) starting w/72511 Preferred w/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  
STELARA INJ - Tier 2; PA; SP; QL, AL  
TREXALL - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
<i>mycophenolic acid (generic for MYFORTIC) - Tier 1; QL  OTULFI INJ - Tier 2; PA; SP; QL, AL</i>	
<i>SIMLANDI (1 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA;  SP; QL</i>	
<i>SIMLANDI (1 SYRINGE) - Tier 2; PA; SP; QL</i>	
<i>SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA;  SP; QL</i>	
<i>SIMLANDI (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) -  Tier 2; PA; SP; QL</i>	
<i>sirolimus oral solution - Tier 1; QL</i>	
<i>sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL</i>	
<i>sirolimus oral tablet 2 mg - Tier 1</i>	
<i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i>	
<i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i>	
<i>YESINTEK INJ - Tier 2; PA; SP; QL, AL</i>	
<hr/> Vaccines <hr/>	
<i>ACTHIB - Tier 2</i>	
<i>ADACEL - Tier 2; QL</i>	
<i>BEXSERO - Tier 2; QL</i>	
<i>BOOSTRIX - Tier 2; QL</i>	
<i>DAPTACEL - Tier 2; QL</i>	
<i>ENGERIX-B - Tier 2; QL</i>	
<i>GARDASIL 9 - Tier 2; QL</i>	
<i>HAVRIX - Tier 2; QL</i>	
<i>HIBERIX - Tier 2</i>	
<i>INFANRIX - Tier 2; QL</i>	
<i>IPOP - Tier 2</i>	
<i>MENQUADFL - Tier 2; QL</i>	
<i>MENVEO - Tier 2; QL</i>	
<i>M-M-R II - Tier 2; QL</i>	

Preferred Agents	Non-Preferred Agents
<p>PEDIARIX - Tier 2; QL      PEDVAX HIB - Tier 2      PENTACEL - Tier 2; QL      PRIORIX - Tier 2; QL      PROQUAD - Tier 2; QL      QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL      RECOMBIVAX HB - Tier 2; QL      ROTATEQ - Tier 2      SHINGRIX - Tier 2; QL; AL  <i>TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i>      TENIVAC - Tier 2; QL  <i>TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i>      TRUMENBA - Tier 2; QL      TWINRIX - Tier 2; QL      VAQTA - Tier 2; QL      VARIVAX - Tier 2; QL      VAXNEUVANCE - Tier 2; QL</p>	

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

#### Vaccines

DENGVAXIA - Tier 2; QL  
 HEPLISAV-B - Tier 2; QL; AL  
 HYPERTET - Tier 2; QL  
 PNEUMOVAX 23 - Tier 2; QL  
 PREVNAR 20 - Tier 2; QL

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

Preferred Agents	Non-Preferred Agents
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<p>balsalazide disodium (generic for COLAZAL) - Tier 1; QL  mesalamine er (generic for APRISO) - Tier 1; QL  mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL  mesalamine rectal (generic for CANASA) - Tier 1; QL  SFROWASA - Tier 2; QL  sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</p>	<p>APRISO (brand for mesalamine er) - Tier 2; PA; QL  DIPENTUM - Tier 2; PA; QL  PENTASA - Tier 2; PA; QL</p>
Glucocorticoids	
<p>budesonide oral - Tier 1; PA; QL  hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL  hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL  procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</p>	<p>CORTIFOAM - Tier 2; PA; QL  UCERIS (brand for budesonide) - Tier 2; PA; QL</p>
Metabolic Bone Disease Agents	
<p>alendronate sodium oral solution - Tier 1; QL  alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL  alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL  calcitonin (salmon) nasal - Tier 1; QL  calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL  calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members &gt;= 8 years of age will require PA; AL  cinacalcet hcl (generic for SENSIPIAR) - Tier 1; PA; QL  TYMLOS - Tier 2; PA; SP; QL</p>	<p>RAYALDEE - Tier 2; PA; QL  TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>Miscellaneous Therapeutic Agents</p> <p>ABRYSVO - Tier 2; QL  ACCU-CHEK PLASTIC CARTRIDGE - Tier 2  ACCU-CHEK SPIRIT CARTRIDGE - Tier 2  ACCU-CHEK TENDER 1 INFUSION - Tier 2  ACCU-CHEK TENDER I SET 24" (brand for extended infusion set 23"/6mm) - <i>Tier 2</i>  ACCU-CHEK TENDER I SET 31" (brand for extended infusion set 23"/6mm) - <i>Tier 2</i>  ACCU-CHEK ULTRAFLEX INF SET (brand for extended infusion set 23"/6mm) - <i>Tier 2</i>  ACCU-CHEK ULTRAFLEX-1 INF SET (brand for extended infusion set 23"/6mm) - <i>Tier 2</i>  acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - <i>Tier 1</i>  acne medication 10 external lotion - <i>Tier 1</i>; QL  acne medication 5 external lotion - <i>Tier 1</i>  acne treatment external cream 10 % (generic for CLEARSKIN) - <i>Tier 1</i>  adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - <i>Tier 1</i>  advanced acne spot treat (generic for CLEAN &amp; CLEAR ACNE SCRUB) - <i>Tier 1</i>  AFLURIA - Tier 2; QL  AFLURIA PRESERVATIVE FREE - Tier 2; QL  ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - <i>Tier 2</i>; QL  ALCOHOL SWABS (brand for alcohol prep) - <i>Tier 2</i>; QL  ANASPAZ (brand for hyoscyamine sulfate) - <i>Tier 2</i>; QL  ANDEXXA - <i>Tier 2</i></p>	<p><i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</i> (brand for careone insulin syringe) - <i>Tier 2</i>; PA; QL  <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</i> (brand for techlite insulin syringe) - <i>Tier 2</i>; PA; QL  <i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</i> (brand for global easy glide insulin syr) - <i>Tier 2</i>; PA; QL  <i>BD ULTRA-FINE INSULIN SYRINGES</i> - <i>Tier 2</i>; PA; QL  <i>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM</i> (brand for sure comfort pen needles) - <i>Tier 2</i>; PA; QL  <i>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM</i> (brand for 1st tier unifine pentips) - <i>Tier 2</i>; PA; QL  CRESEMBA ORAL CAPSULE 186 MG - <i>Tier 2</i>; PA; QL  DEXCOM G6 TRANSMITTER - <i>Tier 2</i>; PA; QL; AL  EMPAVELI - <i>Tier 2</i>; PA; SP; QL  FYLNETRA - <i>Tier 2</i>; PA; SP  GUARDIAN CONNECT TRANSMITTER - <i>Tier 2</i>; PA; QL; AL  GUARDIAN LINK 3 TRANSMITTER - <i>Tier 2</i>; PA; QL; AL  HYFTOR - <i>Tier 2</i>; PA; QL  <i>INSULIN PEN NEEDLES 29G X 12.7MM</i> (brand for sure comfort pen needles) - <i>Tier 2</i>; PA; QL  <i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM</i> (brand for 1st tier unifine pentips) - <i>Tier 2</i>; PA; QL  <i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</i> (brand for global inject ease insulin syr) - <i>Tier 2</i>; PA; QL  <i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML</i> (brand for eql insulin syringe) - <i>Tier 2</i>; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>antibiotic (generic for BACITRACYCIN PLUS) - Tier 1; QL          antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL          AREXVY - Tier 2; QL; AL          arthritis pain relieving - Tier 1; QL          aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL          aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL          aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL          aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL          aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL            aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL          aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL          aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL          aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL          ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL          aspirin rectal suppository 300 mg - Tier 1          aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p>	<p>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL          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          INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL          OMNIPOD 5 DEXG7G6 INTRO GEN 5 - Tier 2; PA; QL          OMNIPOD 5 DEXG7G6 PODS GEN 5 - Tier 2; PA; QL          ORLADEYO - Tier 2; PA          QUVIVIQ - Tier 2; PA; QL          RYALTRIS - Tier 2; PA; QL; AL          SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - 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</p>

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

Preferred Agents	Non-Preferred Agents
<p>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - <i>Tier 1</i></p> <p>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - <i>Tier 1; QL</i></p> <p>athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - <i>Tier 1</i></p> <p>athletes foot relief (generic for TINACTIN) - <i>Tier 1</i></p> <p>AUM ALCOHOL PREP PADS (brand for alcohol prep) - <i>Tier 2; QL</i></p> <p>AUTOSOFT 30 INFUSION SET (brand for extended infusion set 23"/6mm) - <i>Tier 2</i></p> <p>AUTOSOFT 90 INFUSION SET (brand for extended infusion set 23"/6mm) - <i>Tier 2</i></p> <p>AUTOSOFT XC INFUSION SET (brand for extended infusion set 23"/6mm) - <i>Tier 2</i></p> <p>bacitracin external (generic for BACITRACYCIN PLUS) - <i>Tier 1; QL</i></p> <p>bacitracin zinc external - <i>Tier 1; QL</i></p> <p>bacitracin zinc first aid - <i>Tier 1; QL</i></p> <p>bacitracin zinc-aloe - <i>Tier 1; QL</i></p> <p>BAYER ASPIRIN (brand for aspirin) - <i>Tier 2; QL</i></p> <p>BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - <i>Tier 2; QL</i></p> <p>BCAD 1 (brand for ucd trio) - <i>Tier 2</i></p> <p>BCAD 2 (brand for ucd trio) - <i>Tier 2</i></p> <p>BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - <i>Tier 2; QL</i></p> <p>BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - <i>Tier 2; QL</i></p> <p>BENEPROTEIN ORAL POWDER (brand for cvs whey protein) - <i>Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>BENZAC AC WASH (brand for benzoyl peroxide wash) - <i>Tier 2; QL</i>  benzoyl peroxide external gel 2.5 % - <i>Tier 1; QL</i>  benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - <i>Tier 1; QL</i>  benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - <i>Tier 1; QL</i>  bisacodyl ec (generic for EX-LAX ULTRA) - <i>Tier 1; QL</i>  bisacodyl laxative (generic for EX-LAX ULTRA) - <i>Tier 1; QL</i>  bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - <i>Tier 1; QL</i>  bisacodyl rectal (generic for THE MAGIC BULLET) - <i>Tier 1; QL</i>  BOOST SOOTHE - <i>Tier 2</i>  bp wash external liquid 2.5 % (generic for PANOXYL) - <i>Tier 1</i>  BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifier) - <i>Tier 2; QL</i>  calamine external lotion - <i>Tier 1</i>  CALQUENCE - <i>Tier 2; SP; QL</i>  capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - <i>Tier 1; QL</i>  capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - <i>Tier 1; QL</i>  capsaicin hp (generic for CAPZASIN-HP) - <i>Tier 1; QL</i>  capsaicin pain relief (generic for CAPZASIN-HP) - <i>Tier 1; QL</i>  CAPSAID ES ARTHRITIS RELIEF - <i>Tier 2; QL</i>  CAPVAXIVE - <i>Tier 2; QL; AL</i>  capzix (generic for CAPZASIN-HP) - <i>Tier 1; QL</i>  CARDIOWHEY (brand for cvs whey protein) - <i>Tier 2</i> </p>	

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

Preferred Agents	Non-Preferred Agents
<p>CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</p> <p>CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</p> <p>CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</p> <p>CASTIVA WARMING - Tier 2; QL</p> <p>CAYA - Tier 2; QL</p> <p>CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL</p> <p>CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL</p> <p>CHEMSTRIP BG LOG BOOK (brand for supreme ii confidence paddles) - Tier 2</p> <p>childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</p> <p>c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2</p> <p>clearskin (generic for CLEARSKIN) - Tier 1</p> <p>CONDOMS - Tier 2; QL</p> <p>COOL MIST HUMIDIFER (brand for cvs cool mist humidifier) - Tier 2; QL</p> <p>corn &amp; callus remover (generic for COMPOUND W) - Tier 1</p> <p>corn and callus remover (generic for COMPOUND W) - Tier 1</p> <p>CRESEMBA INTRAVENOUS - Tier 2</p> <p>CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2</p>	

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

Preferred Agents	Non-Preferred Agents
<p>CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - <i>Tier 2</i></p> <p>CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - <i>Tier 2</i></p> <p>CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - <i>Tier 2</i></p> <p>CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - <i>Tier 2</i></p> <p>daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - <i>Tier 1</i></p> <p>darunavir (generic for PREZISTA) - <i>Tier 1; QL</i></p> <p>DERMELEVE ADVANCED FORMULA - <i>Tier 2</i></p> <p>double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - <i>Tier 1</i></p> <p>DROPSAFE ALCOHOL PREP (brand for alcohol prep) - <i>Tier 2; QL</i></p> <p>DUREX EXTRA SENSITIVE THIN (brand for true cover) - <i>Tier 2; QL</i></p> <p>DUREX TROPICAL (brand for true cover) - <i>Tier 2; QL</i></p> <p>EASIVENT (brand for breathe comfort chamber/adult) - <i>Tier 2; QL</i></p> <p>EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - <i>Tier 2; QL</i></p> <p>EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - <i>Tier 2; QL</i></p> <p>EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - <i>Tier 2; QL</i></p> <p>EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - <i>Tier 2; QL</i></p> <p>EMERGEN-C KIDZ ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - <i>Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL</i></p> <p><i>EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL</i></p> <p><i>EXTENDED INFUSION SET 23"/6MM (brand for extended infusion set 23"/6mm) - Tier 2</i></p> <p><i>EXTENDED INFUSION SET 23"/9MM (brand for extended infusion set 23"/6mm) - Tier 2</i></p> <p><i>EXTENDED INFUSION SET 32"/6MM (brand for extended infusion set 23"/6mm) - Tier 2</i></p> <p><i>EXTENDED INFUSION SET 32"/9MM (brand for extended infusion set 23"/6mm) - Tier 2</i></p> <p><i>EXTENDED RESERVOIR 3ML - Tier 2</i></p> <p><i>fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL</i></p> <p><i>FITFOOD LEAN COLLAGEN (brand for cvs whey protein) - Tier 2</i></p> <p><i>FLEET BISACODYL - Tier 2; QL</i></p> <p><i>FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL</i></p> <p><i>FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; QL</i></p> <p><i>FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; QL</i></p> <p><i>FLUAD - Tier 2; QL</i></p> <p><i>FLUARIX - Tier 2; QL</i></p> <p><i>FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2</i></p> <p><i>FLUID ADMINISTRATION SET (brand for fluid administration set) - Tier 2</i></p> <p><i>FLULAVAL - Tier 2; QL</i></p> <p><i>FLUZONE HIGH-DOSE - Tier 2; QL</i></p> <p><i>FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL  folic acid oral tablet 400 mcg - Tier 1  foot &amp; 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 childrens multi (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL  ft double antibiotic (generic for POLYSPORIN) - Tier 1  ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL  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  GA (brand for ucd trio) - Tier 2  GA EXPRESS15 (brand for nutricia preop) - Tier 2  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  GLYCOSADE (brand for nutricia preop) - Tier 2  GUARDIAN REAL-TIME CHARGER (brand for oval tape) - Tier 2; PA  GUARDIAN REAL-TIME TEST PLUG (brand for oval tape) - Tier 2; PA</p>	

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

Preferred Agents	Non-Preferred Agents
<p>gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - <i>Tier 1; QL</i></p> <p>gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - <i>Tier 1; QL</i></p> <p>HCU COOLER (brand for balanced nutritional drink) - <i>Tier 2</i></p> <p>HCU GEL (brand for nutricia preop) - <i>Tier 2</i></p> <p>HCY 1 (brand for ucd trio) - <i>Tier 2</i></p> <p>HCY 2 (brand for ucd trio) - <i>Tier 2</i></p> <p>h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - <i>Tier 1; QL</i></p> <p>heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml (generic for BD HEPARIN POSIFLUSH) - <i>Tier 1</i></p> <p>hydrocodone bit-homatrop mbr (generic for HYCODAN) - <i>Tier 1; QL; AL</i></p> <p>hydromet (generic for HYCODAN) - <i>Tier 1; QL; AL</i></p> <p>hyoscyamine sulfate er (generic for LEVBID) - <i>Tier 1; QL</i></p> <p>hyoscyamine sulfate oral (generic for ANASPAZ) - <i>Tier 1; QL</i></p> <p>hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - <i>Tier 1; QL</i></p> <p>hyosyne - <i>Tier 1; QL</i></p> <p>IGG 2000 CWP ORAL POWDER (brand for cvs whey protein) - <i>Tier 2</i></p> <p>IGG PURE (brand for cvs whey protein) - <i>Tier 2</i></p> <p>INSPIREASE (brand for breathe comfort chamber/adult) - <i>Tier 2; QL</i></p> <p>INSPIREASE RESERVOIR BAGS - <i>Tier 2; QL</i></p> <p>JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - <i>Tier 2</i></p> <p>jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - <i>Tier 1</i></p> <p>KETOVIE 4:1 (brand for balanced nutritional drink) - <i>Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>KETOVIE PEPTIDE (brand for balanced nutritional drink) - Tier 2</i></p> <p><i>L-arginine oral capsule - Tier 1</i></p> <p><i>laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</i></p> <p><i>laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL</i></p> <p><i>LEVIBID (brand for hyoscyamine sulfate er) - Tier 2; QL</i></p> <p><i>LIPISTART (brand for ucd trio) - Tier 2</i></p> <p><i>liquid corn &amp; callus rem (generic for COMPOUND W) - Tier 1</i></p> <p><i>liquid wart remover (generic for COMPOUND W) - Tier 1</i></p> <p><i>liquid wart remover max st (generic for COMPOUND W) - Tier 1</i></p> <p><i>LMD (brand for ucd trio) - Tier 2</i></p> <p><i>LTXF PRIM CNV PIN MICRODRIP (brand for fluid administration set) - Tier 2</i></p> <p><i>LTXF PRIM IV SET/CNVT PIN (brand for fluid administration set) - Tier 2</i></p> <p><i>LTXF SECONDARY/CNV PIN/32INC (brand for fluid administration set) - Tier 2</i></p> <p><i>magnesium oxide oral tablet 400 mg - Tier 1</i></p> <p><i>magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1</i></p> <p><i>MAOX (brand for magnesium oxide) - Tier 2</i></p> <p><i>MASK VORTEX/CHILD/FROG - Tier 2; QL</i></p> <p><i>MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL</i></p> <p><i>medicated spot (generic for CLEAN &amp; CLEAR ACNE SCRUB) - Tier 1</i></p> <p><i>medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i></p> <p><i>medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i></p> <p><i>MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>MINIMED RESERVOIR 1.8ML - Tier 2      MINIMED RESERVOIR 3ML - Tier 2  <i>mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE)</i> - Tier 1; QL  <i>MMA/PA COOLER15 (brand for balanced nutritional drink)</i> - Tier 2  <i>MMA/PA GEL (brand for nutricia preop)</i> - Tier 2  <i>MOUNJARO</i> - Tier 2; PA; QL  <i>MSUD COOLER (brand for balanced nutritional drink)</i> - Tier 2  <i>MSUD GEL (brand for nutricia preop)</i> - Tier 2  <i>NATURAL WHEY (brand for cvs whey protein)</i> - Tier 2  <i>NEODOT THERMOMETER</i> - Tier 2; QL  <i>NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser)</i> - Tier 2  <i>NEW ZEALAND WHEY PROTEIN (brand for cvs whey protein)</i> - Tier 2  <i>NULEV (brand for hyoscyamine sulfate)</i> - Tier 2; QL  <i>NUTRI-DRINK (brand for balanced nutritional drink)</i> - Tier 2  <i>NUTRI-DRINK + (brand for balanced nutritional drink)</i> - Tier 2  <i>OA 1 (brand for ucd trio)</i> - Tier 2  <i>OA 2 (brand for ucd trio)</i> - Tier 2  <i>OMNIFLEX DIAPHRAGM</i> - Tier 2; QL  <i>OMNIPOD 5 DEXG7G6 PODS GEN 5</i> - Tier 2; QL  <i>ONELAX (brand for bisacodyl)</i> - Tier 2; QL  <i>OPILL</i> - Tier 2; QL  <i>OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash)</i> - Tier 2  <i>OVACE WASH (brand for sodium sulfacetamide wash)</i> - Tier 2  <i>PANOXYL (brand for bp wash)</i> - Tier 2  <i>PARADIGM SILHOUETTE COMBO 23"</i> (brand for extended infusion set 23"/6mm) - Tier 2</p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>PARADIGM SILHOUETTE COMBO 43" (brand for extended infusion set 23"/6mm) - Tier 2</i></p> <p><i>PENBRAYA - Tier 2; QL</i></p> <p><i>PFD 2 (brand for ucd trio) - Tier 2</i></p> <p><i>PFD TODDLER (brand for ucd trio) - Tier 2</i></p> <p><i>poly bacitracin (generic for POLYSPORIN) - Tier 1</i></p> <p><i>POLYSPORIN (brand for double antibiotic) - Tier 2</i></p> <p><i>PORTAGEN (brand for ucd trio) - Tier 2</i></p> <p><i>PRE PROTEIN ORAL POWDER (brand for cvs whey protein) - Tier 2</i></p> <p><i>PREZISTA ORAL SUSPENSION - Tier 2; QL</i></p> <p><i>PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL</i></p> <p><i>probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1</i></p> <p><i>PROCEL 100 (brand for cvs whey protein) - Tier 2</i></p> <p><i>PROCEL ORAL POWDER (brand for cvs whey protein) - Tier 2</i></p> <p><i>PROSOURCE NO CARB - Tier 2</i></p> <p><i>PROSOURCE PROTEIN ORAL POWDER (brand for cvs whey protein) - Tier 2</i></p> <p><i>PROSYNMINIC (brand for cvs whey protein) - Tier 2</i></p> <p><i>protein oral powder (generic for BENEPROTEIN) - Tier 1</i></p> <p><i>RENASTART (brand for ucd trio) - Tier 2</i></p> <p><i>S.O.S. 25 (brand for nutricia preop) - Tier 2</i></p> <p><i>scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1</i></p> <p><i>sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1</i></p> <p><i>SOLUTION TRANSFER DEVICE (brand for fluid administration set) - Tier 2</i></p> <p><i>ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL</p> <p>sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1</p> <p>SUNLENCA ORAL - Tier 2; QL; AL</p> <p>sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL</p> <p>T:FLEX T:LOCK CARTRIDGE 4.8ML - Tier 2</p> <p>T:SLIM X2 3ML CARTRIDGE - Tier 2</p> <p>TANDEM MOBI AUTOSOFT 30 KIT (brand for extended infusion set 23"/6mm) - Tier 2</p> <p>TANDEM MOBI AUTOSOFT XC KIT (brand for extended infusion set 23"/6mm) - Tier 2</p> <p>TANDEM MOBI TRUSTEEL SUPP KIT (brand for extended infusion set 23"/6mm) - Tier 2</p> <p>TEMPO SMART BUTTON (brand for supreme ii confidence paddles) - Tier 2</p> <p>the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL</p> <p>TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL</p> <p>tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL</p> <p>tolnaftate external cream (generic for TINACTIN) - Tier 1; QL</p> <p>tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1</p> <p>TRITOLNACIDE C (brand for antifungal (tolnaftate)) - Tier 2; QL</p> <p>TROJAN MAGNUM (brand for true cover) - Tier 2; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - <i>Tier 2; QL</i></p> <p>TROJAN ULTRA THIN (brand for true cover) - <i>Tier 2; QL</i></p> <p>TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - <i>Tier 2; QL</i></p> <p>TROJAN-ENZ LUBRICATED (brand for true cover) - <i>Tier 2; QL</i></p> <p>TROJAN-ENZ/SPERMICIDAL (brand for true cover) - <i>Tier 2; QL</i></p> <p>TRUE COVER (brand for true cover) - <i>Tier 2; QL</i></p> <p>TRUE FOLIC ACID ORAL TABLET 1 MG - <i>Tier 2; QL</i></p> <p>TRUE FOLIC ACID ORAL TABLET 400 MCG - <i>Tier 2</i></p> <p>TRUSTEEL INFUSION SET (brand for extended infusion set 23"/6mm) - <i>Tier 2</i></p> <p>TYENNE SUBCUTANEOUS - <i>Tier 2; PA; SP; QL</i></p> <p>TYLACTIN RESTORE 10 (brand for balanced nutritional drink) - <i>Tier 2</i></p> <p>TYLACTIN RTD 15 (brand for balanced nutritional drink) - <i>Tier 2</i></p> <p>TYR COOLER (brand for balanced nutritional drink) - <i>Tier 2</i></p> <p>TYR GEL (brand for nutricia preop) - <i>Tier 2</i></p> <p>TYROS 1 (brand for ucd trio) - <i>Tier 2</i></p> <p>TYROS 2 (brand for ucd trio) - <i>Tier 2</i></p> <p>ucd trio (generic for BCAD 1) - <i>Tier 1</i></p> <p>UNJURY (brand for cvs whey protein) - <i>Tier 2</i></p> <p>VAPORIZER WARM STEAM - <i>Tier 2; QL</i></p> <p>VARISOFT INFUSION SET (brand for extended infusion set 23"/6mm) - <i>Tier 2</i></p> <p>VAXELIS - <i>Tier 2; QL</i></p> <p>VEGAPRO (brand for cvs whey protein) - <i>Tier 2</i></p> <p>VILACTIN AA PLUS ORAL LIQUID (brand for balanced nutritional drink) - <i>Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - <i>Tier 1; QL</i></p> <p>wart remover external liquid 17 % (generic for COMPOUND W) - <i>Tier 1</i></p> <p>wart remover maximum strength external liquid (generic for COMPOUND W) - <i>Tier 1</i></p> <p>wellness protein shake (generic for BENEPROTEIN) - <i>Tier 1</i></p> <p>whey protein (generic for BENEPROTEIN) - <i>Tier 1</i></p> <p>whey protein concentrate (generic for BENEPROTEIN) - <i>Tier 1</i></p> <p>WIDE-SEAL DIAPHRAGM 60 - <i>Tier 2; QL</i></p> <p>WIDE-SEAL DIAPHRAGM 65 - <i>Tier 2; QL</i></p> <p>WIDE-SEAL DIAPHRAGM 70 - <i>Tier 2; QL</i></p> <p>WIDE-SEAL DIAPHRAGM 75 - <i>Tier 2; QL</i></p> <p>WIDE-SEAL DIAPHRAGM 80 - <i>Tier 2; QL</i></p> <p>WIDE-SEAL DIAPHRAGM 85 - <i>Tier 2; QL</i></p> <p>WIDE-SEAL DIAPHRAGM 90 - <i>Tier 2; QL</i></p> <p>WIDE-SEAL DIAPHRAGM 95 - <i>Tier 2; QL</i></p> <p>WND 1 (brand for ucd trio) - <i>Tier 2</i></p> <p>WND 2 (brand for ucd trio) - <i>Tier 2</i></p> <p>womans laxative (generic for EX-LAX ULTRA) - <i>Tier 1; QL</i></p> <p>womens gentle laxative (generic for EX-LAX ULTRA) - <i>Tier 1; QL</i></p> <p>womens laxative (generic for EX-LAX ULTRA) - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP; QL CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>dasatinib (generic for SPRYCEL)</i> - Tier 1; PA; SP; QL <i>erlotinib hcl (generic for TARCEVA)</i> - Tier 1; PA; SP; QL <i>gefitinib (generic for IRESSA)</i> - Tier 1; PA; SP; QL GILOTrif - Tier 2; PA; SP; QL ICLUSIG ORAL TABLET 15 MG, 45 MG - Tier 2; PA; SP; QL <i>imatinib mesylate (generic for GLEEVEC)</i> - Tier 1; PA; SP; QL IMBRUVICA ORAL CAPSULE - Tier 2; PA; SP; QL IMBRUVICA ORAL SUSPENSION - Tier 2; SP; QL IMBRUVICA ORAL TABLET - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL <i>lapatinib ditosylate (generic for TYKERB)</i> - Tier 1; PA; SP; QL LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>pazopanib hcl (generic for VOTRIENT)</i> - Tier 1; PA; SP; QL TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; PA; SP; QL; AL XALKORI - Tier 2; PA; SP; QL	GAVRETO - Tier 2; PA; SP; QL ICLUSIG ORAL TABLET 10 MG, 30 MG - Tier 2; PA TABRECTA - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostamide Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; 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> <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> <i>cyclosporine ophthalmic (generic for RESTASIS) - Tier 1; PA; QL</i> <i>CYSTARAN - Tier 2; PA; SP; QL</i> <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i> <i>NEO-POLYCIN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL</i> <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> <i>sulfacetamide-prednisolone - Tier 1</i> <i>TOBRADEX - Tier 2; QL</i> <i>tobramycin-dexamethasone - 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 (brand for cyclosporine) - Tier 2; PA; QL RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL XIIDRA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
<p>Ophthalmic Agents - Drugs to Treat Eye Conditions</p> <p>Ophthalmic Agents, Other - Miscellaneous Eye Drugs</p>	
<p><i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i></p> <p><i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i></p> <p><i>altalube (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i></p> <p><i>artificial tears pf (generic for BION TEARS PF) - Tier 1</i></p> <p><i>astringent eye drops (generic for VISINE A.C.) - Tier 1; QL</i></p> <p><i>BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2</i></p> <p><i>BION TEARS PF (brand for artificial tears pf) - Tier 2</i></p> <p><i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i></p> <p><i>dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>eye drops adv relief - Tier 1; QL</i></p> <p><i>eye drops advanced relief - Tier 1; QL</i></p> <p><i>eye drops long lasting (generic for SYSTANE) - Tier 1; QL</i></p> <p><i>eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1</i></p> <p><i>eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL</i></p> <p><i>eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE A.C.) - Tier 1; QL</i></p> <p><i>eye lubricant (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>EYES ALIVE (brand for cvs lubricant eye drops (pf)) - Tier 2</i></p> <p><i>for sty relief (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1</i></p> <p><i>ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL</i></p>	

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

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

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

Preferred Agents	Non-Preferred Agents
<p><i>lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL</i></p> <p><i>lubricant eye pm (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>lubricating eye drops (generic for SYSTANE) - Tier 1; QL</i></p> <p><i>lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>lubricating plus pf (generic for BIOLLE TEARS) - Tier 1</i></p> <p><i>lubricating tears eye drops (generic for ULTRA FRESH) - Tier 1; QL</i></p> <p><i>lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2</i></p> <p><i>MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL</i></p> <p><i>natural tears pf (generic for BION TEARS PF) - Tier 1</i></p> <p><i>nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>polyvinyl alcohol ophthalmic - Tier 1</i></p> <p><i>PURE &amp; GENTLE LUBRICANT - Tier 2</i></p> <p><i>REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL</i></p> <p><i>REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2</i></p> <p><i>REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL</i></p> <p><i>relief eye drops (generic for VISINE A.C.) - Tier 1; QL</i></p> <p><i>restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1</i></p> <p><i>restore pm (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1</i></p> <p><i>sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - <i>Tier 1; QL</i></p> <p>sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - <i>Tier 1</i></p> <p>sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - <i>Tier 1; QL</i></p> <p>SYSTANE (brand for cvs lubricant drops fast act) - <i>Tier 2; QL</i></p> <p>SYSTANE BALANCE (brand for cvs lubricant drops) - <i>Tier 2; QL</i></p> <p>SYSTANE COMPLETE (brand for cvs lubricant drops) - <i>Tier 2; QL</i></p> <p>SYSTANE CONTACTS (brand for artificial tears) - <i>Tier 2</i></p> <p>SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - <i>Tier 2; QL</i></p> <p>SYSTANE NIGHT - <i>Tier 2; QL</i></p> <p>SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - <i>Tier 2; QL</i></p> <p>SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - <i>Tier 2; QL</i></p> <p>SYSTANE ULTRA (brand for cvs lubricant drops fast act) - <i>Tier 2; QL</i></p> <p>SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - <i>Tier 2; QL</i></p> <p>ultra fresh (generic for ULTRA FRESH) - <i>Tier 1; QL</i></p> <p>ultra fresh pm (generic for ALTALUBE) - <i>Tier 1; QL</i></p> <p>ultra lubricant drop (generic for SYSTANE) - <i>Tier 1; QL</i></p> <p>ultra lubricating eye drops (generic for SYSTANE) - <i>Tier 1; QL</i></p> <p>ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - <i>Tier 1; QL</i></p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p> <hr/> <p>NAPHCON-A (brand for allergy eye) - <i>Tier 2</i></p> <p>VISINE (brand for allergy eye) - <i>Tier 2</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p>ALAWAY (brand for cvs allergy eye drops) - <i>Tier 2; QL</i>          ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - <i>Tier 2; QL</i>  <i>allergy eye drops (generic for ALAWAY)</i> - <i>Tier 1; QL</i>  <i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY)</i> - <i>Tier 1; QL</i>  <i>ketotifen fumarate ophthalmic (generic for ALAWAY)</i> - <i>Tier 1; QL</i>  <i>ZADITOR (brand for cvs allergy eye drops)</i> - <i>Tier 2; QL</i></p>	
<p>Otic Agents</p> <p><i>acetic acid otic</i> - <i>Tier 1; QL</i>  <i>ciprofloxacin-dexamethasone</i> - <i>Tier 1; PA; QL</i>  <i>hydrocortisone-acetic acid</i> - <i>Tier 1; QL</i>  <i>neomycin-polymyxin-hc otic</i> - <i>Tier 1; QL</i>  <i>ofloxacin otic</i> - <i>Tier 1; QL</i></p>	
<p>Otic Agents - Drugs to Treat Ear Conditions</p>	
<p>Otic Agents - Drugs for the Ear</p> <p><i>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops)</i> - <i>Tier 2</i>  <i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops)</i> - <i>Tier 2</i>  <i>ear drops (generic for CLEARCANAL EARWAX SOFTENER)</i> - <i>Tier 1</i>  <i>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER)</i> - <i>Tier 1</i>  <i>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER)</i> - <i>Tier 1</i>  <i>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER)</i> - <i>Tier 1</i>  <i>earwax removal (generic for CLEARCANAL EARWAX SOFTENER)</i> - <i>Tier 1</i>  <i>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER)</i> - <i>Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - <i>Tier 1</i>	
ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - <i>Tier 1</i>	
ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - <i>Tier 1</i>	
Respiratory Tract/Pulmonary Agents	
Antihistamines	
<p>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy (cetirizine) (generic for KLS ALLER-TEC) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy medication (generic for BANOPHEN) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy medicine (generic for BANOPHEN) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy oral capsule 25 mg (generic for BANOPHEN) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - <i>Tier 1</i>; <i>QL</i></p> <p>allergy oral tablet 25 mg (generic for BANOPHEN) - <i>Tier 1</i>; <i>QL</i></p>	<p>DYMISTA (brand for azelastine-fluticasone) - <i>Tier 2</i>; <i>PA</i>; <i>QL</i></p>

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

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

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

Preferred Agents	Non-Preferred Agents
<p>BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL</p> <p>BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL</p> <p>cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL</p> <p>cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>clemastine fumarate oral - Tier 1; QL</p> <p>complete allergy (generic for BANOPHEN) - Tier 1; QL</p> <p>complete allergy medicine (generic for BANOPHEN) - Tier 1; QL</p> <p>complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL</p> <p>complete allergy relief (generic for BANOPHEN) - Tier 1; QL</p> <p>CURELIEF (brand for allergy childrens) - Tier 2; QL</p> <p>cyproheptadine hcl oral - Tier 1; QL</p> <p>DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL</p> <p>DIMETAPP COUGH &amp; ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL</p> <p>diphedryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>diphen (generic for BANOPHEN) - Tier 1; QL</p> <p>diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL</p> <p>ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL</i>  <i>ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL</i>  <i>ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i>  <i>ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL</i>  <i>ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL</i>  <i>geri-dryl (generic for BANOPHEN) - Tier 1; QL</i>  <i>h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i>  <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>total allergy (generic for BANOPHEN) - Tier 1; QL</i>  <i>total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i>  <i>ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Anti-inflammatories, Inhaled Corticosteroids	
ASMANEX (120 METERED DOSES) - Tier 2; PA; QL ASMANEX (14 METERED DOSES) - Tier 2; PA; QL ASMANEX (30 METERED DOSES) - Tier 2; PA; QL ASMANEX (60 METERED DOSES) - Tier 2; PA; QL ASMANEX HFA - Tier 2; PA; Members >= 8 years of age will require PA; QL <i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members &gt;= 5 years of age will require PA; QL; AL</i> FLUTICASONE PROPIONATE HFA - Tier 2; QL <i>fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL</i> <i>mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL</i>	ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA ARNUTY ELLIPTA - Tier 2; PA; QL OMNARIS - Tier 2; PA; QL PULMICORT FLEXHALER - Tier 2; PA; QL QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL QVAR REDIHALER - Tier 2; PA; QL XHANCE - Tier 2; PA; QL
Antileukotrienes	
<i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i>	ZYFLO - Tier 2; PA
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> <i>tiotropium bromide monohydrate (generic for SPIRIVA HANDIHALER) - Tier 1; QL</i>	SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<p>Bronchodilators, Sympathomimetic</p> <p><i>albuterol sulfate hfa (generic for VENTOLIN HFA) - Tier 1; QL</i>  <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i>  <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL</i>  <b>ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL</b>  <i>albuterol sulfate oral syrup - Tier 1; QL</i>  <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i>  <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i>  <b>STRIVERDI RESPIMAT - Tier 2; QL</b></p>	<p><i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i>  <i>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i>  <i>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i>  <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i>  <i>PROAIR RESPICLICK - Tier 2; PA; QL</i>  <i>SEREVENT DISKUS - Tier 2; PA; QL</i>  <i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i>  <b>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</b></p>
<p>Cystic Fibrosis Agents</p> <p><b>CAYSTON - Tier 2; PA; SP; QL</b>  <b>KALYDECO ORAL PACKET 13.4 MG - Tier 2; SP; QL</b>  <b>KALYDECO ORAL PACKET 25 MG, 5.8 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL</b>  <b>KALYDECO ORAL TABLET - Tier 2; PA; SP; QL</b>  <b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG - Tier 2; PA; SP; QL</b>  <b>ORKAMBI ORAL PACKET 75-94 MG - Tier 2; SP; QL</b>  <b>ORKAMBI ORAL TABLET - Tier 2; PA; SP; QL</b>  <b>PULMOZYME - Tier 2; PA; SP; QL</b>  <b>SYMDEKO - Tier 2; PA; SP; QL</b>  <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; PA; SP; QL</i>  <b>TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL</b>  <b>TRIKAFTA ORAL THERAPY PACK - Tier 2; SP; QL; AL</b></p>	<p><b>TOBI PODHALER - Tier 2; PA; SP; QL</b></p>
<p>Mast Cell Stabilizers</p> <p><i>cromolyn sodium inhalation - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>Phosphodiesterase Inhibitors, Airways Disease</p> <p><i>elioxophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i>  <i>roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL</i>  <b>THEO-24 - Tier 2</b>  <i>theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL</i>  <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i>  <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i>  <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i>  <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i></p>	
<p>Pulmonary Antihypertensives</p> <p><b>ADEMPAS - Tier 2; PA; SP; QL</b>  <i>alyq (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i>  <i>ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL</i>  <i>bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL</i>  <i>epoprostenol sodium (generic for FLOLAN) - Tier 1</i>  <b>OPSUMIT - Tier 2; PA; SP; QL</b>  <i>sildenafil citrate intravenous (generic for REVATIO) - Tier 1</i>  <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; PA; SP; QL</i>  <i>tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i>  <b>TRACLEER 32 MG - Tier 2; PA; SP; QL</b>  <i>treprostinil (generic for REMODULIN) - Tier 1</i>  <b>TYVASO - Tier 2</b>  <i>TYVASO REFILL KIT - Tier 2</i></p>	<p><b>ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL</b>  <i>ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL</i>  <i>ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL</i>  <i>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP</i>  <i>ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL</i>  <b>TADLIQ - Tier 2; PA; SP; QL</b>  <i>TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL</i>  <i>TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
TYVASO STARTER KIT - Tier 2 VENTAVIS - Tier 2	
Pulmonary Fibrosis Agents	
OFEV - Tier 2; PA; SP; QL <i>pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL</i> <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i>	
Respiratory Tract Agents, Other	
acetylcysteine inhalation solution 10 % - <i>Tier 1; QL</i> acetylcysteine inhalation solution 20 % - <i>Tier 1</i> FASENRA PEN - <i>Tier 2; PA; QL</i> NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - <i>Tier 2; PA; SP; QL</i> NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - <i>Tier 2; PA; SP; QL</i> <i>promethazine vc - Tier 1; QL; AL</i> <i>promethazine-phenylephrine - Tier 1; QL; AL</i>	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - <i>Tier 2; PA; SP; QL</i>

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

Preferred Agents	Non-Preferred Agents
<p>Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</p> <p>4-WAY FAST ACTING (brand for cvs nasal spray) - <i>Tier 2</i>  <i>altamist spray (generic for AYR)</i> - <i>Tier 1</i>  <i>altarussin (generic for TUSNEL-EX)</i> - <i>Tier 1; QL; AL</i>  <i>AYR (brand for altamist spray)</i> - <i>Tier 2</i>  <i>AYR SALINE NASAL DROPS</i> - <i>Tier 2</i>  <i>BABY AYR SALINE (brand for altamist spray)</i> - <i>Tier 2</i>  <i>bromphen-pseudoeph-dm</i> - <i>Tier 1; QL; AL</i>  <i>BUCKLEY'S CHEST CONGESTION (brand for altarussin)</i> - <i>Tier 2; QL; AL</i>  <i>chest congestion relief oral liquid (generic for TUSNEL-EX)</i> - <i>Tier 1; QL; AL</i>  <i>chest congestion relief oral tablet (generic for XPECT)</i> - <i>Tier 1</i>  <i>cough &amp; cold (generic for CORICIDIN HBP COUGH/COLD)</i> - <i>Tier 1; AL</i>  <i>cough &amp; cold hbp (generic for CORICIDIN HBP COUGH/COLD)</i> - <i>Tier 1; AL</i>  <i>cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING)</i> - <i>Tier 1; AL</i>  <i>cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD)</i> - <i>Tier 1; AL</i>  <i>deep sea nasal spray (generic for AYR)</i> - <i>Tier 1</i>  <i>ed bron gp</i> - <i>Tier 1; AL</i>  <i>ft chest congestion relief (generic for XPECT)</i> - <i>Tier 1</i>  <i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER)</i> - <i>Tier 1; QL; AL</i>  <i>ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION)</i> - <i>Tier 1</i>  <i>ft tussin adult (generic for TUSNEL-EX)</i> - <i>Tier 1; QL; AL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL</i>  <i>guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL</i>  <i>guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL</i>  <i>guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1</i>  <i>MAX TUSSIN MUCUS &amp; CHEST CONG (brand for altussin) - Tier 2; QL; AL</i>  <i>maxi-tuss pe max - Tier 1; AL</i>  <i>medifin 400 (generic for XPECT) - Tier 1</i>  <i>medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL</i>  <i>MUCINEX FAST-MAX CHEST CONG MS (brand for altussin) - Tier 2; QL; AL</i>  <i>MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL</i>  <i>mucus &amp; chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</i>  <i>mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL</i>  <i>mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL</i>  <i>mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL</i>  <i>mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL</i>  <i>mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1</i>  <i>mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL</i>  <i>mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL; AL</i>  <i>mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>mucus relief max st oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - <i>Tier 1; QL; AL</i></p> <p>mucus relief oral tablet (generic for XPECT) - <i>Tier 1</i></p> <p>mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - <i>Tier 1; QL; AL</i></p> <p>nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - <i>Tier 1</i></p> <p>nasal four (generic for 4-WAY FAST ACTING) - <i>Tier 1</i></p> <p>nasal four spray (generic for 4-WAY FAST ACTING) - <i>Tier 1</i></p> <p>NASAL MOIST NASAL SOLUTION (brand for altamist spray) - <i>Tier 2</i></p> <p>nasal moisturizing spray (generic for AYR) - <i>Tier 1</i></p> <p>nasal spray fast acting (generic for 4-WAY FAST ACTING) - <i>Tier 1</i></p> <p>nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - <i>Tier 1</i></p> <p>nasal spray saline (generic for AYR) - <i>Tier 1</i></p> <p>NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - <i>Tier 2</i></p> <p>non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - <i>Tier 1</i></p> <p>nose drops extstrength (generic for 4-WAY FAST ACTING) - <i>Tier 1</i></p> <p>OCEAN FOR KIDS (brand for altamist spray) - <i>Tier 2</i></p> <p>OCEAN NASAL SPRAY (brand for altamist spray) - <i>Tier 2</i></p> <p>pharbinex (generic for XPECT) - <i>Tier 1</i></p> <p>phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - <i>Tier 1</i></p> <p>pseudoephedrine-bromphen-dm - <i>Tier 1; QL; AL</i></p> <p>refenesen 400 (generic for XPECT) - <i>Tier 1</i></p> <p>saline mist spray (generic for AYR) - <i>Tier 1</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>saline nasal spray (generic for AYR) - <i>Tier 1</i></p> <p>sb mucus relief (generic for XPECT) - <i>Tier 1</i></p> <p>sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - <i>Tier 1</i></p> <p>sinus relief extra strength (generic for 4-WAY FAST ACTING) - <i>Tier 1</i></p> <p>sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - <i>Tier 1</i></p> <p>SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - <i>Tier 2</i></p> <p>SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - <i>Tier 2</i></p> <p>tab tussin (generic for XPECT) - <i>Tier 1</i></p> <p>TRUE NASAL MOISTURIZING (brand for altamist spray) - <i>Tier 2</i></p> <p>tusnel-ex (generic for TUSNEL-EX) - <i>Tier 1; QL; AL</i></p> <p>tussin adult chest congest (generic for TUSNEL-EX) - <i>Tier 1; QL; AL</i></p> <p>tussin adult oral liquid 200 mg/10ml (generic for TUSNEL-EX) - <i>Tier 1; QL; AL</i></p> <p>tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - <i>Tier 1; QL; AL</i></p> <p>tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - <i>Tier 1; AL</i></p> <p>tussin mucus &amp; chest congest (generic for TUSNEL-EX) - <i>Tier 1; QL; AL</i></p> <p>tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - <i>Tier 1; QL; AL</i></p> <p>XPECT (brand for chest congestion relief) - <i>Tier 2</i></p>	

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

## Preferred Agents

## Non-Preferred Agents

### Antihistamines - Allergy Drugs

12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
allergy relief nasal decong oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
allergy relief/nasal decongest oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
cetiri-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - *Tier 2; AL*  
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; AL*  
ft tussin cf adult (generic for DESGEN DM) - *Tier 1; AL*  
nohist-lq (generic for ED A-HIST) - *Tier 1; QL; AL*

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

Preferred Agents	Non-Preferred Agents
<i>ROBAFEN CF MULTI-SYMPOTM COLD (brand for ft tussin cf adult) - Tier 2; AL</i>	
<i>ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL</i>	
<i>tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL</i>	
<i>ZYRTEC-D ALLERGY &amp; CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL</i>	
<i>ZYRTEC-D ALLERGY &amp; SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL</i>	
<b>Antihistamines - Drugs to Treat Allergies</b>	
<i>12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL</i>	
<i>24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL</i>	
<i>all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i>	
<i>ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL</i>	
<i>ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL</i>	
<i>aller-clear (generic for KLS ALLERCLEAR) - Tier 1; QL</i>	
<i>aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL</i>	
<i>aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL</i>	
<i>allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i>	
<i>allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
<p>allergy 24-hr (generic for KLS ALLER-FEX) - <i>Tier 1; QL</i></p> <p>allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - <i>Tier 1; QL</i></p> <p>allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - <i>Tier 1; QL</i></p> <p>allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - <i>Tier 1; QL</i></p> <p>allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - <i>Tier 1; QL</i></p> <p>allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - <i>Tier 1; QL</i></p> <p>allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - <i>Tier 1; QL</i></p> <p>allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - <i>Tier 1; QL</i></p> <p>allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - <i>Tier 1; QL</i></p> <p>allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - <i>Tier 1; QL</i></p> <p>allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - <i>Tier 1; QL</i></p> <p>childrens loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - <i>Tier 1; QL</i></p> <p>ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - <i>Tier 1; QL</i></p> <p>loratadine (generic for KLS ALLERCLEAR) - <i>Tier 1; QL</i></p> <p>fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - <i>Tier 1; QL</i></p> <p>ft all day allergy relief (generic for KLS ALLERCLEAR) - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL</i></p> <p><i>ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>ft allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>loratadine allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL</i></p> <p><i>loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>loratadine oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL</i></p> <p><i>mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs		
<p>24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - <i>Tier 1; QL</i></p> <p>allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - <i>Tier 1; QL</i></p> <p>ft 24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - <i>Tier 1; QL</i></p> <p>NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - <i>Tier 2; QL</i></p> <p>nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - <i>Tier 1; QL</i></p> <p>nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - <i>Tier 1; QL</i></p> <p>nasal allergy spray (generic for NASACORT ALLERGY 24HR) - <i>Tier 1; QL</i></p> <p>triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - <i>Tier 1; QL</i></p>		
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	<p>breyna (generic for BREYNA) - <i>Tier 1; PA; QL</i></p> <p>budesonide-formoterol fumarate (generic for BREYNA) - <i>Tier 1; PA; ST; QL</i></p> <p>FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - <i>Tier 2; PA; QL</i></p> <p>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - <i>Tier 1; QL</i></p> <p>FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - <i>Tier 2; QL</i></p> <p>ipratropium-albuterol - <i>Tier 1; QL</i></p> <p>STIOLTO RESPIMAT - <i>Tier 2; QL</i></p> <p>wixela inhulb (generic for WIXELA INHUB) - <i>Tier 1; QL</i></p>	<p>ADVAIR HFA (brand for fluticasone-salmeterol) - <i>Tier 2; PA; QL</i></p> <p>ANORO ELLIPTA - <i>Tier 2; PA; QL</i></p> <p>BEVESPI AEROSPHERE - <i>Tier 2; PA; QL</i></p> <p>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - <i>Tier 2; PA; QL</i></p> <p>BREZTRI AEROSPHERE - <i>Tier 2; PA</i></p> <p>COMBIVENT RESPIMAT - <i>Tier 2; PA; QL</i></p> <p>DULERA - <i>Tier 2; PA; QL</i></p> <p>SYMBICORT (brand for budesonide-formoterol fumarate) - <i>Tier 2; PA; QL</i></p> <p>TRELEGY ELLIPTA - <i>Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Mast Cell Stabilizers - Drugs for the Lungs <i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i> <i>NASALCROM (brand for cromolyn sodium) - Tier 2; QL</i>	
Respiratory Tract Agents, Other - Asthma/Lung Drugs <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>ADVIL COLD/SINUS (brand for cold &amp; sinus) - Tier 2; AL</i> <i>allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy &amp; congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy &amp; congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy relief nasal decong oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i>	

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

## Preferred Agents

allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - *Tier 1; QL; AL*  
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - *Tier 1; QL; AL*  
allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - *Tier 1; QL; AL*  
altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - *Tier 1; QL; AL*  
anefrin spray (generic for GILTUSS SEVERE SINUS) - *Tier 1*  
APRODINE (brand for cold & allergy d max strength) - *Tier 2; AL*  
benzonatate oral capsule 100 mg, 200 mg - *Tier 1; QL; AL*  
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - *Tier 1; QL; AL*  
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - *Tier 2; QL; AL*  
CLARITIN-D 24 HOUR (brand for allergy relief d) - *Tier 2; QL; AL*  
cold & allergy - *Tier 1; AL*  
cold & allergy childrens oral elixir 1-15 mg/5ml - *Tier 1; AL*  
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*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL</p> <p>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL</p> <p>cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL</p> <p>cough &amp; chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>cough dm childrens oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL</p> <p>cough dm er (generic for DELSYM) - Tier 1; QL; AL</p> <p>cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL</p> <p>DELSYM CGH/CHEST CONG DM CHILD (brand for cvs cough &amp; chest congestion) - Tier 2</p> <p>DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL</p> <p>DELSYM COUGH/CHEST CONGEST DM (brand for cvs cough &amp; chest congestion) - Tier 2</p> <p>DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL</p> <p>dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL</p> <p>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL</p> <p>dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL</p> <p>dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>ENDACOF-DM (brand for cold &amp; cough childrens) - Tier 2; QL</p> <p>ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL</p> <p>ft allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</p> <p>ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</p> <p>ft cold &amp; cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL</p> <p>ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL</p> <p>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL</p> <p>ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL</p> <p>ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</p> <p>ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1</p> <p>ft tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>g tussin ac - Tier 1; QL; AL</p> <p>geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</p> <p>giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1</p>	

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

Preferred Agents	Non-Preferred Agents
<p>guaifenesin-codeine - <i>Tier 1; QL; AL</i></p> <p>guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - <i>Tier 1; QL; AL</i></p> <p>HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - <i>Tier 2</i></p> <p>ibuprofen cold &amp; sinus (generic for ADVIL COLD/SINUS) - <i>Tier 1; AL</i></p> <p>ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - <i>Tier 1; AL</i></p> <p>ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - <i>Tier 1; AL</i></p> <p>long acting nasal spray (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - <i>Tier 1; QL; AL</i></p> <p>loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - <i>Tier 1; QL; AL</i></p> <p>loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - <i>Tier 1; QL; AL</i></p> <p>loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - <i>Tier 1; QL; AL</i></p> <p>maxi-tuss ac - <i>Tier 1; QL; AL</i></p> <p>maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - <i>Tier 1; AL</i></p> <p>meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - <i>Tier 1; QL; AL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>MUCINEX COUGH CHILDRENS (brand for cvs cough &amp; chest congestion) - <i>Tier 2</i></p> <p>MUCINEX D (brand for cvs mucus d extended release) - <i>Tier 2; AL</i></p> <p>MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - <i>Tier 2; AL</i></p> <p>MUCINEX DM (brand for cvs mucus dm extended release) - <i>Tier 2; QL; AL</i></p> <p>MUCINEX FAST-MAX DM MAX (brand for cvs cough &amp; chest congestion) - <i>Tier 2</i></p> <p>MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID (brand for cvs cough &amp; chest congestion) - <i>Tier 2</i></p> <p>MUCINEX SINUS-MAX CLEAR &amp; COOL (brand for 12 hour decongestant) - <i>Tier 2</i></p> <p>MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - <i>Tier 2</i></p> <p>mucus &amp; cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - <i>Tier 1</i></p> <p>mucus d (generic for MUCINEX D MAX STRENGTH) - <i>Tier 1; AL</i></p> <p>mucus d extended release (generic for MUCINEX D) - <i>Tier 1; AL</i></p> <p>mucus d max st er (generic for MUCINEX D MAX STRENGTH) - <i>Tier 1; AL</i></p> <p>mucus dm (generic for MUCINEX DM) - <i>Tier 1; QL; AL</i></p> <p>mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - <i>Tier 1; QL; AL</i></p> <p>mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - <i>Tier 1; AL</i></p>	

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

## Preferred Agents

mucus relief d oral tablet extended release 12 hour 120-1200 mg  
(generic for MUCINEX D MAX STRENGTH) - *Tier 1; AL*  
mucus relief d oral tablet extended release 12 hour 60-600 mg  
(generic for MUCINEX D) - *Tier 1; AL*  
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml  
(generic for DELSYM CGH/CHEST CONG DM CHILD) - *Tier 1*  
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM  
CGH/CHEST CONG DM CHILD) - *Tier 1*  
mucus relief dm oral tablet extended release 12 hour 30-600 mg  
(generic for MUCINEX DM) - *Tier 1; QL; AL*  
mucus-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; AL*  
nasal decongestant 12hr (generic for SUDAFED SINUS  
CONGESTION 12HR) - *Tier 1*  
nasal decongestant max st oral tablet 30 mg (generic for SUDOGEST)  
- *Tier 1; QL*  
nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - *Tier  
1; QL*  
nasal decongestant oral tablet extended release 12 hour 120 mg  
(generic for SUDAFED SINUS CONGESTION 12HR) - *Tier 1*  
nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) -  
*Tier 1; QL*  
nasal decongestant spray (generic for GILTUSS SEVERE SINUS) -  
*Tier 1*  
nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) -  
*Tier 1*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>nasal mist no drip (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>nasal relief nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>nasal spray no drip (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - <i>Tier 2</i></p> <p>no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>no drip nasal relief (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>no drip nasal spray (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - <i>Tier 1</i></p> <p>promethazine-codeine oral solution - <i>Tier 1; QL; AL</i></p> <p>promethazine-dm - <i>Tier 1; QL; AL</i></p> <p>pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - <i>Tier 1</i></p> <p>pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - <i>Tier 1</i></p> <p>pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - <i>Tier 1; QL</i></p> <p>pseudoephedrine-guaifenesin er (generic for MUCINEX D) - <i>Tier 1; AL</i></p> <p>PULMOSAL (brand for sodium chloride) - <i>Tier 2</i></p> <p>ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - <i>Tier 2; QL; AL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL</i></p> <p><i>ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for cvs cough &amp; chest congestion) - Tier 2</i></p> <p><i>RYNEX DM (brand for cold &amp; cough childrens) - Tier 2; QL</i></p> <p><i>RYNEX PE - Tier 2; AL</i></p> <p><i>rynex pse - Tier 1; AL</i></p> <p><i>sinus &amp; congestion max str (generic for SUDOGEST) - Tier 1; QL</i></p> <p><i>sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</i></p> <p><i>sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i></p> <p><i>sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1</i></p> <p><i>sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1</i></p> <p><i>sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1</i></p> <p><i>SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL</i></p> <p><i>SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL</i></p> <p><i>SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2</i></p> <p><i>sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL</i></p> <p><i>sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL</i></p> <p><i>suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</i></p> <p><i>suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</i></p> <p><i>suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</p> <p>tussin cf oral liquid 30-10-100 mg/5ml - Tier 1</p> <p>tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</p> <p>tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL</p> <p>tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>tussin dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</p> <p>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</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>chlorzoxazone oral tablet 500 mg - Tier 1; QL</p> <p>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</p> <p>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</p> <p>orphenadrine citrate er - Tier 1; QL</p>	

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

Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Sleep Promoting Agents	
<i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i>	<i>BELSOMRA - Tier 2; PA</i> <i>DAYVIGO - Tier 2; PA; QL</i>
Wakefulness Promoting Agents	
<i>armodafinil (generic for NUVIGIL) - Tier 1; PA; 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>b-plex plus (generic for ALIVE CALCIUM BONE SUPPORT) - Tier 1; QL</i> <i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant &amp; toddler) - Tier 2; QL</i> <i>BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vita/fe drop) - Tier 2; QL</i> <i>BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL</i> <i>c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</i> <i>calcium 600 - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
<p>calcium 600+d oral tablet 600-5 mg-mcg - <i>Tier 1; QL</i></p> <p>calcium 600-vitamin d3 - <i>Tier 1; QL</i></p> <p>calcium carbonate - <i>Tier 1; QL</i></p> <p>calcium carbonate oral tablet 1500 (600 ca) mg - <i>Tier 1; QL</i></p> <p>calcium carbonate oral tablet chewable 1250 (500 ca) mg - <i>Tier 1; QL</i></p> <p>calcium fast dissolution - <i>Tier 1; QL</i></p> <p>calcium high potency - <i>Tier 1; QL</i></p> <p>calcium oral tablet 1500 (600 ca) mg - <i>Tier 1; QL</i></p> <p>calcium oyster shell oral tablet 1250 (500 ca) mg - <i>Tier 1; QL</i></p> <p>calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - <i>Tier 1</i></p> <p>cerovite jr (generic for CEROVITE JR) - <i>Tier 1; QL</i></p> <p>chewable c (generic for SUNKIST VITAMIN C) - <i>Tier 1; QL</i></p> <p>chewable c with rose hips (generic for SUNKIST VITAMIN C) - <i>Tier 1; QL</i></p> <p>chewable childrens vitamin (generic for CEROVITE JR) - <i>Tier 1; QL</i></p> <p>childrens animal shapes (generic for CEROVITE JR) - <i>Tier 1; QL</i></p> <p>childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - <i>Tier 1; QL</i></p> <p>childrens chewables/ex c (generic for CULTURELLE KIDS COMPLETE) - <i>Tier 1; QL</i></p> <p>childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - <i>Tier 1; QL</i></p> <p>childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - <i>Tier 1; QL</i></p> <p>childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - <i>Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL</p> <p>daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL</p> <p>DEPLIN MA (brand for v-c forte) - Tier 2</p> <p>EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL</p> <p>effer-k oral tablet effervescent 25 meq - Tier 1; QL</p> <p>ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL</p> <p>FOLAGENT DHA (brand for v-c forte) - Tier 2</p> <p>FOLAMED DHA (brand for v-c forte) - Tier 2</p> <p>fruity c - Tier 1; QL</p> <p>ft calcium - Tier 1; QL</p> <p>ft childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL</p> <p>ft vitamin c (generic for SUNKIST VITAMIN C) - Tier 1; QL</p> <p>ft vitamin c/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</p> <p>ft zinc chelated (generic for IS-ZC 50) - Tier 1; QL</p> <p>KCL-LIDOCAINE-NACL - Tier 2</p> <p>klor-con/ef - Tier 1; QL</p> <p>K-PRIME - Tier 2; QL</p> <p>little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL</p> <p>LIVITA ADULTS (brand for support) - Tier 2; QL</p> <p>MENATROL (brand for v-c forte) - Tier 2</p> <p>multiple vitamins/iron oral tablet (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL</p> <p>MULTIPRO (brand for v-c forte) - Tier 2</p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>multivitamin infant &amp; toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL</i></p> <p><i>multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL</i></p> <p><i>OBTREX - Tier 2</i></p> <p><i>OCUVEL (brand for v-c forte) - Tier 2</i></p> <p><i>one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL</i></p> <p><i>one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL</i></p> <p><i>oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg - Tier 1; QL</i></p> <p><i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL</i></p> <p><i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL</i></p> <p><i>POLY-VI-SOL (brand for multivitamin infant &amp; toddler) - Tier 2; QL</i></p> <p><i>POLY-VITE PEDIATRIC (brand for multivitamin infant &amp; toddler) - Tier 2; QL</i></p> <p><i>prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1</i></p> <p><i>stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL</i></p> <p><i>SUPPORT (brand for support) - Tier 2; QL</i></p> <p><i>true oyster shell calcium - Tier 1; QL</i></p> <p><i>TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL</i></p> <p><i>v-c forte (generic for VIC-FORTE) - Tier 1</i></p> <p><i>vic-forte (generic for VIC-FORTE) - Tier 1</i></p> <p><i>vit c/rose hips - Tier 1; QL</i></p> <p><i>vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
vitamin c er oral tablet extended release 1500 mg - <i>Tier 1; QL</i> vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - <i>Tier 1; QL</i> vitamin c oral tablet 1000 mg, 250 mg - <i>Tier 1; QL</i> vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - <i>Tier 1; QL</i> vitamin c oral tablet chewable 100 mg, 250 mg - <i>Tier 1; QL</i> vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - <i>Tier 1; QL</i> vitamin clacerola (generic for SUNKIST VITAMIN C) - <i>Tier 1; QL</i> vitamin c/rose hips oral tablet 1000 mg - <i>Tier 1; QL</i> vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - <i>Tier 1; QL</i> vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - <i>Tier 1; QL</i> vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - <i>Tier 1; QL</i> vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - <i>Tier 1; QL</i> vitamins complete childrens (generic for CEROVITE JR) - <i>Tier 1; QL</i> WELL VITAMIN C (brand for ascorbic acid) - <i>Tier 2; QL</i> zinc oral tablet 50 mg (generic for IS-ZC 50) - <i>Tier 1; QL</i>	

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

## Preferred Agents

### 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  
e - Tier 1  
e-400-clear - 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  
natural vitamin e - Tier 1; QL  
pyridoxine hcl oral - Tier 1; QL  
pyridoxine hcl solution 100 mg/ml injection - Tier 1  
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION - Tier 2  
thiamine hcl injection - Tier 1  
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  
TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2  
vitamin b1 - Tier 1; QL  
vitamin b-1 oral tablet 250 mg - Tier 1; QL  
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1  
vitamin b12 oral tablet extended release 1000 mcg - Tier 1  
vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1  
vitamin b-6 - Tier 1; QL  
vitamin b-6 er - Tier 1; QL  
vitamin e natural - Tier 1  
vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg  
(1000 ut), 90 mg (200 unit) - Tier 1  
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1;  
QL

## Non-Preferred Agents

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

## Prior Authorization / Class Criteria

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

## Index of Drugs

12 hour allergy-d.....	167	ACCU-CHEK GUIDE KIT W/DEVICE.....	70	acetaminophen rectal suppository 650 mg....	9
12 hour decongestant.....	172	ACCU-CHEK GUIDE TEST STRIPS.....	70	acetaminophen-codeine oral solution 120-	
12 hour nasal decongestant.....	172	ACCU-CHEK PLASTIC CARTRIDGE.....	131	12 mg/5ml.....	6
12 hour nasal relief spray.....	172	ACCU-CHEK SMARTVIEW.....	70	acetaminophen-codeine oral tablet.....	6
12 hour nasal spray.....	172	ACCU-CHEK SMARTVIEW CONTROL.....	70	acetazolamide er.....	56
12hr allergy relief.....	168	ACCU-CHEK SOFTCLIX LANCET		acetazolamide oral.....	56
24 hour nasal allergy nasal aerosol 55 mcg/act.....	171	DEVICE KIT .....	70	acetic acid otic.....	154
24hr allergy relief.....	168	ACCU-CHEK SPIRIT CARTRIDGE.....	131	acetylcysteine inhalation solution 10 %.....	162
3 day vaginal.....	31	ACCU-CHEK TENDER 1 INFUSION.....	131	acetylcysteine inhalation solution 20 %.....	162
4-WAY FAST ACTING.....	163	ACCU-CHEK TENDER I SET 24".....	131	acid controller.....	92
8 hour arthritis pain.....	8	ACCU-CHEK TENDER I SET 31".....	131	acid gone.....	94
8 hour arthritis relief.....	8	ACCU-CHEK ULTRAFLEX INF SET.....	131	acid reducer oral capsule delayed release	93
8 hour pain relief oral tablet extended release 650 mg.....	8	ACCU-CHEK ULTRAFLEX-1 INF SET.....	131	acid reducer oral tablet.....	92
8 hour pain reliever.....	8	ACCUTREND GLUCOSE CONTROL.....	70	acid reducer oral tablet 200 mg.....	92
8 hr arthritis pain relief.....	8	acetaminophen 8 hour.....	8	acidophilus lactobacillus oral.....	94
8hr arthritis pain relief.....	8	acetaminophen 8 hours.....	8	acidophilus oral capsule , 10 mg.....	94
8hr muscle aches & pain.....	8	acetaminophen 8hr arth pain.....	8	acidophilus probiotic oral capsule 10 mg....	94
8hr muscle aches & pain relief.....	8	acetaminophen 8hr musc ache.....	8	acidophilus probiotic oral tablet , 0.5 mg....	94
a-25.....	83	acetaminophen childrens.....	8	acitretin.....	63
abacavir sulfate.....	44	acetaminophen childrens oral suspension		acne control cleanser.....	131
abacavir sulfate-lamivudine.....	44	160 mg/5ml.....	8	acne medication 10 external lotion.....	131
ABATINEX.....	94	acetaminophen er.....	8	acne medication 5 external lotion.....	131
ABILIFY ASIMTUFI	41	acetaminophen ex st oral liquid 500		acne treatment external cream 10 %.....	131
ABILIFY MAINTENA.....	41	mg/15ml.....	8	ACTEMRA ACTPEN.....	126
abiraterone acetate oral tablet 250 mg.....	35	acetaminophen ex st oral tablet 500 mg.....	8	ACTEMRA SUBCUTANEOUS.....	126
ABREVA.....	69	acetaminophen extra strength oral liquid.....	8	ACTHAR.....	113
ABRYYSVO.....	131	acetaminophen extra strength oral tablet.....	8	ACTHIB.....	128
ABSORICA.....	63	acetaminophen infants.....	9	ACTIMMUNE.....	126
ABSORICA LD.....	63	acetaminophen oral liquid 160 mg/5ml.....	9	acyclovir external ointment.....	42
acamprosate calcium.....	15	acetaminophen oral solution 160 mg/5ml,		acyclovir oral.....	42
acarbose oral.....	47	325 mg/10.15ml, 650 mg/20.3ml.....	9	ADACEL.....	128
ACCRUFER.....	73	acetaminophen oral suspension 160		ADALIMUMAB-ADBM (2 PEN) AUTO-	
ACCU-CHEK AVIVA DEVICE.....	70	mg/5ml, 650 mg/20.3ml.....	9	INJECTOR KIT 40 MG/0.4ML	
ACCU-CHEK AVIVA PLUS TEST STRIPS..	70	acetaminophen oral tablet 325 mg.....	9	SUBCUTANEOUS.....	127
ACCU-CHEK FASTCLIX LANCET KIT.....	70	acetaminophen oral tablet 500 mg.....	9	ADALIMUMAB-ADBM (2 SYRINGE)	
ACCU-CHEK GUIDE CONTROL.....	70	acetaminophen oral tablet chewable 160		PREFILLED SYRINGE KIT 40 MG/0.4ML	
		mg.....	9	SUBCUTANEOUS.....	127
		acetaminophen rectal suppository 120 mg....	9		

ADALIMUMAB-ADBM (2 SYRINGE)	AJOVY .....	33	allerclear d-24hr.....	172																
SUBCUTANEOUS PREFILLED SYRINGE	AKYNZEO INTRAVENOUS.....	29	aller-ease oral tablet 180 mg.....	168																
KIT 10 MG/0.2ML, 20 MG/0.4ML.....	<i>ala-cort</i> .....	63	aller-fex.....	168																
ADALIMUMAB-ADBM(CD/UC/HS STRT)	ALAWAY .....	154	allerg rel child (lorat).....	168																
SUBCUTANEOUS AUTO-INJECTOR KIT	ALAWAY CHILDRENS ALLERGY .....	154	allerg relief child (lorat).....	168																
40 MG/0.4ML.....	<i>albendazole oral</i> .....	38	allergy & congestion oral tablet extended																	
ADALIMUMAB-ADBM(PS/UV STARTER)	<i>albuterol sulfate hfa</i> .....	160	release 24 hour 10-240 mg.....	172																
SUBCUTANEOUS AUTO-INJECTOR KIT	<i>albuterol sulfate inhalation nebulization</i>		allergy & congestion relief.....	172																
40 MG/0.4ML.....	<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>		allergy (cetirizine).....	155																
ADALIMUMAB-FKJP (2 PEN).....	<i>mg/0.5ml</i> .....	160	allergy 24hour indoor/outdoor.....	155																
ADALIMUMAB-FKJP (2 SYRINGE).....	<i>albuterol sulfate inhalation nebulization</i>		allergy 24-hr.....	168																
ADBRY SUBCUTANEOUS SOLUTION	<i>solution 0.63 mg/3ml, 1.25 mg/3ml</i> .....	160	allergy childrens oral liquid.....	155																
PREFILLED SYRINGE.....	<i>albuterol sulfate nebulization solution (5</i>		allergy childrens oral solution.....	169																
<i>addaprin</i> .....	<i>mg/ml) 0.5% inhalation</i> .....	160	allergy eye drops.....	154																
ADDERALL XR.....	ALBUTEROL SULFATE NEBULIZATION		allergy medication.....	155																
ADEMPAS.....	SOLUTION (5 MG/ML) 0.5% INHALATION		allergy medicine.....	155																
ADMELOG.....	.....	160	allergy nasal mist no drip.....	172																
ADMELOG SOLOSTAR.....	<i>albuterol sulfate oral syrup</i> .....	160	allergy oral capsule 25 mg.....	155																
<i>adult 50+ probiotic</i> .....	<i>alclometasone dipropionate external</i>		allergy oral liquid 12.5 mg/5ml.....	155																
<i>adult probiotic</i> .....	<i>ointment</i> .....	63	allergy oral tablet 25 mg.....	155																
adv acne spot treatment.....	ALCOHOL PREP PADS PAD , 70 %.....	131	allergy rel child (loratadine).....	169																
ADVAIR HFA.....	ALCOHOL SWABS.....	131	allergy relief (cetirizine) oral tablet 10 mg..	155																
advanced acne spot treat.....	ALECENSA.....	146	allergy relief (loratadine) oral tablet.....	169																
advanced antacid.....	<i>alendronate sodium oral solution</i> .....	130	allergy relief adult.....	156																
advanced healing external ointment .....	<i>alendronate sodium oral tablet 10 mg, 35</i>		allergy relief cetirizine .....	156																
ADVATE.....	<i>mg</i> .....	130	allergy relief child .....	169																
ADVIL COLD/SINUS.....	<i>alendronate sodium oral tablet 70 mg</i> .....	130	allergy relief childrens oral liquid 12.5																	
ADVIL JUNIOR STRENGTH.....	<i>alfuzosin hcl er</i> .....	112	<i>mg/5ml</i> .....	156																
ADVIL ORAL TABLET.....	<i>all day allergy d</i> .....	167	allergy relief childrens oral solution 5																	
ADYNOVATE.....	<i>all day allergy oral tablet 10 mg</i> .....	155	<i>mg/5ml</i> .....	169																
ADZENYS XR-ODT.....	<i>all day allergy relief oral tablet 10 mg</i> .....	168	allergy relief childrens oral tablet chewable																	
<i>afirmelle</i> .....	<i>all day allergy-d oral tablet extended</i>		<i>12.5 mg</i> .....	156																
AFLURIA.....	<i>release 12 hour 5-120 mg</i> .....	167	allergy relief d oral tablet extended release																	
AFLURIA PRESERVATIVE FREE.....	<i>all day pain relief</i> .....	4	<i>12 hour 5-120 mg</i> .....	167																
AFSTYLA.....	<i>all day relief</i> .....	4	allergy relief d oral tablet extended release																	
<i>aftera</i> .....	ALLEGRA ALLERGY .....	168	<i>24 hour 10-240 mg</i> .....	172																
AIMOVIG.....	ALLEGRA HIVES 24HR .....	168	AIMOVIG SUBCUTANEOUS SOLUTION	<i>allerclear</i> .....	168	allergy relief d-12.....	172	AUTO-INJECTOR 140 MG/ML.....	<i>allerclear d-12hr</i> .....	172				allergy relief d-24.....	172				allergy relief max st.....	156
AIMOVIG SUBCUTANEOUS SOLUTION	<i>allerclear</i> .....	168	allergy relief d-12.....	172																
AUTO-INJECTOR 140 MG/ML.....	<i>allerclear d-12hr</i> .....	172				allergy relief d-24.....	172				allergy relief max st.....	156								
			allergy relief d-24.....	172																
			allergy relief max st.....	156																

<i>allergy relief nasal decong oral tablet</i>		<i>alprazolam oral tablet</i>	46	<i>AMLADEX</i>	83
<i>extended release 12 hour</i>	167	<i>ALPROLIX</i>	52	<i>amlodipine besylate oral</i>	55
<i>allergy relief nasal decong oral tablet</i>		<i>ALTACE</i>	54	<i>amlodipine besylate-benazepril hcl</i>	56
<i>extended release 24 hour</i>	172	<i>attachlore ophthalmic ointment</i>	150	<i>amlodipine besylate-valsartan</i>	56
<i>allergy relief oral capsule 25 mg</i>	156	<i>attachlore ophthalmic solution</i>	150	<i>amlodipine-olmesartan</i>	56
<i>allergy relief oral liquid 25 mg/10ml</i>	156	<i>altafrin</i>	147	<i>ammonium lactate external</i>	63
<i>allergy relief oral tablet 10 mg</i>	169	<i>altalube</i>	150	<i>amnesteem</i>	63
<i>allergy relief oral tablet 180 mg</i>	169	<i>altamist spray</i>	163	<i>amoxapine</i>	27
<i>allergy relief oral tablet 25 mg</i>	156	<i>altarussin</i>	163	<i>amoxicillin</i>	20
<i>allergy relief oral tablet 60 mg</i>	169	<i>altarussin dm</i>	173	<i>amoxicillin-potassium clavulanate</i>	20
<i>allergy relief oral tablet chewable 12.5 mg</i>	156	<i>altavera</i>	116	<i>amphetamine-dextroamphetamine</i>	61
<i>allergy relief oral tablet dispersible 10 mg</i>	169	<i>ALTRIXA</i>	83	<i>amphetamine-dextroamphetamine er</i>	61
<i>allergy relief oral tablet extended release</i>		<i>alum &amp; mag hydroxide-simeth</i>	94	<i>amphotericin b intravenous</i>	30
<i>12 hour 5-120 mg</i>	167	<i>ALUNBRIG</i>	146	<i>ampicillin</i>	20
<i>allergy relief(cetirizine)</i>	156	<i>ALVESCO INHALATION AEROSOL</i>		<i>ampicillin-sulbactam sodium injection</i>	
<i>allergy relief/indoor/outdoor oral tablet 180</i>		<i>SOLUTION 160 MCG/ACT</i>	159	<i>solution reconstituted 3 (2-1) gm</i>	20
<i>mg</i>	169	<i>ALVESCO INHALATION AEROSOL</i>		<i>anagrelide hcl</i>	51
<i>allergy relief/nasal decong</i>	172	<i>SOLUTION 80 MCG/ACT</i>	159	<i>ANASPAZ</i>	131
<i>allergy relief/nasal decongest oral tablet</i>		<i>alyacen 1/35</i>	116	<i>anastrozole oral</i>	35
<i>extended release 12 hour</i>	167	<i>alyacen 7/7/7</i>	116	<i>ANDEXXA</i>	131
<i>allergy relief/nasal decongest oral tablet</i>		<i>alyq</i>	161	<i>ANECREAM EXTERNAL CREAM</i>	15
<i>extended release 24 hour</i>	172	<i>amantadine hcl oral capsule</i>	39	<i>anefrin spray</i>	173
<i>allergy relief-d oral tablet extended release</i>		<i>amantadine hcl oral solution</i>	39	<i>animal shapes complete</i>	182
<i>12 hour 5-120 mg</i>	167, 173	<i>ambrisentan</i>	161	<i>ANNOVERA</i>	116
<i>allergy relief-d oral tablet extended release</i>		<i>amikacin sulfate injection solution 500</i>		<i>ANORO ELLIPTA</i>	171
<i>24 hour 10-240 mg</i>	173	<i>mg/2ml</i>	18	<i>antacid &amp; anti-gas max str</i>	94
<i>allergy relief-d12</i>	173	<i>amiloride hcl oral</i>	57	<i>antacid &amp; anti-gas oral suspension 200-</i>	
<i>allergy spray 24 hour nasal aerosol</i>	171	<i>amiloride-hydrochlorothiazide</i>	56	<i>200-20 mg/5ml</i>	94
<i>allergy/congestion relief</i>	173	<i>aminocaproic acid oral</i>	51	<i>antacid &amp; antigas oral suspension 2400-</i>	
<i>aller-tec</i>	156	<i>aminofen</i>	9	<i>2400-240 mg/30ml</i>	94
<i>aller-tec d</i>	167	<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	54	<i>antacid &amp; anti-gas oral suspension 400-</i>	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	32	<i>amitriptyline hcl oral</i>	27	<i>400-40 mg/5ml</i>	94
<i>almacone double strength</i>	94	<i>AMJEVITA SUBCUTANEOUS SOLUTION</i>		<i>antacid &amp; gas relief</i>	94
<i>ALOGLIPTIN BENZOATE</i>	47	<i>AUTO-INJECTOR 40 MG/0.8ML</i>	127	<i>antacid advanced</i>	94
<i>ALOGLIPTIN-METFORMIN HCL</i>	47	<i>AMJEVITA SUBCUTANEOUS SOLUTION</i>		<i>antacid anti-gas</i>	94
<i>ALOGLIPTIN-PIOGLITAZONE</i>	47	<i>PREFILLED SYRINGE 40 MG/0.8ML</i>	127	<i>antacid anti-gas max strength</i>	94
<i>ALPHAGAN P</i>	149	<i>AMJEVITA-PED 15KG TO &lt;30KG</i>		<i>antacid calcium</i>	94
<i>ALPHANATE</i>	52	<i>SUBCUTANEOUS SOLUTION</i>		<i>antacid calcium rich</i>	95
<i>ALPHANINE SD</i>	52	<i>PREFILLED SYRINGE 20 MG/0.4ML</i>	127	<i>antacid extra str</i>	95

<i>antacid extra strength oral suspension</i> .....	95	<i>anti-diarrheal/anti-gas</i> .....	96	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100
<i>antacid extra strength oral tablet chewable 160-105 mg</i> .....	95	<i>antifungal (tolnaftate)</i> .....	132	MCG/0.5ML, 150 MCG/0.3ML, 200
<i>antacid extra strength oral tablet chewable 750 mg</i> .....	95	<i>antifungal external cream</i> .....	31	MCG/0.4ML, 25 MCG/0.42ML, 300
<i>antacid fast relief</i> .....	95	<i>antifungal external powder</i> .....	31	MCG/0.6ML, 40 MCG/0.4ML, 500
<i>antacid i</i> .....	95	<i>antifungal foot care</i> .....	31	MCG/ML, 60 MCG/0.3ML .....
<i>antacid iii</i> .....	95	<i>anti-gas oral capsule 180 mg</i> .....	97	..... 51
<i>antacid kids</i> .....	95	<i>anti-hist allergy</i> .....	156	AREXVY .....
<i>antacid liquid</i> .....	95	<i>anti-itch aloe</i> .....	63	132
<i>antacid m</i> .....	95	<i>anti-itch intensive heal</i> .....	63	<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> .....
<i>antacid maximum</i> .....	95	<i>anti-itch max str external cream 1 %</i> .....	63	..... 41
<i>antacid maximum strength</i> .....	95	<i>anti-itch maximum strength external cream 1 %</i> .....	63	<i>aripiprazole oral tablet 2 mg</i> .....
<i>antacid maximum strength oral tablet chewable 1000 mg</i> .....	95	<i>anti-nausea</i> .....	29	..... 41
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i> .....	95	<i>anti-nausea relief</i> .....	29	ARISTADA.....
<i>antacid oral tablet chewable 1000 mg</i> .....	95	<i>antiseptic</i> .....	22	ARISTADA INITIO .....
<i>antacid oral tablet chewable 500 mg</i> .....	95	<b>ANTIVERT ORAL TABLET CHEWABLE</b>		182
<i>antacid oral tablet chewable 750 mg</i> .....	96	25 MG .....	28	ARMOUR THYROID .....
<i>antacid plus antigas</i> .....	96	apap-caff-dihydrocodeine .....	6	ARNUITY ELLIPTA .....
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i> .....	96	APIDRA SOLOSTAR .....	48	159
<i>antacid ultra strength</i> .....	96	APIDRA VIAL .....	48	<i>arthritis pain oral tablet extended release 650 mg</i> .....
<i>antacid ultra strength oral tablet chewable 1000 mg</i> .....	96	apra .....	9	..... 9
<i>antacid/antigas</i> .....	96	apraclonidine hcl .....	149	<i>arthritis pain relief oral tablet extended release 650 mg</i> .....
<i>antacid/anti-gas max st</i> .....	96	aprepitant .....	29	..... 9
<i>antacid/anti-gas oral suspension 200-200- 20 mg/5ml</i> .....	96	apri .....	116	<i>arthritis pain reliever oral</i> .....
<i>antacid/anti-gas oral suspension 400-400- 40 mg/5ml</i> .....	96	APRISO .....	130	..... 9
<i>antacid/gas relief max st</i> .....	96	APRODINE .....	173	<i>arthritis pain relieving</i> .....
<i>antibiotic</i> .....	131	APTIOM .....	25	132
<i>antibiotic external ointment 3.5-400-5000</i> .....	22	APTIVUS .....	45	<i>artificial tears ophthalmic solution</i> .....
<i>anti-diarr/ant-gas</i> .....	96	AQUASOL A .....	83	150
<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i> .....	96	aqueous vitamin d .....	83	<i>artificial tears pf</i> .....
<i>anti-diarrheal oral suspension 262 mg/15ml</i> .....	96	aranelle .....	116	150
<i>anti-diarrheal oral tablet 2 mg</i> .....	91	<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION</b> .....	51	ASCENIV .....
		ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML .....	51	125
		..... 51		<i>ascomp-codeine</i> .....
				6
				<i>ascorbic acid oral liquid</i> .....
				182
				<i>ascorbic acid oral tablet 500 mg</i> .....
				182
				<i>ashlyna</i> .....
				116
				ASMANEX (120 METERED DOSES) .....
				159
				ASMANEX (14 METERED DOSES) .....
				159
				ASMANEX (30 METERED DOSES) .....
				159
				ASMANEX (60 METERED DOSES) .....
				159
				ASMANEX HFA .....
				159
				<b>ASPERFLEX LIDOCAINE EXTERNAL CREAM</b> .....
				15
				<i>aspirin childrens</i> .....
				132
				<i>aspirin ec adult low dose</i> .....
				132
				<i>aspirin ec oral tablet 325 mg</i> .....
				132

<i>aspirin ec oral tablet delayed release</i>	325	<i>atovaquone</i>	38	<i>b6</i>	187	
<i>mg</i>	132	<i>atovaquone-proguanil hcl</i>	38	<b>BABY AYR SALINE</b>	163	
<i>aspirin ec oral tablet delayed release</i>	81	<i>atropine sulfate ophthalmic solution 1 %</i>	147	<i>baby basics diaper rash</i>	68	
<i>mg</i>	132	<b>ATROVENT HFA</b>	159	<i>bac</i>	6	
<i>aspirin oral tablet</i>	325 mg	<i>aura eq</i>	116	<i>bacitracin external</i>	133	
<i>aspirin oral tablet chewable</i>	81 mg	<b>AUM ALCOHOL PREP PADS</b>	133	<i>bacitracin ophthalmic</i>	148	
<i>aspirin oral tablet delayed release</i>	325 mg	<i>aurovela 1.5/30</i>	116	<i>bacitracin zinc external</i>	133	
<i>aspirin oral tablet delayed release</i>	81 mg..	<i>aurovela 1/20</i>	116	<i>bacitracin zinc first aid</i>	133	
<b>ASPIRIN ORAL TABLET DELAYED</b>		<i>aurovela 24 fe</i>	116	<i>bacitracin zinc-aloe</i>	133	
<b>RELEASE 81 MG</b>	132	<i>aurovela fe 1.5/30</i>	116	<i>bacitracin-polymyxin b</i>	148	
<i>aspirin rectal suppository</i>	300 mg	<b>AURYXIA</b>	82	<i>bacitra-neomycin-polymyxin-hc</i>	147	
<i>aspirin regimen</i>		<b>AUSTEDO</b>	61	<i>baclofen oral tablet</i>	42	
<i>astringent</i>	68	<b>AUTOSOFT 30 INFUSION SET</b>	133	<b>BAFIERTAM</b>	62	
<i>astringent eye drops</i>	150	<b>AUTOSOFT 90 INFUSION SET</b>	133	<b>BALCOLTRA</b>	116	
<i>astringent solution</i>	68	<b>AUTOSOFT XC INFUSION SET</b>	133	<i>balsalazide disodium</i>	130	
<i>atazanavir sulfate</i>	45	<b>AUVI-Q</b>	160	<b>BALVERSA</b>	36	
<i>atenolol oral</i>	55	<b>AVAR-E EMOLlient</b>	68	<i>balziva</i>	116	
<i>atenolol-chlorthalidone</i>	56	<b>AVEDANA GLYCERIN (ADULT)</b>	107	<i>banophen oral capsule</i>	25 mg	156
<i>athletes foot</i>	31	<i>aviane</i>	116	<i>banophen oral tablet</i>	156	
<i>athletes foot (terbinafine)</i>	31	<b>AVONEX PEN</b>	62	<b>BAQSIMI ONE PACK</b>	48	
<i>athletes foot (tolnaftate) external aerosol</i>		<b>AVONEX PREFILLED</b>	62	<b>BAQSIMI TWO PACK</b>	48	
<i>powder 1 %</i>	132	<b>AYR</b>	163	<b>BARACLUDE ORAL SOLUTION</b>	42	
<i>athletes foot (tolnaftate) external cream 1 %</i>		<b>AYR SALINE NASAL DROPS</b>	163	<b>BAXDELA INTRAVENOUS</b>	21	
<i>%</i>	133	<i>ayuna</i>	116	<b>BAYER ASPIRIN</b>	133	
<i>athletes foot external aerosol powder 2 %</i>	31	<b>AZASITE</b>	148	<b>BAYER LOW DOSE ORAL TABLET CHEWABLE</b>	133	
<i>athletes foot external cream 1 %</i>	31	<i>azathioprine oral tablet</i>	50 mg	<i>baza antifungal</i>	31	
<i>athletes foot external powder 2 %</i>	31	<i>azelaic acid external</i>		<b>BCAD 1</b>	133	
<i>athletes foot powder spray external aerosol</i>		<i>azelastine hcl nasal</i>		<b>BCAD 2</b>	133	
<i>powder 1 %</i>	133	<i>azelastine hcl ophthalmic</i>		<i>b-complex oral tablet</i>	83	
<i>athletes foot powder spray external aerosol</i>		<i>azithromycin oral</i>		<i>b-complex with b-12</i>	83	
<i>powder 2 %</i>	31	<i>azo</i>		<i>b-complex/b-12 oral</i>	83	
<i>athletes foot relief</i>	133	<b>AZO VAGINAL HEALTH PROBIOTIC</b>	97	<b>BD AUTOSHIELD DUO PEN NEEDLES</b>	70	
<i>athletes foot spray external aerosol 2 %</i>	31	<b>AZSTARYS</b>	61	<b>BD ECLIPSE NEEDLE 25G X 5/8"</b>	133	
<i>atomoxetine hcl</i>	60	<i>azurette</i>		<b>BD ULTRA-FINE INSULIN SYRINGES</b>	133	
<b>ATORVALIQ</b>	58	<i>b complex vitamins</i>		<b>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	133	
<i>atorvastatin calcium oral tablet</i>	10 mg, 20	<i>b complex-b12</i>				
<i>mg</i>	58	<i>b-1</i>				
<i>atorvastatin calcium oral tablet</i>	40 mg, 80	<i>b-12 oral tablet extended release</i>	187			
<i>mg</i>	58					

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.....	133
BD ULTRA-FINE INSULIN SYRINGES	
31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	133
BD ULTRA-FINE INSULIN SYRINGES	
31G X 5/16" 0.3 ML.....	133
BD ULTRA-FINE PEN NEEDLES.....	70
BD ULTRA-FINE PEN NEEDLES 29G X	
12.7MM.....	133
BD ULTRA-FINE PEN NEEDLES 31G X 8	
MM.....	133
beauty 360 pure glycerin.....	68
beauty 360 soothing bath.....	68
BELBUCA.....	6
BELRAPZO.....	34
BELSOMRA.....	182
BENADRYL ALLERGY CHILDRENS	
ORAL LIQUID.....	156
BENADRYL ALLERGY CHILDRENS	
ORAL TABLET CHEWABLE.....	156
BENADRYL ALLERGY ORAL TABLET .....	156
BENADRYL ALLERGY ULTRATABS.....	157
benazepril hcl oral.....	54
benazepril-hydrochlorothiazide.....	56
BENDAMUSTINE HCL INTRAVENOUS	
SOLUTION.....	34
bendamustine hcl intravenous solution	
reconstituted.....	34
BENDEKA.....	34
BENEFIX.....	52
BENEPROTEIN ORAL POWDER.....	133
BENZAC AC WASH.....	133
BENZNIDAZOLE.....	38
benzonataate oral capsule 100 mg, 200 mg	173
benzoyl peroxide external gel 2.5 %.....	134
benzoyl peroxide external liquid.....	134
benzoyl peroxide wash external liquid 5 %	134
benztropine mesylate oral.....	39
BESIVANCE.....	148
BETADINE EXTERNAL SOLUTION 10 %...22	
betamethasone dipropionate aug.....	63
betamethasone dipropionate external lotion	63
betamethasone dipropionate external	
ointment.....	63
betamethasone valerate external cream.....	64
betamethasone valerate external lotion.....	64
betamethasone valerate external ointment..	64
BETASERON.....	62
betatemp childrens.....	9
betaxolol hcl ophthalmic.....	149
betaxolol hcl oral.....	55
bethanechol chloride oral.....	112
BETIMOL.....	149
BEVESPI AEROSPHERE.....	171
bexarotene.....	37
BEXZERO.....	128
BEYAZ.....	116
bicalutamide.....	35
BICILLIN L-A INTRAMUSCULAR	
SUSPENSION PREFILLED SYRINGE	
1200000 UNIT/2ML, 600000 UNIT/ML.....	20
BICILLIN L-A INTRAMUSCULAR	
SUSPENSION PREFILLED SYRINGE	
2400000 UNIT/4ML.....	20
BIJUVA ORAL CAPSULE 1-100 MG.....	116
BIKTARVY.....	43
BILTRICIDE.....	38
BION TEARS.....	150
BION TEARS PF.....	150
BIOTINEX.....	97
bisacodyl ec.....	134
bisacodyl laxative.....	134
bisacodyl oral tablet delayed release 5 mg	134
bisacodyl rectal.....	134
bismuth.....	97
bismuth subsalicylate oral.....	97
bisoprolol fumarate oral.....	55
bisoprolol-hydrochlorothiazide.....	56
BIVIGAM.....	125
BLACK-DRAUGHT LAX-SENNNA.....	107
blisovi 24 fe.....	116
blisovi fe 1.5/30.....	116
blisovi fe 1/20.....	116
BLOOD GLUCOSE TEST STRIPS.....	70
BOLSITOL.....	97
BONINE.....	28
BOOST SOOTHE.....	134
BOOSTRIX.....	128
boro-packs.....	68
bosentan.....	161
BOSULIF.....	146
BOUDREAUXS BUTT PASTE EXTERNAL	
OINTMENT 40 %.....	68
bp 10-1.....	68
bp wash external liquid 2.5 %.....	134
b-plex plus.....	182
BPROTECTED PEDIA D-VITE.....	83
BPROTECTED PEDIA IRON.....	76
BPROTECTED PEDIA POLY-VITE.....	182
BPROTECTED PEDIA POLY-VITE/FE.....	182
BPROTECTED VITAMIN C.....	182
BREATHE COMFORT HUMIDIFIER.....	134
BREO ELLIPTA INHALATION AEROSOL	
POWDER BREATH ACTIVATED 100-25	
MCG/ACT, 200-25 MCG/ACT.....	171
breyna.....	171
BREZTRI AEROSPHERE.....	171
briellyn.....	116
BRILINTA.....	52
brimonidine tartrate ophthalmic solution	
0.15 %.....	149
brimonidine tartrate ophthalmic solution 0.2	
%.....	149
BRIVIACT INTRAVENOUS.....	23
BRIVIACT ORAL.....	23

bromphen-pseudoeph-dm .....	163	caffeine citrate oral .....	61	calcium carbonate oral tablet 1500 (600 ca) mg .....	183
BRONCHITOL .....	62	cal mag zinc +d3 .....	76	calcium carbonate oral tablet chewable 1250 (500 ca) mg .....	183
BRUKINSA .....	146	calamine external .....	69	calcium cit plus vit d-3 .....	76
BRYHALI .....	64	calamine external lotion .....	134	calcium citrate + d3 maximum .....	76
BUCKLEYS CHEST CONGESTION .....	163	calcipotriene external cream .....	66	calcium citrate +d3 .....	76
budesonide inhalation .....	159	calcipotriene external ointment .....	66	calcium citrate oral tablet 950 (200 ca) mg .....	76
budesonide oral .....	130	calcipotriene external solution .....	66	calcium citrate plus vit d .....	76
budesonide-formoterol fumarate .....	171	calcitonin (salmon) nasal .....	130	calcium citrate+d oral tablet 315-6.25 mg-mcg .....	77
bumetanide oral .....	57	calcitriol oral capsule .....	130	calcium citrate+d3 oral tablet .....	77
buprenorphine .....	6	calcitriol oral solution .....	130	calcium citrate+d3 w/magne .....	77
buprenorphine hcl sublingual .....	7	calcium + vitamin d3 oral tablet 500-5 mg-mcg .....	76	calcium citrate-vit d .....	77
buprenorphine hcl-naloxone hcl sublingual film .....	15	calcium + vitamin d3 oral tablet 600-10 mg-mcg .....	76	calcium citrate-vitamin d oral tablet 315-5 mg-mcg .....	77
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg .....	15	calcium 500/vitamin d3 .....	76	calcium fast dissolution .....	183
bupropion hcl er (sr) .....	26	calcium 600 .....	182	calcium high potency .....	183
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg .....	26	calcium 600/vit d/minerals oral tablet 600-200 mg-unit .....	76	calcium high potency/vitamin d .....	77
bupropion hcl oral .....	26	calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit .....	76	calcium oral tablet 1500 (600 ca) mg .....	183
buspirone hcl oral .....	46	calcium 600/vitamin d .....	76	calcium oyster shell oral tablet 1250 (500 ca) mg .....	183
butalbital-acetaminophen oral tablet 50-325 mg .....	6	calcium 600/vitamin d-3 .....	76	calcium plus vitamin d .....	77
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg .....	6	calcium 600+d oral tablet 600-10 mg-mcg .....	76	calcium plus vitamin d3 .....	77
butalbital-apap-caffeine oral capsule 50-325-40 mg .....	6	calcium 600+d oral tablet 600-5 mg-mcg .....	182	calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg .....	183
butalbital-apap-caffeine oral tablet .....	6	calcium 600-vitamin d3 .....	183	calcium/minerals/vitamin d .....	77
butalbital-asa-caff-codeine .....	6	calcium acetate (phos binder) .....	82	calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg .....	77
butalbital-aspirin-caffeine .....	6	calcium acetate oral tablet 667 mg .....	82	cal-gest antacid .....	97
butorphanol tartrate nasal .....	6	calcium antacid .....	97	CALQUENCE .....	134
BYDUREON BCISE AUTOINJECTOR .....	47	calcium antacid extra strength .....	97	camila .....	122
BYETTA 10 MCG PEN .....	47	calcium carb-cholecalciferol oral tablet 600-10 mg-mcg .....	76	camrese .....	116
BYETTA 5 MCG PEN .....	47	calcium carb-cholecalciferol oral tablet 600-5 mg-mcg .....	76	camrese lo .....	116
BYLVAY .....	93	calcium carbonate .....	183	capecitabine .....	37
BYLVAY (PELLETS) .....	93	calcium carbonate antacid oral suspension .....	97	CAPRELSA .....	146
c 500/rose hips .....	182	calcium carbonate antacid oral tablet .....	97	capsaicin external cream 0.025 % .....	134
cabergoline .....	124	calcium carbonate antacid oral tablet chewable .....	97	capsaicin external cream 0.1 % .....	134
CABLIVI .....	52			capsaicin hp .....	134
CABOMETYX .....	146				

capsaicin pain relief.....	134	cefaezolin sodium injection solution reconstituted 1 gm, 10 gm.....	19	CHEMSTRIP BG LOG BOOK.....	135
CAPSAID ES ARTHRITIS RELIEF .....	134	cefaezolin sodium-dextrose intravenous solution 2-4 gm/100ml-%.....	19	CHEMSTRIP K.....	70
captopril oral.....	54	cefedinir.....	19	CHEMSTRIP UGK.....	70
captopril-hydrochlorothiazide.....	56	cefixime oral capsule.....	19	chest congestion relief dm oral syrup.....	173
CAPVAXIVE.....	134	cefotetan disodium.....	19	chest congestion relief oral liquid.....	163
capzix.....	134	cefoxitin sodium intravenous solution reconstituted 10 gm.....	19	chest congestion relief oral tablet.....	163
carbamazepine er.....	25	cefpodoxime proxetil oral tablet.....	19	chewable c.....	183
carbamazepine oral suspension 100 mg/5ml.....	25	cefpotrofloxacin oral tablet.....	19	chewable c with rose hips.....	183
carbamazepine oral tablet.....	25	ceftazidime injection.....	19	chewable childrens vitamin.....	183
carbamazepine oral tablet chewable 100 mg.....	25	ceftazidime intravenous.....	19	chewy not chalky flavor.....	97
CARBATROL.....	25	ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg..	19	childrens allergy oral liquid 12.5 mg/5ml.....	157
carbidopa-levodopa er.....	40	cefuroxime axetil.....	20	childrens animal shapes.....	183
carbidopa-levodopa oral tablet.....	40	celecoxib oral.....	4	childrens apap.....	9
carboxymethylcellulose sodium ophthalmic solution.....	150	CENTRUM FLAVOR BURST KIDS.....	135	childrens aspirin oral tablet chewable 81 mg.....	135
CARDIOWHEY.....	134	CENTRUM KIDS.....	135	childrens chewable vitamins.....	183
CAREPOINT POLY HUB NEEDLE 18G X 1".....	50	CENTRUM SPECIALIST PRENATAL.....	83	childrens chewables/ex c.....	183
CAREPOINT POLY HUB NEEDLE 25G X 5/8".....	134	cephalexin oral capsule 250 mg, 500 mg....	20	childrens chewables/iron.....	183
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8".....	135	cephalexin oral suspension reconstituted....	20	childrens complete oral tablet chewable 18 mg.....	183
CARESENS CONTROL SOLUTION A/B.....	70	CEQUA.....	147	childrens loratadine oral solution 5 mg/5ml	169
CARETOUCH CONTROL SOL LEVEL 2 .....	70	CERDELGA.....	111	childrens non-aspirin.....	10
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8".....	135	cerovite jr.....	183	childrens soothe.....	97
carglumic acid.....	73	cetiri-d.....	167	childrens vitamins/extra c.....	183
carteolol hcl.....	149	cetirizine allergy relief.....	157	childrens vitamins/iron.....	183
cartia xt.....	56	cetirizine hcl oral solution.....	157	child's non-aspirin.....	10
carvedilol.....	55	cetirizine hcl oral tablet.....	157	chloramphenicol sod succinate.....	18
caspofungin acetate intravenous solution reconstituted 70 mg.....	30	cetirizine-pseudoephedrine er.....	167	chlordiazepoxide hcl.....	46
CASTIVA WARMING.....	135	charlotte 24 fe.....	116	chlorhexidine gluconate mouth/throat.....	62
CAYA.....	135	chateal eq.....	116	chloroquine phosphate oral.....	38
CAYSTON.....	160	CHEMET.....	82	chlorpromazine hcl oral tablet.....	40
cefaclor oral capsule.....	19	CHEMSTRIP 10 MD.....	70	chlorthalidone.....	58
cefadroxil.....	19	CHEMSTRIP 10/SG.....	70	chlorzoxazone oral tablet 500 mg.....	181
		CHEMSTRIP 2 GP.....	70	CHOLBAM.....	111
		CHEMSTRIP 5 OB.....	70	cholestyramine light oral powder.....	59
		CHEMSTRIP 7.....	70	cholestyramine oral powder.....	59
		CHEMSTRIP 9.....	70	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	113
				CIBINQO .....	69

ciclodan.....	67	clindamycin phosphate external lotion.....	67
ciclopirox external solution.....	67	clindamycin phosphate external solution.....	67
cidofovir intravenous.....	42	clindamycin phosphate external swab.....	67
cilostazol.....	52	clindamycin phosphate vaginal.....	18
CIMDUO.....	44	CLINDESSE.....	18
cimetidine oral tablet 200 mg.....	92	CLINERE EARWAX REMOVAL KIT OTIC SOLUTION.....	154
cimetidine oral tablet 300 mg, 400 mg, 800 mg.....	92	clobazam.....	24
cinacalcet hcl.....	130	clobetasol propionate e.....	64
CINVANTI.....	29	clobetasol propionate external cream 0.05 %.....	64
CIPRO ORAL SUSPENSION RECONSTITUTED.....	21	clobetasol propionate external ointment.....	64
ciprofloxacin hcl ophthalmic.....	148	clobetasol propionate external solution.....	64
ciprofloxacin hcl oral.....	21	CLOBEX.....	64
ciprofloxacin-dexamethasone.....	154	CLOBEX SPRAY.....	64
citalopram hydrobromide oral solution.....	27	clomipramine hcl oral.....	27
citalopram hydrobromide oral tablet.....	27	clonazepam oral tablet.....	46
citroma.....	107	clonidine hcl er.....	60
CITRUCEL.....	107	clonidine hcl oral.....	53
claravis.....	63	clopidogrel bisulfate oral.....	52
clarithromycin er.....	21	clorazepate dipotassium.....	46
clarithromycin oral.....	21	clotrimazole 3.....	31
CLARITIN-D 12 HOUR.....	173	clotrimazole 7.....	31
CLARITIN-D 24 HOUR.....	173	clotrimazole external cream 1 %.....	67
classic prenatal.....	83	clotrimazole external solution 1 %.....	67
c-lax laxative.....	135	clotrimazole mouth/throat troche 10 mg.....	30
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID.....	135	clotrimazole vaginal cream 1 %.....	31
CLEARCANAL EARWAX SOFTENER.....	154	clotrimazole-betamethasone.....	66
clearlax oral powder 17 gm/scoop.....	105	clozapine oral tablet.....	41
clearskin.....	135	COAGADEX.....	52
clemastine fumarate oral.....	157	codeine sulfate.....	6
CLENPIQ.....	92	COLACE.....	107
CLIMARA.....	116	colchicine oral tablet.....	32
CLIMARA PRO.....	116	cold & allergy.....	173
clindamycin hcl oral capsule 150 mg, 300 mg.....	18	cold & allergy childrens oral elixir 1-15 mg/5ml.....	173
clindamycin palmitate hcl.....	18	cold & allergy d max strength.....	173
clindamycin phosphate external gel.....	67	cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml.....	173
		cold & sinus.....	173
		cold & sinus relief oral tablet 30-200 mg....	173
		cold/cough.....	173
		cold/cough childrens.....	173
		cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml.....	174
		cold/cough dm oral liquid 2.5-1-5 mg/5ml..	174
		colistimethate sodium (cba).....	18
		col-rite oral capsule 250 mg.....	107
		COMBIGAN.....	147
		COMBIVENT RESPIMAT.....	171
		COMETRIQ (100 MG DAILY DOSE).....	146
		COMETRIQ (140 MG DAILY DOSE).....	146
		COMETRIQ (60 MG DAILY DOSE).....	146
		comfort gel.....	97
		comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml.....	97
		COMPLERA.....	43
		complete allergy.....	157
		complete allergy medicine.....	157
		complete allergy medicine oral capsule....	157
		complete allergy relief.....	157
		CONDOMS.....	135
		constulose.....	91
		CONTOUR NEXT EZ KIT W/DEVICE.....	70
		CONTOUR NEXT GEN MONITOR KIT.....	70
		CONTOUR NEXT GEN TEST STRIPS.....	70
		CONTOUR NEXT MONITOR KIT W/DEVICE.....	70
		CONTOUR NEXT ONE KIT.....	70
		CONTOUR TEST STRIPS.....	70
		COOL MIST HUMIDIFER.....	135
		COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML.....	62
		CORIFACT.....	52
		CORLANOR.....	56
		corn & callus remover.....	135
		corn and callus remover.....	135

CORTIFOAM .....	130	CULTURELLE WOMENS 4 IN 1 .....	97	<i>daily multivitamins/iron</i> .....	184
<i>cortisone maximum strength external cream</i> .....	64	<i>curae oral tablet 1.5 mg</i> .....	123	<i>daily vitamins</i> .....	84
CORTROPHIN .....	113	CURANOL .....	10	<i>daily vite</i> .....	84
COSENTYX SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML .....	126	CURELIEF .....	157	<i>daily vites</i> .....	84
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML .....	126	CUTAQUIG .....	125	<i>daily-vite</i> .....	84
COSENTYX UNOREADY .....	126	CUVITRU .....	125	<i>dalfampridine er</i> .....	62
COSOPT PF .....	147	<i>cyanocobalamin injection solution 1000 mcg/ml</i> .....	187	<i>danazol oral</i> .....	115
COTELIC .....	36	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> .....	181	<i>dantrolene sodium oral</i> .....	42
<i>cough &amp; chest congestion</i> .....	174	<i>cyclopentolate hcl ophthalmic</i> .....	147	DAPAGLIFLOZIN PROPANEDIOL .....	47
<i>cough &amp; cold</i> .....	163	<i>cyclophosphamide oral capsule</i> .....	34	<i>dapsone oral</i> .....	34
<i>cough &amp; cold hbp</i> .....	163	CYCLOPHOSPHAMIDE ORAL TABLET .....	34	DAPTACEL .....	128
<i>cough childrens</i> .....	174	<i>cycloserine oral</i> .....	34	<i>daptomycin</i> .....	18
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i> .....	174	<i>cyclosporine modified</i> .....	127	<i>darunavir</i> .....	136
<i>cough dm er</i> .....	174	<i>cyclosporine ophthalmic</i> .....	147	<i>dasatinib</i> .....	146
<i>cough dm oral suspension extended release 30 mg/5ml</i> .....	174	<i>cyclosporine oral</i> .....	127	<i>dasetta 1/35 (28)</i> .....	116
<i>cough relief oral syrup 15 mg/5ml</i> .....	163	<i>cyproheptadine hcl oral</i> .....	157	<i>dasetta 7/7/7</i> .....	116
<i>cough/cold hbp</i> .....	163	<i>cyred eq</i> .....	116	DAURISMO .....	36
CREON .....	111	CYSTAGON .....	111	DAYHIST ALLERGY 12 HOUR RELIEF .....	157
CRESEMDA INTRAVENOUS .....	135	CYSTARAN .....	147	<i>daysee</i> .....	117
CRESEMDA ORAL CAPSULE 186 MG .....	135	CYTOGAM .....	125	DAYVIGO .....	182
CRITIC-AID CLEAR AF .....	31	<i>d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut)</i> .....	84	<i>deblitane</i> .....	122
<i>cromolyn sodium inhalation</i> .....	160	<i>d3 high potency oral capsule 250 mcg (10000 ut)</i> .....	84	DECARA ORAL CAPSULE 1.25 MG (50000 UT) .....	84
<i>cromolyn sodium nasal</i> .....	172	<i>d3 max st</i> .....	84	DECARA ORAL CAPSULE 625 MCG (25000 UT) .....	84
<i>cromolyn sodium ophthalmic</i> .....	148	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i> .....	84	<i>deep sea nasal spray</i> .....	163
CRUEX PRESCRIPTION STRENGTH .....	31	<i>d3 oral capsule 125 mcg (5000 ut)</i> .....	84	<i>deferasirox granules</i> .....	82
<i>cryselle-28</i> .....	116	<i>d3 oral capsule 25 mcg (1000 ut)</i> .....	84	<i>deferasirox oral packet</i> .....	82
CULTURELLE ADULT ULT BALANCE .....	135	<i>d3 oral capsule 250 mcg (10000 ut)</i> .....	84	<i>deferasirox oral tablet</i> .....	82
CULTURELLE DIGESTIVE DAILY PRO ...	135	<i>d-3-5</i> .....	84	<i>deferasirox oral tablet soluble</i> .....	82
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE .....	136	<i>d3-50</i> .....	84	DELSTRIGO .....	43
CULTURELLE HEALTH (INULIN) .....	136	<i>dabigatran etexilate mesylate</i> .....	50	DELSYM CGH/CHEST CONG DM CHILD .....	174
CULTURELLE ULTIMATE STRENGTH ....	136	<i>daily acne wash</i> .....	136	DELSYM COUGH CHILDRENS .....	174
		<i>daily fiber oral capsule 0.52 gm</i> .....	105	DELSYM COUGH/CHEST CONGEST DM .....	174
		<i>daily fiber oral powder 43 %</i> .....	105	DELSYM ORAL SUSPENSION EXTENDED RELEASE .....	174
		<i>daily multiple vitamins</i> .....	84	<i>delyla</i> .....	117
				DENGVAXIA .....	129
				DENTA 5000 PLUS .....	73

DENTAGEL.....	73	DIALYVITE 800 ORAL TABLET.....	84	DILTIAZEM HCL-DEXTROSE.....	59
DEPEN TITRATABS.....	112	DIALYVITE VITAMIN D 5000.....	84	dilt-xr.....	56
DEPLIN MA.....	184	diamode.....	91	dimaphen dm cold/cough.....	175
DEPO-ESTRADIOL.....	117	diaper rash external ointment.....	68	DIMETAPP COUGH & ALLERGY CHILD..	157
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR.....	115	diarrhea.....	97	dimethyl fumarate oral.....	62
DERMELEVE ADVANCED FORMULA.....	136	diarrhea relief.....	97	dimethyl fumarate starter pack.....	62
DESENEX EXTERNAL POWDER.....	31	diazepam oral solution.....	46	DIPENTUM.....	130
DESENEX JOCK ITCH.....	31	diazepam oral tablet.....	46	diphedryl allergy.....	157
DESGEN DM ORAL LIQUID.....	167	diazepam rectal.....	24	diphen.....	157
desipramine hcl oral.....	27	dibromm childrens cold/cgh.....	174	diphenhydramine hcl childrens.....	157
desmopressin ace spray refrig.....	113	diclofenac potassium oral tablet 50 mg .....	4	diphenhydramine hcl oral.....	157
desmopressin acetate oral.....	113	diclofenac sodium er.....	4	diphenoxylate-atropine.....	91
desmopressin acetate spray.....	113	diclofenac sodium external gel 1 %.....	4	dipyridamole oral.....	52
desogestrel-ethynodiol estradiol.....	117	diclofenac sodium external solution 1.5 %....	4	disopyramide phosphate.....	54
dexamethasone intensol.....	113	diclofenac sodium ophthalmic.....	149	disulfiram oral tablet 250 mg.....	15
dexamethasone oral elixir.....	113	diclofenac sodium oral.....	4	disulfiram oral tablet 500 mg.....	15
dexamethasone oral solution.....	113	dicloxacillin sodium.....	20	DIURIL.....	58
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg.....	113	dicyclomine hcl oral capsule.....	91	divalproex sodium er.....	46
dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg.....	113	dicyclomine hcl oral solution.....	91	divalproex sodium oral capsule delayed release sprinkle.....	46
dexamethasone sodium phosphate ophthalmic.....	149	dicyclomine hcl oral tablet.....	91	divalproex sodium oral tablet delayed release.....	46
DEXCOM G6 RECEIVER.....	71	DIFFERIN EXTERNAL GEL 0.1 %.....	63	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM.....	117
DEXCOM G6 SENSOR.....	71	DIFCID.....	21	DIVIGEL TRANSDERMAL GEL 1 MG/GM 117 dm maximum adult.....	175
DEXCOM G6 TRANSMITTER.....	136	digestive probiotic oral capsule .....	97	docosanol external.....	69
DEXCOM G7 RECEIVER.....	71	digestive probiotic oral capsule 250 mg .....	97	docusate calcium.....	107
DEXCOM G7 SENSOR.....	71	digoxin oral solution.....	56	docusate mini.....	107
dexamphetamine hcl.....	60	digoxin oral tablet 125 mcg, 250 mcg .....	56	docusate sodium oral.....	107
dexamphetamine hcl er.....	60	dihydroergotamine mesylate injection.....	32	DOCUZEN.....	107
dextroamphetamine sulfate er.....	61	DILANTIN INFATABS.....	25	dofetilide.....	54
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	61	DILANTIN ORAL CAPSULE 100 MG.....	25	donepezil hcl oral tablet 10 mg, 5 mg.....	26
dextromethorphan polistirex er.....	174	DILANTIN ORAL CAPSULE 30 MG.....	25	donepezil hcl oral tablet 23 mg.....	26
dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml.....	174	DILANTIN ORAL SUSPENSION.....	25	DOPTELET.....	52
dextromethorphan-guaifenesin oral syrup..	174	DILANTIN-125.....	25	DORZOLAMIDE HCL SOLUTION 2 %	
DHIVY.....	40	diltiazem hcl er beads.....	56	OPHTHALMIC.....	149
		diltiazem hcl er coated beads.....	56	dorzolamide hcl solution 2 % ophthalmic...	149

dorzolamide hcl-timolol mal	147	ear drops	154	ELLA	122
dotti	117	ear wax kit	154	ELMIRON	112
double antibiotic external ointment 500-10000 unit/gm	136	ear wax removal	154	ELOCTATE	52
DOVATO	43	ear wax removal system	154	eluryng	117
doxazosin mesylate oral	53	earwax removal	154	EMERGEN-C KIDZ IMMUNE+	136
doxepin hcl oral capsule	27	earwax removal drops	154	EMERGEN-C KIDZ ORAL TABLET	
doxepin hcl oral concentrate	27	earwax removal kit otic solution 6.5 %	154	CHEWABLE	136
doxy 100	22	EASIVENT	136	EMETROL ORAL SOLUTION	29
doxycycline hyclate intravenous	22	EASIVENT MASK LARGE	136	EMGALITY	33
doxycycline hyclate oral capsule	22	EASIVENT MASK MEDIUM	136	EMGALITY (300 MG DOSE)	33
doxycycline hyclate oral tablet 100 mg	22	EASIVENT MASK SMALL	136	EMPAVELI	136
doxycycline monohydrate oral capsule 100 mg	22	EASY TOUCH HEALTHPRO HIGH/LOW	71	emtricitabine	44
DR SMITHS DIAPER	68	EASY-C IMMUNE HEALTH	184	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	44
driminate	28	EASYGEL	73	emtricitabine-tenofovir df oral tablet 200-300 mg	44
dronabinol	29	easy-lax plus	107	EMTRIVA ORAL SOLUTION	44
DROPSAFE ALCOHOL PREP	136	EASYMAX 15 LEVEL 2 CONTROL	71	EMVERM	38
drospirenone-ethinyl estradiol	117	EASYMAX 15 LEVEL 2-3 CONTROL	71	emzahh	122
DROXIA ORAL CAPSULE 200 MG, 300 MG	51	ec-naproxen	4	enalapril maleate oral solution	54
DROXIA ORAL CAPSULE 400 MG	51	econtra one-step	123	enalapril maleate oral tablet	54
dry-eye relief nighttime	150	ED A-HIST ORAL LIQUID	167	enalapril-hydrochlorothiazide	56
dss	107	ed bron gp	163	ENBREL	127
DUAVEE	117	ed chlorped jr	169	ENDACOF-DM	175
DULERA	171	ed-apap	10	ENDARI	73
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	61	EDARBI	54	endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	6
DUPIXENT	126	EDARBYCLOR	56	enema	98
DUREX EXTRA SENSITIVE THIN	136	EDURANT	43	enema disposable	98
DUREX TROPICAL	136	efavirenz	43	enema mineral oil	105
D-VI-SOL	84	efavirenz-emtricitab-tenofo df	43	enema ready-to-use	98
d-vite pediatric	84	efavirenz-lamivudine-tenofovir	43	enema rectal enema 16-6 gm/133ml	98
DYMISTA	157	effer-k oral tablet effervescent 25 meq	184	ENEMEEZ MINI	107
e	187	electrolyte	77	ENFAGROW NEUROPRO TODDLER	77
e.e.s. 400	21	electrolyte adv care	77	ENFAGROW NEXT STEP	77
e-400-clear	187	electrolyte solution	77	ENFAGROW PREMIUM OLDER TODDLER	77
		ELESTRIN	117	ENFAMIL AR SPIT-UP ORAL POWDER	77
		eletriptan hydrobromide	33	ENFAMIL ENFALYTE	77
		elinest	117		
		ELIQUIS	50		
		ELIQUIS DVT/PE STARTER PACK	50		
		elixophyllin	161		

ENFAMIL ENSPIRE/IRON.....	77	EPOGEN.....	51	ethynodiol diac-eth estradiol.....	117
ENFAMIL EXPECTA.....	85	epoprostenol sodium.....	161	etodolac.....	4
ENFAMIL GENTLEASE.....	78	ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG.....	30	etonogestrel-ethinyl estradiol.....	117
ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID.....	78	ergocalciferol oral capsule.....	184	etoposide oral.....	36
ENFAMIL HUMAN MILK FORTIFIER ORAL PACKET.....	78	ERIVEDGE.....	36	etravirine.....	43
ENFAMIL NEUROPRO GENTLEASE ORAL LIQUID.....	78	ERLEADA ORAL TABLET 240 MG.....	35	EUCRISA.....	64
ENFAMIL NUTRAMIGEN.....	78	ERLEADA ORAL TABLET 60 MG.....	35	EULEXIN.....	35
ENFAMIL NUTRAMIGEN LIPIL.....	78	erlotinib hcl.....	146	euthyrox.....	123
ENFAMIL NUTRAMIGEN PROBIOT LGG... ENFAMIL NUTRAMIGEN TOD/ENF LGG... ENFAMIL PREGESTIMIL LIPIL.....	78	ERMEZA.....	123	EVAC.....	105
ENFAMIL PREMATURE.....	78	errin.....	122	EVAMIST.....	117
ENFAMIL PREMIUM INFANT ORAL LIQUID.....	78	ertapenem sodium.....	21	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	127
ENFAMIL PROSOBEE LIPIL ORAL CONCENTRATE.....	78	erythromycin base oral.....	21	everolimus oral tablet 10 mg, 2.5 mg, 5 mg.....	36
ENFAMIL REGULINE-IRON.....	78	erythromycin ethylsuccinate oral.....	21	everolimus oral tablet 7.5 mg.....	36
ENFAPORT.....	78	erythromycin external.....	67	everolimus oral tablet soluble.....	36
ENGERIX-B.....	128	erythromycin ophthalmic.....	148	EVOTAZ.....	45
enilloring.....	117	erythromycin oral.....	21	EXCEDRIN EXTRA STRENGTH.....	10
enoxaparin sodium.....	50	ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML.....	41	EXCEDRIN MIGRAINE.....	10
enpresso-28.....	117	escitalopram oxalate oral tablet.....	27	EXCEDRIN MIGRAINE RELIEF.....	10
enskyce.....	117	esomeprazole magnesium oral capsule delayed release.....	93	exemestane.....	35
ENSTILAR.....	66	esomeprazole magnesium oral packet.....	93	EX-LAX MAXIMUM STRENGTH.....	107
entacapone.....	39	ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT.....	52	EX-LAX ULTRA.....	137
entecavir.....	42	essential one daily.....	85	EXTENDED INFUSION SET 23"/6MM.....	137
enteric aspirin.....	136	essentials.....	85	EXTENDED INFUSION SET 23"/9MM.....	137
ENTRESTO ORAL TABLET.....	57	estarrylla.....	117	EXTENDED INFUSION SET 32"/6MM.....	137
enulose.....	91	estradiol oral.....	117	EXTENDED INFUSION SET 32"/9MM.....	137
EPCLUSA.....	42	estradiol transdermal patch twice weekly.....	117	EXTENDED RESERVOIR 3ML.....	137
EPIDIOLEX.....	23	estradiol transdermal patch weekly.....	117	eye drops adv relief.....	150
EPIDUO FORTE.....	63	estradiol vaginal.....	117	eye drops advanced relief.....	150
epinephrine injection solution auto-injector	160	eszopiclone .....	182	eye drops long lasting.....	150
EPIPEN 2-PAK.....	160	ethambutol hcl oral tablet 100 mg.....	34	eye drops ophthalmic solution 0.05 %.....	150
EPIPEN JR 2-PAK.....	160	ethambutol hcl oral tablet 400 mg.....	34	eye drops ophthalmic solution 0.05-0.1-1-1 %.....	150
epitol.....	25	ethosuximide oral.....	24	eye drops ophthalmic solution 0.05-0.25 %.....	150
				eye itch relief ophthalmic solution 0.035 %.....	154
				eye lubricant.....	150
				eye lubricant nighttime.....	150
				EYES ALIVE.....	150
				EYSUVIS.....	149

ezetimibe.....	59	ferrous gluconate oral tablet 324 (37.5 fe) mg .....	79	finzala .....	117
EZFE 200.....	78	ferrous gluconate oral tablet 324 (38 fe) mg .....	79	first aid antibiotic external ointment , 3.5-400-5000 .....	22
falmina.....	117	ferrous sulfate .....	79	first aid antiseptic external solution 10 %....	22
famotidine (pf).....	92	ferrous sulfate oral solution 75 (15 fe) mg/ml .....	79	FIRVANQ .....	18
famotidine acid reducer oral tablet 10 mg.....	92	ferrous sulfate oral tablet 325 (65 fe) mg .....	79	FITFOOD LEAN COLLAGEN .....	137
famotidine oral.....	92	ferrous sulfate oral tablet delayed release .....	79	FLANAX .....	4
famotidine orig st.....	92	FETROJA .....	20	FLAREX .....	149
FARXIGA.....	47	fever reducer/pain reliever .....	10	FLEBOGAMMA DIF .....	125
FASENRA PEN.....	162	fever reducing childrens .....	10	flecainide acetate .....	54
fast relief laxative.....	137	feverall childrens .....	10	FLECTOR .....	4
febuxostat.....	32	FEVERALL INFANTS .....	10	FLEET BISACODYL .....	137
FEIBA.....	52	FEVERALL JUNIOR STRENGTH .....	10	FLEET ENEMA .....	98
feirza 1.5/30.....	117	fe-vite iron .....	79	FLEET LAXATIVE MINERAL OIL .....	105
feirza 1/20.....	117	fexofenadine hcl oral .....	169	FLEET OIL .....	105
felbamate oral suspension.....	23	FIASP .....	48	FLEET PEDIATRIC .....	98
felbamate oral tablet.....	23	FIASP FLEXTOUCH .....	48	FLEET STIMULANT .....	137
felodipine er.....	55	FIASP PENFILL .....	48	FLEET STOOL SOFTENER .....	108
fenofibrate micronized oral capsule 130 mg.....	58	fiber laxative .....	108	FLINTSTONES + EXTRA IRON .....	137
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg.....	58	fiber laxative + calcium .....	108	FLINTSTONES COMPLETE .....	137
fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	58	fiber laxative oral capsule 0.52 gm .....	105	FLORA VANCE .....	98
fenofibrate oral tablet.....	58	fiber oral capsule 0.52 gm .....	105	floranex tablet oral .....	98
FENSOLVI (6 MONTH).....	124	fiber oral powder 28.3 % .....	105	FLORANEX TABLET ORAL .....	98
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....	6	fiber oral powder 43 % .....	105	FLORASTART .....	98
ferate.....	78	fiber oral powder 58.6 % .....	105	FLUAD .....	137
FER-IN-SOL.....	78	fiber oral tablet 500 mg .....	108	FLUARIX .....	137
ferosul.....	78	fiber oral tablet 625 mg .....	108	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	137
ferretts.....	78	fiber powder oral powder 43 % .....	105	fluconazole oral .....	30
ferrex 150 capsule 150 mg oral.....	78	fiber therapy oral capsule 0.52 gm .....	105	fludrocortisone acetate oral .....	113
FERREX 150 CAPSULE 150 MG ORAL.....	78	fiber therapy oral powder 28.3 % .....	105	FLUID ADMINISTRATION SET .....	137
FERRIC X-150.....	78	fiber therapy oral tablet 500 mg .....	108	FLULAVAL .....	137
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg.....	79	fiber-lax .....	108	fluocinolone acetonide body .....	64
ferrous gluconate.....	79	FIBRYGA .....	52	fluocinolone acetonide external cream 0.025 % .....	64
ferrous gluconate oral tablet 240 (27 fe) mg .....	79	FINACEA EXTERNAL FOAM .....	63	fluocinolone acetonide external ointment .....	64
		finasteride oral tablet 5 mg .....	112	fluocinolone acetonide external solution .....	64
		fingolimod hcl .....	62	fluocinolone acetonide scalp .....	64
				fluocinonide emulsified base .....	64

<i>fluocinonide external cream</i> .....	64	<i>foot care (terbinafine)</i> .....	31	<i>ft allergy relief 24 hour</i> .....	170
<i>fluocinonide external solution</i> .....	64	<i>for sty relief</i> .....	150	<i>ft allergy relief cetirizine</i> .....	158
<b>FLUORIDEX DAILY RENEWAL</b> .....	73	<b>FORFIVO XL</b> .....	26	<i>ft allergy relief childrens oral liquid</i> .....	158
<i>fluorometholone</i> .....	149	<i>fosamprenavir calcium</i> .....	45	<i>ft allergy relief loratadine</i> .....	170
<i>fluorouracil external cream</i> .....	66	<i>fosaprepitant dimeglumine</i> .....	29	<i>ft allergy relief oral capsule</i> .....	158
<i>fluorouracil external solution</i> .....	66	<i>foscarnet sodium</i> .....	45	<i>ft allergy relief oral tablet 10 mg</i> .....	170
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i> .....	27	<i>fosinopril sodium</i> .....	54	<i>ft allergy relief oral tablet 180 mg</i> .....	170
<i>fluoxetine hcl oral capsule 40 mg</i> .....	27	<i>fosinopril sodium-hctz</i> .....	57	<i>ft allergy relief oral tablet 25 mg</i> .....	158
<i>fluoxetine hcl oral solution</i> .....	27	<i>fosphenytoin sodium injection solution 500 mg pe/10ml</i> .....	25	<i>ft allergy relief-d</i> .....	175
<i>fluphenazine decanoate injection</i> .....	40	<b>FRAICHE 5000 DENTAL</b> .....	73	<i>ft antacid &amp; antigas</i> .....	98
<i>fluphenazine hcl injection</i> .....	40	<b>FREE + PURE DAILY PROBIOTIC</b> .....	98	<i>ft antacid extra strength</i> .....	98
<i>fluphenazine hcl oral concentrate</i> .....	40	<b>FREESTYLE LIBRE 14 DAY READER</b> .....	71	<i>ft antacid regular strength</i> .....	98
<i>fluphenazine hcl oral elixir</i> .....	40	<b>FREESTYLE LIBRE 14 DAY SENSOR</b> .....	71	<i>ft antibiotic</i> .....	138
<i>fluphenazine hcl oral tablet</i> .....	40	<b>FREESTYLE LIBRE 2 PLUS SENSOR</b> .....	71	<i>ft anti-diarrheal oral tablet</i> .....	91
<i>flurbiprofen sodium</i> .....	149	<b>FREESTYLE LIBRE 2 READER</b> .....	71	<i>ft anti-diarrheal/anti-gas</i> .....	98
<b>FLUTICASONE FUROATE-VILANTEROL</b> .....	171	<b>FREESTYLE LIBRE 2 SENSOR</b> .....	71	<i>ft antifungal external cream 1 %</i> .....	138
<i>fluticasone propionate external cream</i> .....	64	<b>FREESTYLE LIBRE 3 READER</b> .....	71	<i>ft antifungal external cream 2 %</i> .....	31
<i>fluticasone propionate external ointment</i> .....	64	<b>FREESTYLE LIBRE 3 SENSOR</b> .....	71	<i>ft arthritis pain reliever</i> .....	10
<b>FLUTICASONE PROPIONATE HFA</b> .....	159	<b>FREESTYLE LIBRE READER</b> .....	71	<i>ft aspirin</i> .....	138
<i>fluticasone propionate nasal</i> .....	159	<b>FREESTYLE PRECISION NEO TEST</b> .....	71	<i>ft aspirin low dose</i> .....	138
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> .....	171	<b>FREESTYLE TEST</b> .....	71	<i>ft athletes foot (terbinafine)</i> .....	31
<b>FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT</b> .....	171	<i>freeze dried acidophilus</i> .....	98	<i>ft calcium</i> .....	184
<i>fluvoxamine maleate</i> .....	27	<b>FRESKARO MAGNESIUM CITRATE</b> .....	108	<i>ft calcium + vitamin d3</i> .....	79
<b>FLUZONE HIGH-DOSE</b> .....	137	<i>fruity c</i> .....	184	<i>ft calcium citrate +vitamin d3</i> .....	79
<b>FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b> .....	137	<i>ft 12 hour cough relief</i> .....	175	<i>ft calcium citrate/vit d3</i> .....	79
<i>foaming antacid oral tablet chewable 80-20 mg</i> .....	98	<i>ft 24 hour nasal allergy</i> .....	171	<i>ft chest congestion relief</i> .....	163
<i>FOLAGENT DHA</i> .....	184	<i>ft 8 hour pain relief</i> .....	10	<i>ft childrens multi</i> .....	138
<i>FOLAMED DHA</i> .....	184	<i>ft acid reducer oral capsule delayed release 15 mg</i> .....	93	<i>ft childrens multi plus immune</i> .....	184
<i>FOLCYTEINE</i> .....	85	<i>ft acid reducer oral tablet</i> .....	92	<i>ft children's pain/fever</i> .....	10
<i>folic acid oral tablet 1 mg, 800 mcg</i> .....	137	<i>ft all day allergy</i> .....	157	<i>ft clearlax</i> .....	105
<i>folic acid oral tablet 400 mcg</i> .....	138	<i>ft all day allergy 24 hour</i> .....	157	<i>ft clotrimazole</i> .....	32
<i>foot &amp; sneaker</i> .....	138	<i>ft all day allergy relief</i> .....	169	<i>ft clotrimazole 3</i> .....	32
		<i>ft all day allergy-d</i> .....	167	<i>ft cold &amp; cough relief dm</i> .....	175
		<i>ft all day pain relief</i> .....	4	<i>ft docosanol</i> .....	69
		<i>ft allergy childrens</i> .....	169	<i>ft double antibiotic</i> .....	138
		<i>ft allergy d-12 hour</i> .....	175	<i>ft earwax removal</i> .....	155
		<i>ft allergy relief 12 hour</i> .....	170	<i>ft earwax removal kit</i> .....	155
				<i>ft electrolyte</i> .....	79
				<i>ft enema mineral oil</i> .....	105

ft enema saline.....	98	ft nasal decongestant max str oral tablet		ft zinc chelated.....	184
ft enteric coated aspirin.....	138	extended release 12 hour.....	175	full spectrum b/vitamin c.....	85
ft eye drops.....	150	ft nasal decongestant pe.....	163	FULPHILA.....	51
ft fiber laxative.....	108	ft nasal spray.....	175	fungi-guard.....	138
ft fiber oral powder 43 %.....	105	ft nicotine mini.....	17	FUROSCIX.....	57
ft folic acid oral tablet 400 mcg.....	138	ft nicotine mouth/throat.....	17	furosemide oral solution 10 mg/ml.....	57
ft folic acid oral tablet 800 mcg.....	138	ft nicotine transdermal.....	16	furosemide oral tablet.....	57
ft gas relief.....	98	ft pain & fever childrens.....	10	FUZEON.....	44
ft gas relief extra strength.....	98	ft pain & fever infants.....	10	FYCOMPA.....	23
ft gas relief infants.....	98	ft pain relief adult extra st.....	10	FYLNETRA.....	138
ft gas relief ultra strength.....	99	ft pain relief extra strength.....	11	g tussin ac.....	175
ft gentle laxative.....	138	ft pain relief oral tablet 200 mg.....	4	GA.....	138
ft glycerin.....	68	ft pain relief oral tablet 325 mg.....	11	GA EXPRESS15.....	138
ft ibuprofen ib childrens.....	4	ft pain reliever ex str adult.....	11	gabapentin oral capsule.....	24
ft ibuprofen infants.....	4	ft prenatal.....	85	gabapentin oral tablet 600 mg, 800 mg.....	24
ft ibuprofen oral tablet.....	4	ft probiotic.....	99	galantamine hydrobromide oral solution.....	26
ft iron.....	79	ft senna laxative.....	108	galantamine hydrobromide oral tablet 12	
ft itch relief max strength external cream.....	64	ft senna laxatives.....	108	mg, 8 mg.....	26
ft itch relief/aloe max str.....	64	ft senna-s.....	108	galantamine hydrobromide oral tablet 4 mg.....	26
ft laxative.....	138	ft stomach relief oral suspension.....	99	gallifrey.....	122
ft lice killing max st.....	39	ft stomach relief oral tablet.....	99	GAMASTAN.....	125
ft lubricant eye drops ophthalmic solution 0.4-0.3 %.....	150	ft stomach relief oral tablet chewable.....	99	GAMMAGARD.....	125
ft lubricant eye drops ophthalmic solution 0.5 %.....	150	ft stool softener oral capsule.....	108	GAMMAGARD S/D LESS IGA.....	125
ft magnesium citrate.....	108	ft stool softener oral tablet 50-8.6 mg.....	108	GAMMAKED.....	125
ft magnesium oxide.....	79	ft triple antibiotic.....	22	GAMMAPLEX.....	125
ft miconazole 3 combo pack.....	30	ft tussin adult.....	163	GAMUNEX-C.....	125
ft miconazole 7.....	30	ft tussin cf adult.....	167	GARDASIL 9.....	128
ft migraine relief.....	10	ft tussin dm max adult.....	175	gas relief extra st.....	99
ft milk of magnesia.....	99	ft urinary pain relief.....	112	gas relief extra strength oral capsule 125	
ft mineral oil.....	105	ft vitamin b-1.....	187	mg.....	99
ft motion sickness oral tablet 50 mg.....	28	ft vitamin b-12 pr.....	187	gas relief extra strength oral tablet	
ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg.....	163	ft vitamin b-6.....	187	chewable 125 mg.....	99
ft mucus relief d 12 hour.....	175	ft vitamin c.....	184	gas relief extstrength.....	99
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg.....	175	ft vitamin c/rose hips.....	184	gas relief infants drops oral suspension 40	
ft nasal decongestant max str oral tablet... 175		ft vitamin d3 oral tablet 125 mcg (5000 ut)....	85	mg/0.6ml.....	99
		ft vitamin d3 oral tablet 25 mcg (1000 ut)....	85	gas relief infants oral suspension 20	
		ft vitamin d3 oral tablet 50 mcg.....	85	mg/0.3ml.....	99
		ft vitamin d3 rapid release.....	85	gas relief oral capsule 125 mg.....	99
		ft vitamin e.....	187	gas relief oral tablet chewable 80 mg.....	99

gas relief ultra strength .....	99	geri-lanta maximum strength .....	100	GOOD START ESSENTIALS SOY/IRON ....	79
gas relief ultstrength .....	99	geri-lanta oral suspension 200-200-20 mg/5ml .....	100	GOOD START SOY PLUS 2 .....	80
GAS-X EXTRA STRENGTH ORAL CAPSULE .....	99	geri-mox .....	100	gormel .....	69
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE .....	100	geri-mox maximum strength .....	100	gormel 10 .....	69
GAS-X ULTRA STRENGTH .....	100	geri-tussin dm oral syrup .....	175	GRALISE ORAL TABLET 300 MG, 600 MG .....	61
GATTEX .....	92	geri-tussin oral liquid .....	163	granisetron hcl intravenous .....	29
gavilax oral powder .....	105	GILENYA ORAL CAPSULE 0.25 MG .....	62	griseofulvin microsize oral .....	30
gavilyte-c .....	92	GILOTrif .....	146	griseofulvin ultramicrosize oral tablet 125 mg, 250 mg .....	30
gavilyte-g .....	92	giltuss severe sinus .....	175	guaifenesin er oral tablet extended release 12 hour 1200 mg .....	164
gavilyte-n with flavor pack .....	92	glatiramer acetate .....	62	guaifenesin oral liquid .....	164
GAVISCON EXTRA STRENGTH .....	100	glatopa .....	62	guaifenesin oral tablet 400 mg .....	164
GAVRETO .....	146	glimepiride oral tablet 1 mg, 2 mg, 4 mg .....	47	guaifenesin-codeine .....	175
gefitinib .....	146	glipizide er .....	47	guaifenesin-dm oral syrup .....	176
GELUSIL .....	100	glipizide oral tablet 10 mg, 5 mg .....	47	guanfacine hcl .....	53
gemfibrozil oral .....	58	glucagon emergency injection kit .....	48	guanfacine hcl er .....	60
generlac .....	91	GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED .....	48	GUARDIAN CONNECT TRANSMITTER .....	138
gengraf oral capsule .....	127	GLUCO TO GO .....	49	GUARDIAN LINK 3 TRANSMITTER .....	138
GENOTROPIN .....	113	GLUCOSE CONTROL SOLUTIONS .....	71	GUARDIAN REAL-TIME CHARGER .....	138
GENOTROPIN MINIQUICK .....	113	glucose oral tablet chewable 4 gm .....	49	GUARDIAN REAL-TIME REPLACE PED .....	71
gentamicin sulfate external .....	67	glyburide micronized .....	47	GUARDIAN REAL-TIME TEST PLUG .....	138
gentamicin sulfate ophthalmic .....	148	glyburide oral .....	47	GUARDIAN SENSOR (3) .....	71
GENTEAL SEVERE .....	151	glyburide-metformin .....	47	GUARDIAN SENSOR 3 .....	71
GENTEAL TEARS MODERATE PF .....	151	glycerin (adult) rectal suppository 2 gm .....	108	gummy dinos .....	138
GENTEAL TEARS NIGHT-TIME .....	151	glycerin (infants & children) rectal suppository 1 gm .....	108	gummy multivitamin kids .....	139
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % .....	151	glycerin adult .....	108	GUTVITE IMMUNE SUPPORT .....	100
GENTEAL TEARS PF .....	151	glycerin child rectal suppository 1 gm, 1.2 gm .....	108	GVOKE HYPOPEN 1-PACK .....	48
GENTEAL TEARS SEVERE DAY/NIGHT .....	151	glycerin childrens .....	109	GVOKE HYPOPEN 2-PACK .....	48
gentle laxative oral suspension .....	100	glycerin external liquid , 99.5 % .....	68	GVOKE KIT .....	48
gentle laxative oral tablet delayed release .....	138	glycerin pediatric rectal suppository 1.2 gm .....	109	GVOKE PFS .....	48
gentle laxative rectal .....	138	glycolax .....	105	GYNAZOLE-1 .....	30
gentle laxative womens .....	138	glycopyrrolate oral tablet 1 mg, 2 mg .....	91	habitrol .....	16
genuine aspirin .....	138	GLYCOSADE .....	138	HADLIMA .....	127
GENVOYA .....	43	GLYXAMBI .....	47	HADLIMA PUSHTOUCH .....	127
GERBER GOOD START SOY/IRON .....	79	GOOD START 2 ESSENTIALS SOY/FE .....	79	HAEGARDA .....	125
geri-dryl .....	158	hailey 1.5/30 .....	117	hailey 24 fe .....	117
geri-kot .....	108				

hailey fe 1.5/30.....	117	heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml.....	139	hydrocortisone external cream 1 %.....	65
hailey fe 1/20.....	118	heparin sodium (porcine) .....	50	hydrocortisone external lotion 2.5 %.....	65
halobetasol propionate external cream .....	65	heparin sodium (porcine) pf.....	50	hydrocortisone external ointment 0.5 %.....	65
haloette .....	118	HEPLISAV-B.....	129	hydrocortisone external ointment 1 %.....	65
haloperidol decanoate intramuscular.....	40	her style.....	123	hydrocortisone external ointment 2.5 %.....	65
haloperidol oral tablet 0.5 mg.....	40	hi cal.....	80	hydrocortisone max st external cream.....	65
haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg.....	40	HIBERIX.....	128	hydrocortisone max st/12 moist.....	65
HARVONI ORAL TABLET.....	42	HIZENTRA.....	125	hydrocortisone oral tablet 10 mg, 20 mg, 5 mg.....	113
HAVRIX.....	128	HORIZANT.....	61	hydrocortisone plus.....	65
HCU COOLER.....	139	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML.....	48	hydrocortisone rectal enema 100 mg/60ml.....	130
HCU GEL.....	139	HUMATE-P.....	53	hydrocortisone/aloe.....	65
HCY 1.....	139	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML.....	127	hydrocortisone/aloe max str.....	65
HCY 2.....	139	HUMULIN 70/30 KWIKPEN.....	48	hydrocortisone-acetic acid.....	154
headache formula.....	11	HUMULIN 70/30 VIAL.....	48	hydrolatum.....	68
headache relief extra str.....	11	HUMULIN N KWIKPEN.....	48	hydromet.....	139
headache relief oral tablet 250-250-65 mg..	11	HUMULIN N VIAL.....	48	hydromorphone hcl oral.....	7
healthy hair/skin/nails.....	85	HUMULIN R VIAL.....	48	hydromorphone hcl rectal.....	7
heartburn antacid.....	100	HYCAMTIN ORAL.....	36	hydrophor.....	68
heartburn antacid ex st.....	100	hydralazine hcl oral.....	59	hydroxychloroquine sulfate oral tablet 200 mg.....	38
heartburn prevention oral tablet 10 mg.....	92	hydrochlorothiazide oral capsule.....	58	hydroxyurea oral.....	35
heartburn relief ex st.....	100	hydrochlorothiazide oral tablet 12.5 mg.....	58	hydroxyzine hcl oral.....	46
heartburn relief oral tablet 10 mg.....	92	hydrochlorothiazide oral tablet 25 mg, 50 mg.....	58	hydroxyzine pamoate oral.....	46
heartburn relief oral tablet 200 mg.....	92	hydrocodone bit-homatrop mbr.....	139	HYFTOR.....	139
heartburn relief oral tablet chewable 160- 105 mg.....	100	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml.....	7	hyoscyamine sulfate er.....	139
heartland gas relief.....	100	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	7	hyoscyamine sulfate oral.....	139
heather.....	122	hydrocortisone (perianal) external cream 2.5 %.....	130	hyoscyamine sulfate sublingual.....	139
h-e-b aspirin.....	139	hydrocortisone anti-itch.....	65	hyosyne.....	139
h-e-b childrens allergy.....	158	hydrocortisone butyrate external ointment.....	65	HYPERTET.....	129
HEMANGEOL.....	55	hydrocortisone butyrate external solution....	65	HYPOTEAR.....	151
HEMLIBRA.....	52	hydrocortisone external cream 0.5 %, 2.5 %.....	65	HYRIMOZ-CROHNS/UC STARTER.....	127
HEMOFIL M.....	52	HEPAGAM B.....	125	HYSINGLA ER.....	6
hemorrhoidal rectal suppository 0.25-3- 85.5 %.....	69	heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%.....	50	IBRANCE.....	36
				ibuprofen.....	4

<i>ibuprofen childrens oral tablet chewable</i>	
100 mg.....	4
<i>ibuprofen cold &amp; sinus</i>	176
<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	176
<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	176
<i>ibuprofen ib oral tablet 200 mg</i>	4
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	4
<i>ibuprofen jr oral tablet 100 mg</i>	4
<i>ibuprofen junior</i>	5
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	5
<i>ibuprofen oral suspension 100 mg/5ml</i>	5
<i>ibuprofen oral tablet 200 mg</i>	5
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	5
<i>icatibant acetate</i>	125
<i>iclevia</i>	118
<i>ICLUSIG ORAL TABLET 10 MG, 30 MG</i> ...	146
<i>ICLUSIG ORAL TABLET 15 MG, 45 MG</i> ...	146
<i>IDELVION</i>	53
<i>IDHIFA</i>	35
<i>ifex 150</i>	80
<i>IGG 2000 CWP ORAL POWDER</i>	139
<i>IGG PURE</i>	139
<i>IHEALTH CONTROL SOLUTION</i>	71
<i>ILARIS</i>	126
<i>ILEVRO</i>	149
<i>ILUMYA</i>	126
<i>imatinib mesylate</i>	146
<i>IMBRUVICA ORAL CAPSULE</i>	146
<i>IMBRUVICA ORAL SUSPENSION</i>	146
<i>IMBRUVICA ORAL TABLET</i>	146
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	21
<i>imipramine hcl oral</i>	27
<i>imiquimod external cream 5 %</i>	66
<i>IMODIUM A-D ORAL TABLET</i>	91
<i>IMODIUM MULTI-SYMPOTM RELIEF</i> .....	100
<i>INBRIJA</i> .....	40
<i>incassia</i> .....	122
<i>INCRELEX</i> .....	113
<i>INCRUSE ELLIPTA</i> .....	159
<i>indapamide</i> .....	58
<i>indomethacin oral capsule</i> .....	5
<i>indoor/outdoor allergy rlf</i> .....	158
<i>INFANRIX</i> .....	128
<i>infant gas relief</i> .....	100
<i>INFANTS ADVIL</i> .....	5
<i>infants gas relief</i> .....	101
<i>infants ibuprofen</i> .....	5
<i>infants pain &amp; fever</i> .....	11
<i>infants pain relief drops</i> .....	11
<i>infants pain/fever</i> .....	11
<i>INGREZZA ORAL CAPSULE</i> .....	61
<i>INGREZZA ORAL CAPSULE THERAPY</i>	
PACK.....	61
<i>INLYTA</i> .....	146
<i>INSPIREASE</i> .....	139
<i>INSPIREASE RESERVOIR BAGS</i> .....	139
<i>instacort 5</i> .....	65
<i>INSULIN ASPART PROT &amp; ASPART</i> .....	48
<i>INSULIN GLARGINE-YFGN</i> .....	48
<i>INSULIN LISPRO</i> .....	48
<i>INSULIN LISPRO (1 UNIT DIAL)</i> .....	48
<i>INSULIN LISPRO JUNIOR KWIKPEN</i> .....	48
<i>INSULIN LISPRO PROT &amp; LISPRO</i> .....	48
<i>INSULIN PEN NEEDLES 29G X 12.7MM</i> ..	139
<i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM</i> . 139	
<i>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM</i> .....	71
<i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</i> .....	139
<i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML</i> ....	139
<i>INSULIN SYRINGES 29G X 1/2" 1 ML,</i>	
<i>30G X 5/16" 0.5 ML</i> .....	139
<i>INSULIN SYRINGES 30G X 1/2" 1 ML,</i>	
<i>31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML,</i>	
<i>31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</i> ....	139
<i>INTELENCE ORAL TABLET 25 MG</i> .....	43
<i>intestinex</i> .....	101
<i>introvale</i> .....	118
<i>INVEGA HAFYERA</i> .....	41
<i>INVEGA SUSTENNA</i> .....	41
<i>INVEGA TRINZA</i> .....	41
<i>INVELTYS</i> .....	149
<i>IPOL</i> .....	128
<i>ipratropium bromide inhalation</i> .....	159
<i>ipratropium bromide nasal</i> .....	159
<i>ipratropium-albuterol</i> .....	171
<i>irbesartan</i> .....	54
<i>irbesartan-hydrochlorothiazide</i> .....	57
<i>iron (ferrous sulfate) oral solution</i> .....	80
<i>iron infant/toddler</i> .....	80
<i>iron oral tablet 240 (27 fe) mg</i> .....	80
<i>iron oral tablet 325 (65 fe) mg</i> .....	80
<i>ISENTRESS HD</i> .....	43
<i>ISENTRESS ORAL PACKET</i> .....	43
<i>ISENTRESS ORAL TABLET</i> .....	43
<i>ISENTRESS ORAL TABLET CHEWABLE</i> ..	43
<i>isibloom</i> .....	118
<i>ISOLYTE-S</i> .....	73
<i>isoniazid oral</i> .....	34
<i>isosorbide dinitrate</i> .....	59
<i>isosorbide mononitrate</i> .....	59
<i>isosorbide mononitrate er</i> .....	59
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> .....	40
<i>isotretinoin oral capsule 30 mg</i> .....	63
<i>itraconazole oral</i> .....	30
<i>ivermectin oral</i> .....	38
<i>IXINITY</i> .....	53

jaimiess.....	118	ketoconazole external shampoo.....	67	lacosamide oral tablet.....	25
JAKAFI.....	36	ketoconazole oral.....	30	LACTEOL DIARRHEASE.....	101
jantoven.....	50	KETO-DIASTIX.....	71	<i>lactobacillus</i> oral tablet.....	101
JANUMET.....	47	KETONE CARE.....	71	<i>lacto-pectin</i> .....	101
JANUMET XR.....	47	KETONE TEST.....	71	<i>lactulose</i> encephalopathy.....	91
JANUVIA.....	47	ketoprofen oral capsule 25 mg.....	5	<i>lactulose</i> oral solution.....	91
JARDIANCE.....	47	ketorolac tromethamine ophthalmic		LAGEVRIO.....	45
jasmiel.....	118	solution 0.4 %.....	149	LAMISIL AT EXTERNAL CREAM.....	32
jencycla.....	122	ketorolac tromethamine ophthalmic		LAMISIL AT JOCK ITCH.....	32
JENTADUETO.....	47	solution 0.5 %.....	149	<i>lamivudine</i> oral solution.....	44
JENTADUETO XR.....	47	ketorolac tromethamine oral.....	5	<i>lamivudine</i> oral tablet 100 mg.....	42
JIVI INTRAVENOUS SOLUTION		KETOSTIX.....	71	<i>lamivudine</i> oral tablet 150 mg, 300 mg.....	44
RECONSTITUTED 1000 UNIT, 2000		ketotifen fumarate ophthalmic.....	154	<i>lamivudine-zidovudine</i> .....	44
UNIT, 3000 UNIT, 500 UNIT.....	139	KETOVIE 4:1.....	139	<i>lamotrigine</i> oral tablet.....	23
jock itch external cream 1 %.....	32	KETOVIE PEPTIDE.....	139	<i>lamotrigine</i> oral tablet chewable.....	23
jock itch max st.....	139	KEVZARA.....	126	<i>lamotrigine</i> starter kit-blue.....	23
jolessa.....	118	KINERET.....	126	<i>lamotrigine</i> starter kit-green.....	23
JORNAY PM.....	60	KISQALI (200 MG DOSE).....	36	<i>lamotrigine</i> starter kit-orange.....	23
JUBLIA.....	67	KISQALI (400 MG DOSE).....	36	LANCETS.....	71
juleber.....	118	KISQALI (600 MG DOSE).....	36	LANCETS 28G THIN.....	71
JULUCA.....	43	klayesta.....	67	LANOXIN ORAL TABLET 125 MCG, 250	
junel 1.5/30.....	118	klor-con.....	73	MCG.....	57
junel 1/20.....	118	klor-con 10.....	73	<i>lansoprazole</i> oral capsule delayed release	
junel fe.....	118	klor-con m10.....	73	15 mg.....	93
kalliga.....	118	klor-con m20.....	73	<i>lansoprazole</i> oral capsule delayed release	
KALYDECO ORAL PACKET 13.4 MG.....	160	klor-con/ef.....	184	30 mg.....	93
KALYDECO ORAL PACKET 25 MG, 5.8		KLOXXADO.....	16	<i>lansoprazole</i> oral tablet delayed release	
MG, 50 MG, 75 MG.....	160	KOATE.....	53	dispersible 15 mg.....	93
KALYDECO ORAL TABLET.....	160	KOATE-DVI.....	53	LANTUS SOLOSTAR.....	48
KAOPECTATE ORAL TABLET.....	101	KOGENATE FS.....	53	LANTUS U-100 VIAL.....	48
kariva.....	118	KOSELUGO.....	36	<i>lapatinib</i> ditosylate.....	146
kcl (0.149%) in nacl.....	73	KOVALTRY.....	52	<i>l-arginine</i> oral capsule.....	140
kcl (0.298%) in nacl.....	73	K-PHOS.....	80	larin 1.5/30.....	118
KCL-LIDOCAINE-NACL.....	184	K-PRIME.....	184	larin 1/20.....	118
kelnor 1/35.....	118	KRINTAFEL.....	38	larin 24 fe.....	118
kelnor 1/50.....	118	kurvelo.....	118	larin fe 1.5/30.....	118
KERENDIA.....	57	labetalol hcl oral.....	55	larin fe 1/20.....	118
KESIMPTA.....	62	LAC-HYDRIN FIVE.....	65	<i>latanoprost</i> ophthalmic.....	147
ketoconazole external cream.....	67	lacosamide intravenous.....	25	LAXACIN.....	109

<i>laxaclear</i> .....	105	<i>levonorgestrel</i> .....	123	<i>liquid wart remover</i> .....	140
<i>laxative max str</i> .....	109	<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>liquid wart remover max st</i> .....	140
<i>laxative oral powder 17 gm/scoop</i> .....	105	0.1-20 mg-mcg .....	118	<i>liraglutide</i> .....	47
<i>laxative oral tablet delayed release 5 mg</i> ... 140		<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>lisdexamfetamine dimesylate oral capsule</i> ...61	
<i>laxative pills max st</i> .....	109	0.15-30 mg-mcg .....	119	<i>lisinopril oral</i> .....	54
<i>laxative pills oral tablet 25 mg</i> .....	109	<i>levonorg-eth estrad triphasic</i> .....	119	<i>lisinopril-hydrochlorothiazide</i> .....	57
<i>laxative rectal suppository 10 mg</i> .....	140	<i>levora 0.15/30 (28)</i> .....	119	<i>lithium</i> .....	46
<i>laxative regular strength</i> .....	109	<i>levo-t</i> .....	123	<i>lithium carbonate er</i> .....	46
<i>LEDIPASVIR-SOFOSBUVIR</i> .....	42	<i>levothyroxine sodium oral tablet</i> .....	123	<i>lithium carbonate oral</i> .....	46
<i>leena</i> .....	118	<i>levoxyl</i> .....	123	<i>little ones childrens</i> .....	184
<i>leflunomide oral</i> .....	127	<i>LICART</i> .....	5	<i>LIVALO</i> .....	58
<i>lenalidomide</i> .....	35	<i>lice killing</i> .....	39, 67	<i>LIVITA ADULTS</i> .....	184
<i>LENVIMA (10 MG DAILY DOSE)</i> .....	146	<i>lice killing max str</i> .....	39	<i>LMD</i> .....	140
<i>LENVIMA (12 MG DAILY DOSE)</i> .....	146	<i>lice killing maximum strength external</i>		<i>LMX 4</i> .....	15
<i>LENVIMA (14 MG DAILY DOSE)</i> .....	146	shampoo 0.33-4 % .....	39	<i>LO LOESTRIN FE</i> .....	119
<i>LENVIMA (18 MG DAILY DOSE)</i> .....	146	<i>lice killing shampoo max str</i> .....	39	<i>lojaimiess</i> .....	119
<i>LENVIMA (20 MG DAILY DOSE)</i> .....	146	<i>lice maximum strength</i> .....	39	<i>LOKELMA</i> .....	83
<i>LENVIMA (24 MG DAILY DOSE)</i> .....	146	<i>lice treatment external liquid 1 %</i> .....	67	<i>long acting nasal spray</i> .....	176
<i>LENVIMA (4 MG DAILY DOSE)</i> .....	146	<i>lidocaine external cream 4 %</i> .....	15	<i>long lasting antacid</i> .....	101
<i>LENVIMA (8 MG DAILY DOSE)</i> .....	146	<i>lidocaine external patch 5 %</i> .....	15	<i>long lasting nasal spray</i> .....	176
<i>lessina</i> .....	118	<i>lidocaine hcl external cream 3 %</i> .....	15	<i>LONSURF</i> .....	35
<i>letrozole oral</i> .....	35	<i>lidocaine viscous hcl</i> .....	15	<i>loperamide hcl oral capsule</i> .....	91
<i>leucovorin calcium oral tablet 10 mg</i> .....	37	<i>lidocaine-prilocaine external cream</i> .....	15	<i>loperamide hcl oral tablet</i> .....	91
<i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg</i> .....	37	<i>LIDOCAN</i> .....	15	<i>loperamide-simethicone</i> .....	101
<i>LEUKERAN</i> .....	34	<i>LIDOPIN EXTERNAL CREAM 3 %</i> .....	15	<i>lopinavir-ritonavir</i> .....	45
<i>LEUKINE</i> .....	51	<i>LIDOZALL</i> .....	15	<i>loradamed</i> .....	170
<i>leuprolide acetate injection</i> .....	124	<i>LIDOZALL PLUS</i> .....	15	<i>lorata-d</i> .....	176
<i>levalbuterol hcl inhalation</i> .....	160	<i>lincomycin hcl injection</i> .....	18	<i>loratadine</i> .....	169
<i>LEVIBID</i> .....	140	<i>linezolid in sodium chloride</i> .....	18	<i>loratadine allergy relief oral tablet 10 mg</i> ... 170	
<i>levetiracetam in nacl</i> .....	23	<i>linezolid intravenous</i> .....	18	<i>loratadine allergy relief oral tablet dispersible 10 mg</i> .....	170
<i>levetiracetam intravenous</i> .....	23	<i>linezolid oral suspension reconstituted</i> .....	18	<i>loratadine childrens oral solution</i> .....	170
<i>levetiracetam oral solution</i> .....	23	<i>linezolid oral tablet</i> .....	18	<i>loratadine oral solution 5 mg/5ml</i> .....	170
<i>levetiracetam oral tablet</i> .....	23	<i>LINZESS</i> .....	91	<i>loratadine oral tablet 10 mg</i> .....	170
<i>levobunolol hcl</i> .....	149	<i>liothyronine sodium oral</i> .....	123	<i>loratadine oral tablet dispersible 10 mg</i> .... 170	
<i>levocetirizine dihydrochloride oral tablet</i> .... 158		<i>LIPISTART</i> .....	140	<i>loratadine-d</i> .....	176
<i>levofloxacin oral tablet</i> .....	21	<i>liquid acetaminophen</i> .....	11	<i>loratadine-d 12hr</i> .....	176
<i>levonest</i> .....	118	<i>liquid allergy relief</i> .....	158	<i>loratadine-d 24hr</i> .....	176
<i>levonorgest-eth estrad 91-day</i> .....	118	<i>liquid corn &amp; callus rem</i> .....	140	<i>lorazepam oral tablet</i> .....	46
		<i>liquid pain relief</i> .....	11		

LOREEV XR.....	46	<i>lubrifresh p.m.</i> .....	152	<i>malathion</i> .....	67
<i>loryna</i> .....	119	LUMAKRAS ORAL TABLET 120 MG, 320		MAOX.....	140
<i>losartan potassium oral</i> .....	54	MG.....	37	<i>mapap acetaminophen extra str</i> .....	11
<i>losartan potassium-hctz</i> .....	57	LUMIGAN.....	147	<i>mapap childrens</i> .....	11
LOTEMAX OPHTHALMIC GEL.....	149	LUPKYNIS.....	125	<i>mapap oral capsule</i> .....	11
LOTEMAX OPHTHALMIC OINTMENT.....	149	LUPRON DEPOT (1-MONTH).....	124	<i>maraviroc</i> .....	44
LOTEMAX SM.....	149	LUPRON DEPOT (3-MONTH).....	124	<i>marlissa</i> .....	119
<i>lovastatin oral tablet 10 mg</i> .....	58	LUPRON DEPOT (4-MONTH)		MASK VORTEX/CHILD/FROG.....	140
<i>lovastatin oral tablet 20 mg, 40 mg</i> .....	58	INTRAMUSCULAR KIT 30MG.....	124	MASK VORTEX/TODDLER/LADYBUG.....	140
<i>low-ogestrel</i> .....	119	LUPRON DEPOT (6-MONTH)		MATULANE.....	34
<i>loxapine succinate</i> .....	40	INTRAMUSCULAR KIT 45MG.....	124	MAVYRET ORAL PACKET.....	42
<i>lo-zumandimine</i> .....	119	LUPRON DEPOT-PED (1-MONTH).....	124	MAVYRET ORAL TABLET.....	42
LTXF PRIM CNV PIN MICRODRIP.....	140	LUPRON DEPOT-PED (3-MONTH).....	124	MAX RELIEF JR CHILD PAIN/FEVER.....	11
LTXF PRIM IV SET/CNVT PIN.....	140	<i>lurasidone hcl</i> .....	41	MAX RELIEF JUNIOR.....	12
LTXF SECONDARY/CNV PIN/32INC.....	140	<i>lutera</i> .....	119	MAX TUSSIN MUCUS & CHEST CONG.....	164
<i>lubiprostone capsule 24 mcg oral</i> .....	91	LYBALVI.....	27	MAXALLERGY KIDS.....	158
<i>lubiprostone capsule 8 mcg oral</i> .....	91	<i>lyleq</i> .....	122	<i>maxi-tuss ac</i> .....	176
<i>lubricant drops fast act</i> .....	151	<i>lyllana</i> .....	119	<i>maxi-tuss gmx</i> .....	176
<i>lubricant drops ophthalmic gel 0.25-0.3 %</i> .....	151	LYNPARZA.....	36	<i>maxi-tuss pe max</i> .....	164
<i>lubricant drops ophthalmic solution</i> .....	151	LYSODREN.....	124	MAYZENT.....	62
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i> .....	151	LYUMJEV.....	48	MAYZENT STARTER PACK.....	62
<i>lubricant eye drops (pf) ophthalmic solution 0.5 %</i> .....	151	LYUMJEV KWIKPEN.....	49	<i>m-dryl</i> .....	158
<i>lubricant eye drops ophthalmic solution 0.6 %</i> .....	151	<i>lyza</i> .....	122	<i>meclizine hcl oral tablet 12.5 mg</i> .....	28
<i>lubricant eye drops pf</i> .....	151	MAALOX CHILDRENS.....	101	<i>meclizine hcl oral tablet 25 mg</i> .....	28
<i>lubricant eye nighttime</i> .....	151	MAALOX MAX ORAL SUSPENSION.....	101	<i>meclizine hcl oral tablet chewable</i> .....	28
<i>lubricant eye ophthalmic solution 0.4-0.3 %</i> .....	151	MAALOX MULTI SYMPTOM MAX ST.....	101	<i>medicated spot</i> .....	140
<i>lubricant eye pm</i> .....	152	<i>mag-al plus</i> .....	101	<i>medifin 400</i> .....	164
<i>lubricating eye drops</i> .....	152	<i>mag-al plus xs</i> .....	101	<i>medifin mucus relief child</i> .....	164
<i>lubricating eye/overnight</i> .....	152	<i>magnesium citrate oral solution</i> .....	109	<i>medi-first aspirin</i> .....	140
<i>lubricating plus pf</i> .....	152	<i>magnesium oral tablet 500 mg</i> .....	80	<i>medi-first hydrocortisone</i> .....	65
<i>lubricating tears eye drops</i> .....	152	<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i> .....	80	<i>medi-first ibuprofen</i> .....	5
		<i>magnesium oxide -mg supplement oral tablet 500 mg</i> .....	80	<i>medi-first triple antibiotic</i> .....	22
		<i>magnesium oxide oral tablet 400 mg</i> .....	140	<i>mediproxen</i> .....	5
		<i>magnesium oxide oral tablet 420 mg</i> .....	140	<i>medique aspirin</i> .....	140
		<i>magnesium sulfate injection</i> .....	73	MEDISENSE GLUCOSE KETONE CONTR.....	71
		<i>magnesium sulfate intravenous</i> .....	73	MEDISENSE HI/MID/LOW CONTROL.....	71
		<i>magnesium-oxide</i> .....	80	MEDPURA ANTIFUNGAL.....	32
				MEDPURA BENZOYL PEROXIDE.....	140

MEDROL ORAL TABLET 2 MG .....	113	metformin hcl er oral tablet extended release 24 hour 750 mg .....	47	micaderm .....	32
medroxyprogesterone acetate intramuscular suspension .....	122	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg .....	47	micafungin sodium intravenous solution reconstituted 100 mg .....	30
medroxyprogesterone acetate intramuscular suspension prefilled syringe .....	122	methazolamide oral .....	149	MICATIN .....	32
medroxyprogesterone acetate oral .....	122	methenamine hippurate .....	18	miconazole 3 .....	30
mefloquine hcl .....	38	methimazole oral .....	124	miconazole 3 combo pack .....	30
mega probiotic .....	101	methocarbamol oral tablet 500 mg, 750 mg .....	181	miconazole 7 vaginal cream .....	30
megestrol acetate oral suspension 40 mg/ml .....	122	methotrexate sodium .....	127	miconazole 7 vaginal suppository .....	30
megestrol acetate oral tablet 20 mg .....	122	methotrexate sodium (pf) .....	127	miconazole antifungal .....	32
megestrol acetate oral tablet 40 mg .....	122	methoxsalen rapid .....	66	miconazole nitrate external cream .....	32
meijer allergy relief-d .....	176	methsuximide .....	24	miconazole nitrate vaginal .....	30
meijer anti-diarrheal .....	91	methyldopa .....	53	miconazorb af .....	32
MEKINIST ORAL SOLUTION RECONSTITUTED .....	36	methylergonovine maleate oral .....	114	MICRO GUARD .....	32
MEKINIST ORAL TABLET .....	36	methylphenidate hcl er .....	60	microgestin 1.5/30 .....	119
meloxicam oral tablet .....	5	methylphenidate hcl er (cd) .....	60	microgestin 1/20 .....	119
memantine hcl oral solution .....	26	methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg .....	60	microgestin fe 1.5/30 .....	119
memantine hcl oral tablet .....	26	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg .....	60	microgestin fe 1/20 .....	119
MENATROL .....	184	methylphenidate hcl oral tablet .....	60	midodrine hcl .....	53
MENQUADFI .....	128	methylprednisolone oral .....	113	mifepristone oral tablet 200 mg .....	114
MENVEO .....	128	metoclopramide hcl oral solution 5 mg/5ml ..	28	mifepristone oral tablet 300 mg .....	114
mercaptopurine oral tablet .....	35	metoclopramide hcl oral tablet .....	28	MIGERGOT .....	32
meropenem intravenous solution reconstituted 500 mg .....	21	metolazone .....	58	migraine formula oral tablet 250-250-65 mg ..	12
MEROOPENEM-SODIUM CHLORIDE .....	21	metoprolol succinate er .....	55	migraine headache relief .....	12
mesalamine er .....	130	metoprolol tartrate oral tablet 100 mg, 50 mg .....	55	migraine relief .....	12
mesalamine oral tablet delayed release 1.2 gm .....	130	metoprolol tartrate oral tablet 25 mg .....	55	milli .....	119
mesalamine rectal .....	130	metoprolol tartrate oral tablet 37.5 mg, 75 mg .....	55	milk of magnesia .....	101
mesna oral .....	37	metronidazole external .....	19	milrinone lactate .....	59
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % .....	106	metronidazole oral tablet 250 mg, 500 mg ..	19	milrinone lactate in dextrose .....	59
METAMUCIL FREE & NATURAL .....	106	metronidazole vaginal .....	19	MINCORA .....	85
metformin hcl er (osm) .....	47	mexiletine hcl oral .....	54	mineral oil enema .....	106
metformin hcl er oral tablet extended release 24 hour 500 mg .....	47	mibelas 24 fe .....	119	mineral oil heavy oral .....	106
				mineral oil oral oil .....	106
				mineral oil rectal enema .....	106
				mini nicotine .....	17
				MINIMED RESERVOIR 1.8ML .....	140
				MINIMED RESERVOIR 3ML .....	141
				minocycline hcl oral capsule 100 mg, 50 mg .....	22
				minoxidil oral .....	59

<i>mintox maximum strength</i> .....	101	<i>motion-time</i> .....	28	<i>mucus relief childrens oral liquid 100 mg/5ml</i> .....	164
<i>mintox plus</i> .....	101	MOTRIN CHILDRENS.....	5	<i>mucus relief d max strength</i> .....	177
MIRALAX.....	106	MOTRIN IB ORAL TABLET.....	5	<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg</i> .....	177
<i>mirtazapine oral tablet 15 mg, 30 mg</i> .....	26	MOTRIN INFANTS DROPS.....	5	<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i> .....	178
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i> .....	26	MOUNJARO.....	141	<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i> .....	178
MIRVASO.....	63	MOVANTIK.....	91	<i>mucus relief dm oral liquid 20-400 mg/20ml</i> .....	178
<i>misoprostol oral</i> .....	93	<i>moxifloxacin hcl (2x day)</i> .....	148		
MITIGARE.....	32	<i>moxifloxacin hcl in nacl</i> .....	21		
<i>mm acetaminophen ex str</i> .....	12	<i>moxifloxacin hcl ophthalmic</i> .....	148		
MM ALLER-BEN.....	158	<i>moxifloxacin hcl oral</i> .....	21		
<i>mm allergy relief 24 hour</i> .....	170	<i>m-pap</i> .....	12		
<i>mm arthritis pain</i> .....	12	MSUD COOLER.....	141		
<i>mm aspirin</i> .....	141	MSUD GEL.....	141		
<i>mm clearlax</i> .....	106	MUCINEX COUGH CHILDRENS.....	176		
<i>mm stool softener</i> .....	109	MUCINEX D.....	177		
<i>mm stool softener laxative</i> .....	109	MUCINEX D MAX STRENGTH.....	177		
MMA/PA COOLER15.....	141	MUCINEX DM.....	177		
MMA/PA GEL.....	141	MUCINEX FAST-MAX CHEST CONG MS	164		
M-M-R II.....	128	MUCINEX FAST-MAX DM MAX.....	177		
M-NATAL PLUS.....	85	MUCINEX FAST-MAX SEVERE CON/CG			
<i>modafinil oral</i> .....	182	ORAL LIQUID.....	177		
<i>mometasone furoate external</i> .....	66	MUCINEX MAXIMUM STRENGTH.....	164		
<i>mometasone furoate nasal</i> .....	159	MUCINEX SINUS-MAX CLEAR & COOL..	177		
MONOJECT HYPODERMIC NEEDLE 18G X 1"	50	MUCINEX SINUS-MAX SINUS/ALLRGY..	177		
<i>mono-linyah</i> .....	119	<i>mucus &amp; chest congestion</i> .....	164		
montelukast sodium oral.....	159	<i>mucus &amp; cough relief child</i> .....	177		
<i>mood support probiotic</i> .....	101	<i>mucus d</i> .....	177		
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> .....	7	<i>mucus d extended release</i> .....	177		
<i>morphine sulfate er oral tablet extended release</i> .....	6	<i>mucus d max st er</i> .....	177		
<i>morphine sulfate oral</i> .....	7	<i>mucus dm</i> .....	177		
<i>morphine sulfate rectal</i> .....	7	<i>mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i> .....	177		
MOTEGRITY.....	91	<i>mucus er maximum str</i> .....	164		
<i>motion sickness oral tablet 50 mg</i> .....	28	<i>mucus er oral tablet extended release 12 hour 1200 mg</i> .....	164		
<i>motion sickness relief oral tablet 50 mg</i> .....	28	<i>mucus relief 12 hour max st</i> .....	164		
<i>motion sickness relief oral tablet chewable 25 mg</i> .....	28	<i>mucus relief chest oral tablet 400 mg</i> .....	164		
				MURO 128 OPHTHALMIC OINTMENT .....	152

MURO 128 OPHTHALMIC SOLUTION 5		
%.....	152	<i>nasal decongestant max st oral tablet 30 mg</i> .....178
<i>my choice</i> .....	123	<i>nasal decongestant oral tablet 30 mg</i> .....178
<i>my way</i> .....	123	<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i> .....178
<i>mycophenolate mofetil oral</i> .....	127	<i>nasal decongestant pe oral tablet 10 mg</i> ...165
<i>mycophenolate sodium</i> .....	127	<i>nasal decongestant pe oral tablet 30 mg</i> ...178
<i>mycophenolic acid</i> .....	127	<i>nasal decongestant spray</i> .....178
MYFEMBREE.....	90	<i>nasal four</i> .....165
MYLERAN.....	34	<i>nasal four spray</i> .....165
MYLICON INFANTS GAS RELIEF.....	101	<i>nasal mist nasal solution</i> .....178
MYRBETRIQ.....	111	<i>nasal mist no drip</i> .....178
MYTESI.....	91	<b>NASAL MOIST NASAL SOLUTION</b> .....165
NABI-HB.....	125	<i>nasal moisturizing spray</i> .....165
<i>nabumetone oral</i> .....	5	<i>nasal relief nasal solution 0.05 %</i> .....179
<i>nadolol oral</i> .....	55	<i>nasal spray 12 hour</i> .....179
<i>nafcillin sodium injection solution reconstituted 1 gm</i> .....	20	<i>nasal spray fast acting</i> .....165
<i>nafcillin sodium intravenous</i> .....	20	<i>nasal spray nasal solution 0.05 %</i> .....179
<i>naloxone hcl injection solution</i> .....	16	<i>nasal spray nasal solution 1 %</i> .....165
<i>naloxone hcl injection solution cartridge</i> .....	16	<i>nasal spray no drip</i> .....179
<i>naloxone hcl nasal</i> .....	16	<i>nasal spray saline</i> .....165
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i> .....	16	<b>NASALCROM</b> .....172
<i>naltrexone hcl oral</i> .....	15	<b>NASCOBAL</b> .....187
NAMZARIC.....	25	<b>NATAZIA</b> .....119
NAPHCON-A.....	153	<i>nateglinide</i> .....47
NAPRELAN.....	5	<b>NATESTO</b> .....115
<i>naproxen dr</i> .....	5	<i>natural daily fiber oral powder 43 %</i> .....106
<i>naproxen oral</i> .....	5	<i>natural daily fiber oral powder 58.6 %</i> .....106
<i>naproxen sodium oral tablet 220 mg</i> .....	5	<i>natural fiber</i> .....106
NARAMIN.....	158	<i>natural fiber oral powder 28.3 %</i> .....106
<i>naratriptan hcl</i> .....	33	<i>natural fiber supplement</i> .....106
NARCAN.....	16	<i>natural senna laxative</i> .....109
NASACORT ALLERGY 24HR.....	171	<i>natural tears pf</i> .....152
<i>nasal allergy 24 hour</i> .....	171	<i>natural vegetable</i> .....106
<i>nasal allergy nasal aerosol 55 mcg/act</i> .....	171	<i>natural vegetable laxative oral tablet 8.6 mg</i> .....109
<i>nasal allergy spray</i> .....	171	<i>natural vitamin e</i> .....187
<i>nasal decongestant 12hr</i> .....	178	<b>NATURAL WHEY</b> .....141
		<i>natura-lax</i> .....106
		<i>nausea control</i> .....29
		<i>nausea relief oral solution 1.87-1.87-21.5</i> ...29
		<b>NAYZILAM</b> .....24
		<i>nebivolol hcl</i> .....55
		<b>NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %</b> .....179
		<i>necon 0.5/35 (28)</i> .....119
		<b>NEODOT THERMOMETER</b> .....141
		<b>NEOMULTIVITE</b> .....86
		<i>neomycin sulfate oral</i> .....18
		<i>neomycin-bacitracin zn-polymyx</i> .....148
		<i>neomycin-polymyxin-dexameth ophthalmic ointment</i> .....147
		<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> .....147
		<i>neomycin-polymyxin-gramicidin</i> .....148
		<i>neomycin-polymyxin-hc otic</i> .....154
		<b>NEONATAL COMPLETE</b> .....86
		<b>NEONATAL PLUS</b> .....86
		<b>NEONATAL PRENATAL</b> .....86
		<b>NEONATAL VITAMIN</b> .....86
		<b>NEO-POLYCIN HC</b> .....147
		<b>NEOSPORIN ORIGINAL</b> .....22
		<b>NEO-SYNEPHRINE COLD/ALLRGY EXT.</b> 165
		<i>nephro vitamins</i> .....86
		<b>NEPHRO-VITE</b> .....86
		<b>NEULASTA</b> .....51
		<b>NEULASTA ONPRO</b> .....51
		<b>NEUPOGEN</b> .....51
		<b>NEUTEK 2TEK CONTROL</b> .....71
		<b>NEUTROGENA OIL-FREE ACNE WASH.</b> 141
		<b>NEVANAC</b> .....149
		<i>nevirapine</i> .....43
		<i>nevirapine er</i> .....43
		<i>new day</i> .....123
		<b>NEW ZEALAND WHEY PROTEIN</b> .....141
		<b>NEXLETOL</b> .....59
		<b>NEXLIZET</b> .....59
		<b>NEXTSTELLIS</b> .....90

<i>niacin er (antihyperlipidemic)</i> .....	59	<i>nifedipine er osmotic release</i> .....	55	<i>norethin ace-eth estrad-fe oral tablet chewable</i> .....	119
<i>niacin er oral capsule extended release 250 mg</i> .....	86	<i>nifedipine oral</i> .....	55	<i>norethindrone acetate oral</i> .....	122
<i>niacin er oral capsule extended release 500 mg</i> .....	86	<i>nighttime dry-eye relief</i> .....	152	<i>norethindrone acet-ethinyl est</i> .....	120
<i>niacin er oral tablet extended release 1000 mg</i> .....	86	<i>nighttime relief lub eye</i> .....	152	<i>norethindrone oral</i> .....	122
<i>niacin er oral tablet extended release 250 mg, 500 mg</i> .....	86	<i>nikki</i> .....	119	<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> .....	120
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i> .....	86	<i>NIMODIPINE ORAL SOLUTION</i> .....	55	<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i> .....	120
<i>NICODERM CQ</i> .....	16	<i>NINLARO</i> .....	35	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> .....	120
<i>NICORETTE</i> .....	17	<i>nitazoxanide oral</i> .....	38	<i>norgestimate-ethinyl estradiol triphasic</i> .....	120
<i>NICORETTE MINI</i> .....	17	<i>NITRO-BID</i> .....	59	<i>NORLIQVA</i> .....	55
<i>NICORETTE STARTER KIT</i> .....	17	<i>nitrofurantoin macrocrystal</i> .....	19	<i>norlyroc</i> .....	122
<i>nicotine gum mouth/throat gum 2 mg</i> .....	17	<i>nitrofurantoin monohydrate macrocrystals</i> .....	19	<i>NORPACE CR</i> .....	54
<i>nicotine gum mouth/throat gum 4 mg</i> .....	17	<i>nitrofurantoin oral suspension 25 mg/5ml</i> .....	19	<i>nortrel 0.5/35 (28)</i> .....	120
<i>nicotine gum mouth/throat lozenge 2 mg</i> .....	17	<i>nitroglycerin rectal</i> .....	59	<i>nortrel 1/35 (21)</i> .....	120
<i>nicotine gum mouth/throat lozenge 4 mg</i> .....	17	<i>nitroglycerin sublingual</i> .....	59	<i>nortrel 1/35 (28)</i> .....	120
<i>nicotine mini</i> .....	17	<i>nitroglycerin translingual</i> .....	59	<i>nortrel 7/7/7</i> .....	120
<i>nicotine mouth/throat gum 2 mg</i> .....	17	<i>NITYR</i> .....	111	<i>nortriptyline hcl oral</i> .....	27
<i>nicotine mouth/throat gum 4 mg</i> .....	17	<i>NIVA-PLUS</i> .....	86	<i>NORVIR ORAL PACKET</i> .....	45
<i>nicotine mouth/throat lozenge 2 mg</i> .....	17	<i>NIVESTYM</i> .....	51	<i>nose drops extstrength</i> .....	165
<i>nicotine mouth/throat lozenge 4 mg</i> .....	17	<i>no drip extra moisturizing</i> .....	179	<i>NOVAREL</i> .....	113
<i>nicotine polacrilex mini</i> .....	17	<i>no drip nasal relief</i> .....	179	<i>NOVOEIGHT</i> .....	52
<i>nicotine polacrilex mouth/throat gum 2 mg</i> ..	17	<i>no drip nasal spray</i> .....	179	<i>NOVOLIN 70/30 FLEXPEN</i> .....	49
<i>nicotine polacrilex mouth/throat gum 4 mg</i> ..	17	<i>no drip original 12 hours</i> .....	179	<i>NOVOLIN 70/30 RELION</i> .....	49
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i> .....	17	<i>NOCDURNA</i> .....	113	<i>NOVOLIN 70/30 VIAL</i> .....	49
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i> .....	17	<i>nohist-lq</i> .....	167	<i>NOVOLIN N FLEXPEN</i> .....	49
<i>nicotine step 1</i> .....	16	<i>NOKOR VENTED NEEDLE</i> .....	50	<i>NOVOLIN N RELION</i> .....	49
<i>nicotine step 2</i> .....	16	<i>non-aspirin</i> .....	12	<i>NOVOLIN N VIAL</i> .....	49
<i>nicotine step 3</i> .....	16	<i>non-aspirin 8 hour</i> .....	12	<i>NOVOLIN R FLEXPEN</i> .....	49
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i> .....	16	<i>non-aspirin childrens</i> .....	12	<i>NOVOLIN R RELION</i> .....	49
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i> .....	16	<i>non-aspirin extra strength</i> .....	12	<i>NOVOLIN R VIAL</i> .....	49
<i>nicotine transdermal system</i> .....	16	<i>non-aspirin jr strength</i> .....	12	<i>NOVOLOG FLEXPEN</i> .....	49
<i>nifedipine er</i> .....	55	<i>non-aspirin pain relief</i> .....	12	<i>NOVOLOG FLEXPEN RELION</i> .....	49
		<i>non-pseudo sinus decongestant</i> .....	165	<i>NOVOLOG MIX 70/30 FLEXPEN</i> .....	49
		<i>nora-be</i> .....	122	<i>NOVOLOG MIX 70/30 VIAL</i> .....	49
		<i>NORDITROPIN FLEXPRO</i> .....	113	<i>NOVOLOG PENFILL</i> .....	49
		<i>norelgestromin-eth estradiol</i> .....	119	<i>NOVOLOG RELION</i> .....	49
		<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> .....	119		

NOVOLOG U-100 VIAL	49	OCEAN NASAL SPRAY	165	once daily	86
NOVOSEVEN RT	53	ocella	120	ondansetron hcl injection	29
NUBEQA	35	OCTAGAM	125	ondansetron hcl oral solution	29
NUCALA SUBCUTANEOUS SOLUTION		<i>octreotide acetate injection solution 100</i>		ondansetron hcl oral tablet 4 mg, 8 mg	29
AUTO-INJECTOR	162	<i>mcg/ml, 50 mcg/ml</i>	124	ondansetron odt oral tablet dispersible 4 mg, 8 mg	29
NUCALA SUBCUTANEOUS SOLUTION		<i>octreotide acetate injection solution 1000</i>		one daily	86
PREFILLED SYRINGE	162	<i>mcg/ml</i>	124	ONE DAILY ESSENTIALS	86
NUCYNTA	7	<i>octreotide acetate injection solution 200</i>		ONE VITE CALCIUM + D3	80
NUCYNTA ER	6	<i>mcg/ml</i>	124	ONE VITE DAILY MULTIVITAMIN	86
NUEDEXTA	61	<i>octreotide acetate injection solution 500</i>		ONE VITE WOMENS	86
NU-IRON	80	<i>mcg/ml</i>	124	ONE VITE WOMENS PLUS	86
NULEV	141	<i>octreotide acetate subcutaneous solution</i>		<i>one-daily multi vitamins</i>	86
NURTEC	33	<i>prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	124	<i>one-daily multi-vitamin</i>	86
NUTRAPLUS	69	<i>octreotide acetate subcutaneous solution</i>		<i>one-daily multi-vitamin/iron</i>	185
NUTRI-DRINK	141	<i>prefilled syringe 500 mcg/ml</i>	124	<i>one-daily/iron</i>	185
NUTRI-DRINK +	141	OCUVEL	185	ONELAX	141
NUTROPIN AQ NUSPIN 10	113	ODEFSEY	44	ONELAX MAGNESIUM CITRATE	109
NUTROPIN AQ NUSPIN 20	113	ODOMZO	36	ONELAX SENNA	109
NUTROPIN AQ NUSPIN 5	113	OFEV	162	ONETOUCH ULTRA 2 KIT W/DEVICE	71
NUVARING	120	<i>ofloxacin ophthalmic</i>	148	ONETOUCH ULTRA BLUE TEST	71
NUWIQ INTRAVENOUS KIT 1000 UNIT,		<i>ofloxacin oral</i>	21	ONETOUCH ULTRA CONTROL	72
2000 UNIT, 250 UNIT, 2500 UNIT, 3000		<i>ofloxacin otic</i>	154	ONETOUCH ULTRA IN VITRO LIQUID	72
UNIT, 4000 UNIT, 500 UNIT	52	<i>ointment base</i>	68	ONETOUCH ULTRA STRIP IN VITRO	72
NUZYRA ORAL	22	<i>olanzapine oral tablet</i>	41	ONETOUCH ULTRA TEST STRIPS	72
nyamyc	67	<i>olmesartan medoxomil oral</i>	54	ONETOUCH VERIO FLEX SYSTEM KIT	
nylia 1/35	120	<i>olmesartan medoxomil-hctz</i>	57	W/DEVICE	72
nylia 7/7/7	120	<i>olopatadine hcl ophthalmic</i>	148	ONETOUCH VERIO IN VITRO LIQUID	72
NYMALIZE	55	OLUMIANT ORAL TABLET 1 MG, 2 MG	126	ONETOUCH VERIO REFLECT KIT	
nystatin external	67	<i>omega-3-acid ethyl esters</i>	59	W/DEVICE	72
nystatin mouth/throat	30	<i>omeprazole magnesium</i>	93	ONETOUCH VERIO TEST STRIPS	72
nystatin oral	30	<i>omeprazole magnesium oral capsule</i>		ONEXTON	63
nystop	67	<i>delayed release</i>	93	ONGENTYS	39
NYVEPRIA	51	<i>omeprazole oral capsule delayed release</i>		<i>opcicon one-step</i>	123
OA 1	141	<i>10 mg, 20 mg, 20.6 (20 base) mg, 40 mg</i>	93	OPILL	141
OA 2	141	OMNARIS	159	OPSUMIT	161
OBIZUR	53	OMNIFLEX DIAPHRAGM	141	<i>option 2</i>	123
OBSTETRIX DHA	86	OMNIPOD 5 DEXG7G6 INTRO GEN 5	141	OPZELURA	69
OBTREX	185	OMNIPOD 5 DEXG7G6 PODS GEN 5	141	ORACEA	22
OCEAN FOR KIDS	165	OMNITROPE	113		

oralyte.....	80	oxcarbazepine oral tablet.....	25	pain & fever infants.....	12
ORENCIA CLICKJECT.....	126	oxybutynin chloride er.....	111	pain and fever relief kids.....	12
ORENCIA SUBCUTANEOUS.....	126	oxybutynin chloride oral tablet 5 mg.....	111	pain relief childrens oral elixir 160 mg/5ml.....	12
ORENITRAM MONTH 1.....	161	oxycodone hcl oral concentrate.....	7	pain relief childrens oral suspension.....	13
ORENITRAM MONTH 2.....	161	oxycodone hcl oral solution.....	7	pain relief childrens oral tablet chewable 160 mg.....	13
ORENITRAM MONTH 3.....	161	oxycodone hcl oral tablet.....	15	pain relief extra st.....	13
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG.....	161	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....	7	pain relief extra strength oral capsule 500 mg.....	13
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG.....	161	oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	7	pain relief extra strength oral liquid 500 mg/15ml.....	13
ORFADIN.....	111	OXYCONTIN.....	6	pain relief extra strength oral tablet 500 mg.....	13
ORGOVYX.....	18	oxymorphone hcl er.....	6	pain relief oral liquid 500 mg/15ml.....	13
ORIAHNN.....	124	OXYTROL FOR WOMEN.....	111	pain relief oral tablet 325 mg.....	13
ORILISSA.....	124	oysco 500+d.....	80	pain relief oral tablet extended release 650 mg.....	13
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG.....	160	oyster shell calcium + d oral tablet 500-10 mg-mcg.....	80	pain relief regular strength.....	13
ORKAMBI ORAL PACKET 75-94 MG.....	160	oyster shell calcium + d3.....	80	pain relief/rapid burst.....	13
ORKAMBI ORAL TABLET.....	160	oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg.....	185	pain reliever ex st oral liquid 500 mg/15ml.....	13
ORLADEYO.....	141	oyster shell calcium plus d.....	80	pain reliever ex st oral tablet 500 mg.....	13
orphenadrine citrate er.....	181	oyster shell calcium w/d.....	80	pain reliever extra strength oral tablet 250-250-65 mg.....	13
OS-CAL CALCIUM + D3.....	80	oyster shell calcium/d oral tablet 250-3.125 mg-mcg.....	185	pain reliever extra strength oral tablet 500 mg.....	13
oseltamivir phosphate oral capsule.....	45	oyster shell calcium/vit d.....	80	pain reliever oral suspension 160 mg/5ml.....	14
oseltamivir phosphate oral suspension reconstituted.....	45	oyster shell calcium/vit d3.....	81	pain reliever oral tablet 325 mg.....	14
OSPHENA.....	122	oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg.....	81	pain reliever plus.....	14
OTEZLA ORAL TABLET 20 MG.....	126	oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg.....	185	pain-off.....	14
OTEZLA ORAL TABLET 30 MG.....	126	oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg.....	81	palonosetron hcl.....	29
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG.....	126	oyster shell calcium-vit d.....	81	PANADOL CHILDRENS.....	14
OTREXUP.....	128	OZEMPIC.....	47	PANADOL EXTRA STRENGTH.....	14
OVACE PLUS WASH EXTERNAL LIQUID.....	141	OZEMPIC (2 MG/DOSE).....	47	PANADOL INFANTS.....	14
OVACE WASH.....	141	p col-rite.....	109	PANOXYL.....	141
OVIDREL.....	114	pain & fever child.....	12	pantoprazole sodium oral tablet delayed release.....	93
oxacillin sodium injection solution reconstituted 1 gm.....	20	pain & fever childrens.....	12	PANZYGA.....	125
oxacillin sodium intravenous.....	20	pain & fever childrens oral suspension 160 mg/5ml.....	12	PARADIGM SILHOUETTE COMBO 23"....	141
oxaprozin oral tablet.....	5	paroxetine hcl oral tablet.....	27	PARADIGM SILHOUETTE COMBO 43"....	141
oxazepam.....	46				
oxcarbazepine oral suspension.....	25				

PATADAY OPHTHALMIC SOLUTION 0.1		<i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> ..... 26	<i>pimozide</i> ..... 40
% , 0.2 %	148	<i>perphenazine-amitriptyline oral tablet 2-25 mg</i> ..... 26	<i>pimtrexa</i> ..... 120
PAXLOVID (150/100)	45		<i>pindolol</i> ..... 55
PAXLOVID (300/100)	45		<i>pink bismuth maximum strength</i> ..... 102
PAXOTIN	102		<i>pink bismuth oral suspension 262 mg/15ml</i> ..... 102
<i>pazopanib hcl</i>	146		<i>pink bismuth oral suspension 525 mg/15ml</i> ..... 102
<i>ped electrolyte freeze pop</i>	81		<i>pink bismuth oral tablet 262 mg</i> ..... 102
PEDIA-LAX ORAL LIQUID	109		<i>pink bismuth oral tablet chewable 262 mg.</i> 102
PEDIALYTE FREEZER POPS	81		<i>pink bismuth ultra str.</i> ..... 102
PEDIALYTE IMMUNE SUPPORT	81		<i>pioglitazone hcl</i> ..... 47
PEDIALYTE ORAL SOLUTION	81		PIP GLUCOSE CONTROL SOLUTION ..... 72
PEDIALYTE SINGLES	81		<i>piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm</i> ..... 20
PEDIARIX	128		PIQRAY (200 MG DAILY DOSE) ..... 36
<i>pediatric electrolyte oral solution</i>	81		PIQRAY (250 MG DAILY DOSE) ..... 36
PEDVAX HIB	129		PIQRAY (300 MG DAILY DOSE) ..... 36
<i>peg 3350 oral powder</i>	106		<i>pirfenidone oral capsule</i> ..... 162
<i>peg 3350-kcl-na bicarb-nacl</i>	92		<i>pirfenidone oral tablet 267 mg, 801 mg</i> ..... 162
<i>peg-3350/electrolytes</i>	92		<i>piroxicam oral</i> ..... 5
PEGASYS	126		PLAN B ONE-STEP ..... 123
PENBRAYA	142		PLASMA-LYTE 148 ..... 74
<i>penicillamine oral tablet</i>	112		PLEGRIDY INTRAMUSCULAR ..... 62
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	20		PLEGRIDY STARTER PACK ..... 62
<i>penicillin g sodium</i>	20		PLEGRIDY SUBCUTANEOUS ..... 62
<i>penicillin v potassium</i>	20		PLENU ..... 92
PENTACEL	129		<i>plerixafor</i> ..... 51
<i>pentamidine isethionate</i>	38		PNEUMOVAX 23 ..... 129
PENTASA	130		<i>podofilox external solution</i> ..... 66
<i>pentazocine-naloxone hcl</i>	7		<i>poly bacitracin</i> ..... 142
<i>pentoxifylline er</i>	57		<i>polyethylene glycol 3350 oral powder</i> ..... 106
PEPCID AC	92		<i>polyethylene glycol 3350-grx oral powder</i> ..... 107
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML	102		<i>poly-iron 150</i> ..... 81
PERDIEM OVERNIGHT RELIEF	109		<i>polymyxin b sulfate injection</i> ..... 19
PERFOROMIST	160		<i>polymyxin b-trimethoprim</i> ..... 148
<i>periogard</i>	62		<i>polysaccharide iron complex</i> ..... 81
<i>permethrin external</i>	67		<i>polysaccharide-iron complex</i> ..... 81
<i>perphenazine oral</i>	28		POLYSPORIN ..... 142
		<i>pimecrolimus</i> ..... 66	

<i>polyvinyl alcohol ophthalmic</i>	152	<i>pravastatin sodium</i>	58	<i>prenatal oral tablet 28-0.8 mg</i>	87
POLY-VI-SOL	185	<i>praziquantel oral</i>	38	<i>prenatal plus</i>	87
POLY-VITE PEDIATRIC	185	<i>prazosin hcl oral</i>	53	<i>prenatal plus vitamin/mineral</i>	87
POMALYST	35	<i>PRE PROTEIN ORAL POWDER</i>	142	<i>prenatal vitamins</i>	87
PORTAGEN	142	<i>PRECISION GLUCOSE KETONE CONTR.</i> 72		<i>prenatal vitamins oral tablet 28-0.8 mg</i>	87
<i>portia-28</i>	120	<i>PRECISION XTRA BLOOD GLUCOSE</i>	72	<i>prenatall/iron</i>	87
POSFREA	29	<i>prednisolone acetate ophthalmic</i>	149	<i>PREVACID 24HR</i>	93
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	74	<i>PREDNISOLONE ACETATE P-F</i>	149	<i>prevalite oral powder</i>	59
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	74	<i>prednisolone oral solution</i>	113	<i>PREVIDENT</i>	74
<i>potassium chloride er oral capsule extended release 10 meq</i>	74	<i>prednisolone sodium phosphate ophthalmic</i>	149	<i>PREVIDENT 5000 DRY MOUTH</i>	74
<i>potassium chloride er oral tablet extended release 10 meq</i>	74	<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	113	<i>PREVIDENT 5000 PLUS</i>	74
<i>potassium chloride er oral tablet extended release 20 meq</i>	74	<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	113	<i>PREVNAR 20</i>	129
<i>potassium chloride er oral tablet extended release 8 meq</i>	74	<i>prednisone oral solution</i>	113	<i>PREVYMIS INTRAVENOUS</i>	42
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	74	<i>prednisone oral tablet</i>	113	<i>PREZCOBIX</i>	45
<i>potassium chloride oral</i>	74	<i>prednisone oral tablet therapy pack 10 mg (21)</i>	113	<i>PREZISTA ORAL SUSPENSION</i>	142
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	74	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	113	<i>PREZISTA ORAL TABLET 150 MG, 75 MG</i>	142
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	74	<i>pregabalin oral</i>	61	<i>PRIFTIN</i>	34
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	74	<i>PREGESTIMIL</i>	82	<i>primaquine phosphate</i>	38
<i>potassium citrate-citric acid</i>	81	<i>PREGNYL</i>	113	<i>primidone oral tablet 250 mg, 50 mg</i>	24
<i>povidone iodine</i>	22	<i>PREMARIN ORAL</i>	120	<i>PRIORIX</i>	129
<i>povidone-iodine external solution</i>	22	<i>PREMARIN VAGINAL</i>	120	<i>PRIVIGEN</i>	125
PRADAXA ORAL CAPSULE	50	<i>PREMPHASE</i>	120	<i>PROAIR RESPICLICK</i>	160
PRALUENT	59	<i>PREMPRO</i>	120	<i>probenecid</i>	32
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	39	<i>prenatal formula</i>	87	<i>probiotic acidophilus oral capsule</i>	102
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	39	<i>prenatal formula oral tablet 28-0.8 mg</i>	87	<i>probiotic blend</i>	102
<i>prasugrel hcl</i>	52	<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	185	<i>probiotic colon care</i>	102
		<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	87	<i>probiotic complex</i>	102
		<i>prenatal multi+dha</i>	87	<i>probiotic digestive support</i>	142
		<i>prenatal multivitamin</i>	87	<i>probiotic maximum strength</i>	102
		<i>prenatal multivitamins</i>	87	<i>probiotic oral capsule</i>	102
		<i>prenatal oral tablet 27-0.8 mg</i>	87	<i>probiotic oral capsule 250 mg</i>	102
		<i>prenatal oral tablet 27-1 mg</i>	87	<i>probiotic pearls ex st</i>	102
				<i>PROCEL 100</i>	142
				<i>PROCEL ORAL POWDER</i>	142
				<i>prochlorperazine</i>	28
				<i>prochlorperazine maleate oral</i>	28
				<i>PROCIT</i>	51
				<i>PROCTOFOAM HC</i>	66

procto-med hc .....	130	PURAMINO DHA/ARA.....	82	RAPIVAB .....	45
PROFILNINE .....	53	PURE & GENTLE LUBRICANT .....	152	RASUVO .....	128
progesterone oral .....	122	purelax oral powder .....	107	RAVICTI .....	111
PROLENZA .....	149	PYLERA .....	92	RAYALDEE .....	130
PROMACTA .....	51	pyrazinamide oral .....	34	react .....	123
promethazine hcl oral solution 6.25 mg/5ml .....	28	pyridostigmine bromide er .....	33	ready-to-use enema rectal enema .....	102
promethazine hcl oral tablet .....	28	pyridostigmine bromide oral solution .....	33	REBINYN INTRAVENOUS SOLUTION	
promethazine hcl rectal .....	28	pyridostigmine bromide oral tablet 60 mg .....	33	RECONSTITUTED 1000 UNIT, 2000	
promethazine vc .....	162	pyridoxine hcl oral .....	187	UNIT, 500 UNIT .....	53
promethazine-codeine oral solution .....	179	pyridoxine hcl solution 100 mg/ml injection .....	187	RECARBRIOS .....	21
promethazine-dm .....	179	PYRIDOXINE HCL SOLUTION 100		reclipsen .....	120
promethazine-phenylephrine .....	162	MG/ML INJECTION .....	187	RECOMBINATE .....	53
PROMETHEGAN RECTAL SUPPOSITORY 50 MG .....	28	pyrimethamine oral .....	38	RECOMBIVAX HB .....	129
PRONUTRIENTS VITAMIN D3 .....	87	QELBREE .....	46	refenesen 400 .....	165
propafenone hcl .....	54	QNDSL .....	159	REFRESH LACRI-LUBE .....	152
propranolol hcl er .....	55	QNDSL CHILDRENS .....	159	REFRESH PLUS .....	152
propranolol hcl oral solution 20 mg/5ml .....	55	QTERN .....	47	REFRESH TEARS .....	152
propranolol hcl oral solution 40 mg/5ml .....	55	QUADRACEL INTRAMUSCULAR SUSPENSION .....	129	reguloid oral powder 43 % .....	107
propranolol hcl oral tablet .....	55	quetiapine fumarate er .....	41	REHYDRALYTE .....	82
propylthiouracil oral .....	124	quetiapine fumarate oral tablet 100 mg,		RELENZA DISKHALER .....	45
PROQUAD .....	129	200 mg, 25 mg, 300 mg, 400 mg, 50 mg .....	41	RELEUKO .....	51
PROSOURCE NO CARB .....	142	quetiapine fumarate oral tablet 150 mg .....	41	RELEXXII ORAL TABLET EXTENDED	
PROSOURCE PROTEIN ORAL POWDER .....	142	quinapril hcl .....	54	RELEASE 45 MG, 63 MG .....	60
PROSYNMINIC .....	142	quinapril-hydrochlorothiazide .....	57	RELEXXII ORAL TABLET EXTENDED	
protein oral powder .....	142	quinidine gluconate er .....	54	RELEASE 72 MG .....	60
PROTONIX ORAL TABLET DELAYED RELEASE .....	93	quinidine sulfate .....	54	relief eye drops .....	152
PROXIVOL .....	15	QUINTET CONTROL HIGH/NORMAL .....	72	RELION TRUE METRIX TEST STRIPS .....	72
prucalopride succinate .....	91	quit2 .....	18	RELISTOR SUBCUTANEOUS .....	91
pseudoephedrine hcl 12 hr .....	179	quit4 .....	18	RENASTART .....	142
pseudoephedrine hcl er .....	179	QULIPTA .....	32	rena-vite .....	87
pseudoephedrine hcl oral tablet 30 mg .....	179	QUVIVIQ .....	142	renewal soothing bath .....	68
pseudoephedrine-bromphen-dm .....	165	QVAR REDIHALER .....	159	repaglinide .....	47
pseudoephedrine-guaifenesin er .....	179	radiance platinum vitamin d3 .....	87	REPATHA .....	59
PULMICORT FLEXHALER .....	159	RADICAVA ORS .....	61	RESTASIS .....	147
PULMOSAL .....	179	RADICAVA ORS STARTER KIT .....	61	RESTASIS MULTIDOSE .....	147
PULMOZYME .....	160	raloxifene hcl .....	122	RESTORA .....	103
		ramipril .....	54	restore plus lubricant eye .....	152
		ranolazine er .....	57	restore pm .....	152
				RETACRIT .....	51

RETIN-A MICRO PUMP EXTERNAL GEL		<i>ropinirole hcl</i> .....	39	<i>scalp relief external liquid 3 %</i> .....	142
0.06 % .....	63	<i>rosuvastatin calcium oral</i> .....	58	SCEMBLIX ORAL TABLET 20 MG, 40 MG.	37
RETIN-A MICRO PUMP EXTERNAL GEL		ROTATEQ.....	129	SCRUB CARE POVIDONE-IODINE .....	22
0.08 % .....	63	<i>roweepra</i> .....	23	SEGLUROMET .....	47
RETROVIR INTRAVENOUS .....	44	ROXYBOND ORAL TABLET ABUSE-		<i>selegiline hcl oral</i> .....	40
REVLIMID .....	35	DETERRENT 15 MG, 30 MG, 5 MG .....	6	<i>selenium sulfide external lotion</i> .....	66
REXTOVY .....	16	ROZLYTREK ORAL CAPSULE .....	36	SELZENTRY ORAL SOLUTION .....	44
REXULTI .....	41	ROZLYTREK PACKET 50 MG ORAL .....	36	SEMGLEE (YFGN) .....	49
REYATAZ ORAL PACKET .....	45	RUBRACA .....	36	<i>senexon-s</i> .....	109
REZVOGLAR KWIKPEN .....	50	RUCONEST .....	125	<i>senior probiotic</i> .....	103
RHOPRESSA .....	149	<i>rufinamide</i> .....	25	<i>senna lax</i> .....	109
RIASTAP .....	53	RYALTRIS .....	142	<i>senna laxative</i> .....	109
<i>ribavirin oral</i> .....	42	RYBELSUS .....	47	<i>senna oral liquid 8.8 mg/5ml</i> .....	110
<i>rifabutin</i> .....	34	RYBELSUS (FORMULATION R2) .....	47	<i>senna oral syrup 176 mg/5ml</i> .....	110
<i>rifampin oral</i> .....	34	RYDAPT .....	36	<i>senna oral syrup 8.8 mg/5ml</i> .....	110
<i>riluzole</i> .....	61	RYKINDO .....	41	<i>senna oral tablet 8.6 mg</i> .....	110
<i>rimantadine hcl</i> .....	45	RYNEX DM .....	180	<i>senna plus oral tablet</i> .....	110
<i>ringers irrigation</i> .....	75	RYNEX PE .....	180	<i>senna s</i> .....	110
RINVOQ .....	126	<i>rynex pse</i> .....	180	<i>senna smooth</i> .....	110
RISAQUAD .....	103	RYTARY ORAL CAPSULE EXTENDED		<i>senna-docusate sodium</i> .....	110
RISAQUAD-2 .....	103	RELEASE 23.75-95 MG, 36.25-145 MG,		<i>senna-lax</i> .....	110
<i>risperidone microspheres er</i> .....	41	61.25-245 MG .....	40	<i>senna-plus</i> .....	110
<i>risperidone oral solution</i> .....	41	RYTARY ORAL CAPSULE EXTENDED		<i>senna-s oral tablet</i> .....	110
<i>risperidone oral tablet 0.25 mg</i> .....	41	RELEASE 48.75-195 MG .....	40	<i>senna-tabs</i> .....	110
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg,</i>		S.O.S. 25 .....	142	<i>senna-time</i> .....	110
<i>3 mg, 4 mg</i> .....	41	<i>saccharomyces boulardii</i> .....	103	<i>senna-time s</i> .....	110
<i>ritonavir</i> .....	45	SAFYRAL .....	120	SENNAZON .....	110
<i>rivastigmine</i> .....	26	<i>saline enema</i> .....	103	<i>sennosides-docusate sodium</i> .....	110
<i>rivastigmine tartrate</i> .....	26	<i>saline mist spray</i> .....	165	SENOKOT .....	110
RIXUBIS .....	53	<i>saline nasal spray</i> .....	165	SENOKOT S .....	110
<i>rizatriptan benzoate</i> .....	33	<i>salsalate oral</i> .....	14	SEREVENT DISKUS .....	160
ROBAFEN CF MULTI-SYMPTOM COLD..	167	SANCUSO .....	29	<i>sertraline hcl oral concentrate</i> .....	27
ROBITUSSIN 12 HOUR COUGH .....	179	<i>sapropterin dihydrochloride</i> .....	111	<i>sertraline hcl oral tablet</i> .....	27
ROBITUSSIN 12 HOUR COUGH CHILD ..	179	<i>saxagliptin hcl</i> .....	47	<i>setlakin</i> .....	120
ROBITUSSIN COUGH+CHEST CONG		<i>sb arthritis pain relief</i> .....	14	<i>sevelamer carbonate oral tablet</i> .....	82
DM ORAL LIQUID 20-400 MG/20ML .....	180	<i>sb docusate sodium/senna</i> .....	109	<i>sf 5000 plus</i> .....	75
ROBITUSSIN PEAK COLD MULTI-SYM...	168	<i>sb lice killing max st</i> .....	39	<i>sf gel 1.1%</i> .....	75
ROCKLATAN .....	147	<i>sb mucus relief</i> .....	166	SFROWASA .....	130
<i>roflumilast</i> .....	161	<i>sb pain reliever childrens</i> .....	14	<i>sharobel</i> .....	122

SHINGRIX.....	129	<i>smooth antacid extra st</i> .....	103	sodium fluoride 5000 ppm dental cream.....	75
SIGNIFOR.....	124	<i>smooth antacid extra strength</i> .....	103	sodium fluoride 5000 ppm dental gel.....	75
<i>sildenafil citrate intravenous</i> .....	161	<i>smooth lax oral powder</i> .....	107	sodium fluoride dental cream.....	75
<i>sildenafil citrate oral tablet 20 mg</i> .....	161	SOAANZ ORAL TABLET 20 MG.....	57	sodium fluoride dental gel.....	75
<i>silver sulfadiazine external</i> .....	66	<i>sod chloride hypertonicity</i> .....	152	sodium fluoride mouth/throat.....	75
SIMBRINZA.....	149	<i>sod citrate-citric acid oral solution 500-334</i>		sodium fluoride oral solution.....	75
SIMEPED.....	103	<i>mg/5ml</i> .....	82	sodium fluoride oral tablet chewable.....	75
<i>simethicone drops infants</i> .....	103	<i>sodium bicarbonate intravenous solution</i>		SODIUM OXYBATE.....	182
<i>simethicone oral</i> .....	103	<i>4.2 %, 7.5 %</i> .....	75	sodium phenylbutyrate oral powder.....	111
<i>simethicone ultra strength</i> .....	103	<i>sodium bicarbonate oral tablet</i> .....	103	sodium sulfacetamide wash.....	142
SIMLANDI (1 PEN).....	128	<i>sodium bicarbonate solution 8.4 %</i>		SOFOBUVIR-VELPATASVIR.....	42
SIMLANDI (1 SYRINGE).....	128	<i>intravenous</i> .....	75	<i>soft glucose</i> .....	49
SIMLANDI (2 PEN).....	128	SODIUM BICARBONATE SOLUTION 8.4		<i>solifenacin succinate</i> .....	111
SIMLANDI (2 SYRINGE).....	128	% INTRAVENOUS.....	75	SOLIQUA.....	47
<i>simliya</i> .....	120	<i>sodium chloride (hypertonic) ophthalmic</i>		SOLOSEC.....	19
<i>simpesse</i> .....	120	<i>ointment</i> .....	152	<i>soluble fiber therapy</i> .....	110
<i>simvastatin oral tablet 10 mg, 20 mg, 40</i>		<i>sodium chloride (hypertonic) ophthalmic</i>		SOLUTION TRANSFER DEVICE.....	142
<i>mg</i> .....	58	<i>solution</i> .....	152	SOMAVERT.....	124
<i>simvastatin oral tablet 5 mg, 80 mg</i> .....	58	<i>sodium chloride (pf)</i> .....	75	SOOLANTRA.....	67
<i>sinus &amp; congestion max str</i> .....	180	<i>sodium chloride inhalation nebulization</i>		<i>soothe maximum strength</i> .....	103
<i>sinus 12-hour</i> .....	180	<i>solution 0.9 %, 10 %</i> .....	180	<i>soothe oral suspension</i> .....	103
<i>sinus nasal spray</i> .....	180	<i>sodium chloride inhalation nebulization</i>		<i>soothe oral tablet chewable</i> .....	103
<i>sinus pe decongestant</i> .....	166	<i>solution 3 %</i> .....	180	<i>sorafenib tosylate</i> .....	36
<i>sinus relief extra strength</i> .....	166	<i>sodium chloride inhalation nebulization</i>		<i>sorbitol oral</i> .....	107
<i>sinus/congestion relief pe</i> .....	166	<i>solution 7 %</i> .....	180	<i>sotalol hcl (af)</i> .....	54
<i>sirolimus oral solution</i> .....	128	<i>sodium chloride injection solution 2.5</i>		<i>sotalol hcl oral</i> .....	54
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> .....	128	<i>meq/ml</i> .....	75	SOTYKTU.....	142
<i>sirolimus oral tablet 2 mg</i> .....	128	<i>sodium chloride intravenous solution 0.45</i>		SOVALDI.....	42
SIRTURO.....	34	<i>%, 3 %, 5 %</i> .....	75	SOVUNA ORAL TABLET 200 MG.....	38
SIVEXTRO INTRAVENOUS.....	19	<i>sodium chloride ophthalmic ointment 5 %</i> .....	153	<i>spinosad</i> .....	67
SKYRIZI PEN.....	126	<i>sodium chloride ophthalmic solution 5 %</i> .....	153	SPIRIVA HANDIHALER.....	159
SKYRIZI SUBCUTANEOUS SOLUTION		SODIUM CHLORIDE SOLUTION 0.9 %		SPIRIVA RESPIMAT.....	159
CARTRIDGE.....	142	INTRAVENOUS.....	75	<i>spironolactone oral tablet</i> .....	57
SKYRIZI SUBCUTANEOUS SOLUTION		<i>sodium chloride solution 0.9 % intravenous</i> .....	75	<i>spironolactone-hctz</i> .....	57
PREFILLED SYRINGE.....	126	SODIUM CHLORIDE SOLUTION 4		<i>sprintec 28</i> .....	121
SKYTROFA.....	114	MEQ/ML INTRAVENOUS.....	75	SPS (SODIUM POLYSTYRENE SULF).....	83
SLO-NIACIN.....	87	<i>sodium chloride solution 4 meq/ml</i>		<i>sronyx</i> .....	121
<i>smooth antacid ex st oral tablet chewable</i>		<i>intravenous</i> .....	75	<i>ssd</i> .....	66
<i>750 mg</i> .....	103	<i>sodium fluoride 5000 plus</i> .....	75	<i>sss 10-5 external cream</i> .....	68

ST JOSEPH LOW DOSE.....	142	subvenite starter kit-green.....	23	suphedrine maximum strength.....	180
STEGLATRO.....	47	subvenite starter kit-orange.....	23	suphedrine oral tablet 30 mg.....	180
STEGLUJAN.....	48	sucralfate oral suspension.....	93	suphedrine oral tablet extended release 12	
stimulant lax plus.....	110	sucralfate oral tablet.....	93	hour 120 mg.....	180
stimulant laxative.....	110	SUDAFED.....	180	SUPPORT.....	185
STIOLTO RESPIMAT.....	171	SUDAFED PE CONGESTION ORAL		SUPREP BOWEL PREP KIT.....	92
STIVARGA.....	36	TABLET 10 MG.....	166	sure result sr relief.....	143
stomach relief extra strength.....	103	SUDAFED PE SINUS CONGESTION.....	166	SUSTOL.....	29
stomach relief max st oral suspension 525		SUDAFED SINUS CONGESTION.....	180	SUTAB.....	22
mg/15ml.....	103	SUDAFED SINUS CONGESTION 12HR.....	180	sv vitamin d3 oral capsule 25 mcg.....	87
stomach relief oral suspension 1050		sudogest maximum strength.....	180	sv vitamin d3 oral capsule 50 mcg (2000	
mg/30ml, 525 mg/15ml.....	104	sudogest oral tablet 30 mg.....	180	ut).....	88
stomach relief oral suspension 262		sulfacetamide sodium external.....	143	sv vitamin d3 oral tablet chewable.....	88
mg/15ml, 525 mg/30ml, 527 mg/30ml.....	104	sulfacetamide sodium ophthalmic.....	148	syeda.....	121
stomach relief oral tablet 262 mg.....	104	sulfacetamide sodium-sulfur external		SYMBICORT.....	171
stomach relief oral tablet chewable 262 mg		cream 10-5 %.....	68	SYMDEKO.....	160
.....	104	sulfacetamide sodium-sulfur external liquid		SYMFI.....	43
stomach relief plus.....	104	9-4.5 %.....	68	SYMFI LO.....	43
stomach relief ultra.....	104	sulfacetamide sod-sulfur wash external		SYMLINPEN 120.....	48
stool softener extra str.....	110	liquid 9-4.5 %.....	69	SYMLINPEN 60.....	48
stool softener laxative oral capsule.....	110	sulfacetamide-prednisolone.....	147	SYMPAZAN.....	24
stool softener oral capsule 100 mg.....	110	sulfamethoxazole-trimethoprim oral		SYMPROIC.....	91
stool softener oral capsule 240 mg.....	110	suspension 200-40 mg/5ml.....	21	SYNAGIS.....	126
stool softener oral capsule 250 mg.....	110	sulfamethoxazole-trimethoprim oral tablet.....	21	SYNJARDY.....	48
stool softener oral capsule 50 mg.....	111	sulfamez wash.....	69	SYNJARDY XR.....	48
stool softener pls laxative.....	111	sulfasalazine oral.....	130	SYNTROID.....	123
stool softener plus laxative.....	111	sulfatrim pediatric.....	21	SYSTANE.....	153
stool softener/laxative.....	111	sulindac oral.....	5	SYSTANE BALANCE.....	153
stool softener/laxative oral tablet.....	111	SUMADAN WASH.....	69	SYSTANE COMPLETE.....	153
STRENSIQ.....	111	sumatriptan nasal.....	33	SYSTANE CONTACTS.....	153
streptomycin sulfate intramuscular.....	18	sumatriptan succinate oral.....	33	SYSTANE HYDRATION PF.....	153
stress formula.....	87	sumatriptan succinate refill.....	33	SYSTANE NIGHT.....	153
stress formula/iron.....	185	sumatriptan succinate subcutaneous.....	33	SYSTANE NIGHTTIME.....	153
stress formula/zincenergy.....	87	sunitinib malate oral capsule 12.5 mg, 25		SYSTANE PRESERVATIVE FREE.....	153
STRIVE DUAL ZONE PEAK FLOW MTR..	142	mg, 50 mg.....	36	SYSTANE ULTRA.....	153
STRIVERDI RESPIMAT.....	160	sunitinib malate oral capsule 37.5 mg.....	36	SYSTANE ULTRA PF.....	153
SUBOXONE.....	15	SUNLENCA ORAL.....	143	T:FLEX T:LOCK CARTRIDGE 4.8ML.....	143
subvenite.....	23	SUNOSI.....	182	T:SLIM X2 3ML CARTRIDGE.....	143
subvenite starter kit-blue.....	23	suphedrine 12hour.....	180	tab tussin.....	166

<i>tab-a-vite/beta carotene</i>	88	<i>telmisartan</i>	54	TEZSPIRE SUBCUTANEOUS SOLUTION	
TABLOID	35	<i>temazepam oral capsule 15 mg, 30 mg</i>	182	AUTO-INJECTOR	162
TABRECTA	146	<i>temozolomide oral capsule 100 mg, 140</i>		<i>tgt clotrimazole external cream 1 %</i>	67
TACLONEX	66	<i>mg</i>	34	THALOMID	35
<i>tacrolimus external ointment 0.03 %</i>	66	<i>temozolomide oral capsule 180 mg, 20 mg,</i>		<i>the magic bullet</i>	143
<i>tacrolimus external ointment 0.1 %</i>	66	<i>250 mg, 5 mg</i>	34	THEO-24	161
<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	128	TEMPO SMART BUTTON	143	<i>theophylline er oral tablet extended release</i>	
<i>tacrolimus oral capsule 1 mg</i>	128	TENCON	7	<i>12 hour 300 mg</i>	161
<i>tadalafil (pah)</i>	161	TENIVAC	129	<i>theophylline er oral tablet extended release</i>	
TADLIQ	161	<i>tenofovir disoproxil fumarate</i>	44	<i>12 hour 450 mg</i>	161
TAFINLAR ORAL CAPSULE	37	<i>terazosin hcl</i>	112	<i>theophylline er oral tablet extended release</i>	
TAFINLAR ORAL TABLET SOLUBLE	37	<i>terbinafine hcl external</i>	32	<i>24 hour 400 mg</i>	161
TAGAMET HB 200	92	<i>terbinafine hcl oral</i>	30	<i>theophylline er oral tablet extended release</i>	
TAGRISSO	146	<i>terbinafine hydrochloride external cream 1</i>		<i>24 hour 600 mg</i>	161
<i>take action</i>	123	<i>%</i>	32	<i>theophylline oral</i>	161
TALICIA	92	<i>terconazole vaginal cream</i>	30	THERA	88
TALTZ SUBCUTANEOUS SOLUTION		<i>teriflunomide</i>	62	<i>thera-tabs</i>	88
AUTO-INJECTOR	126	TERIPARATIDE SUBCUTANEOUS		<i>thiamine hcl injection</i>	187
TALTZ SUBCUTANEOUS SOLUTION		SOLUTION PEN-INJECTOR 620		<i>thiamine hcl oral</i>	187
PREFILLED SYRINGE 80 MG/ML	126	MCG/2.48ML	130	<i>thiamine mononitrate oral</i>	88
<i>tamoxifen citrate oral tablet 10 mg</i>	35	TESTIM	115	THIOLA	112
<i>tamoxifen citrate oral tablet 20 mg</i>	35	<i>testosterone cypionate intramuscular</i>		THIOLA EC	112
<i>tamsulosin hcl</i>	112	<i>solution 100 mg/ml</i>	115	<i>thiordiazine hcl oral</i>	40
TANDEM MOBI AUTOSOFT 30 KIT	143	<i>testosterone cypionate intramuscular</i>		<i>thiothixene</i>	40
TANDEM MOBI AUTOSOFT XC KIT	143	<i>solution 200 mg/ml</i>	115	THRIVE	18
TANDEM MOBI TRUSTEEL SUPP KIT	143	<i>testosterone enanthate intramuscular</i>	115	<i>tiadylt er</i>	56
<i>tarina 24 fe</i>	121	<i>testosterone transdermal gel 1.62 %, 20.25</i>		<i>tiagabine hcl</i>	24
<i>tarina fe 1/20 eq</i>	121	<i>mg/act (1.62%)</i>	115	TIBSOVO	37
TASIGNA	146	<i>testosterone transdermal gel 12.5 mg/act</i>		<i>tigecycline</i>	19
TAVALISSE	52	<i>(1%)</i>	115	TIGLUTIK	61
<i>tazicef injection</i>	20	<i>testosterone transdermal gel 20.25</i>		<i>tilia fe</i>	121
<i>tazicef intravenous solution reconstituted</i>	20	<i>mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i>	115	<i>timolol maleate ophthalmic solution</i>	149
TDVAX	129	<i>testosterone transdermal gel 40.5</i>		TIMOPTIC OCUDOSE	149
TEENY TUMMY GAS RELIEF DROPS	104	<i>mg/2.5gm (1.62%)</i>	115	TINACTIN EXTERNAL CREAM	143
TEFLARO INTRAVENOUS SOLUTION		<i>testosterone transdermal gel 50 mg/5gm</i>		<i>tinidazole oral tablet 250 mg</i>	19
RECONSTITUTED 600 MG	20	<i>(1%)</i>	115	<i>tinidazole oral tablet 500 mg</i>	19
TEGRETOL	25	<i>tetabenzazine</i>	61	<i>tiotropium bromide monohydrate</i>	159
TEGRETOL-XR	25				
TEKTURNIA	57				

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	123	TOUJEO SOLOSTAR .....	49	<i>trihexyphenidyl hcl</i> .....	39
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	123	TRACLEER 32 MG .....	161	TRIARDY XR .....	48
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML	123	TRADJENTA .....	48	TRIKAFTA ORAL TABLET THERAPY PACK .....	160
TIS-U-SOL	75	<i>tramadol hcl oral tablet 50 mg</i> .....	7	TRIKAFTA ORAL THERAPY PACK .....	160
TIVICAY	43	<i>trandolapril</i> .....	54	<i>tri-legest fe</i> .....	121
TIVICAY PD	43	<i>tranexamic acid oral</i> .....	51	<i>tri-linyah</i> .....	121
<i>tizanidine hcl oral tablet</i>	42	<i>tranylcypromine sulfate</i> .....	26	<i>tri-lo-estarylla</i> .....	121
TOBI PODHALER	160	<i>travel ease</i> .....	28	<i>tri-lo-marzia</i> .....	121
TOBRADEX	147	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG .....	147	<i>trimethobenzamide hcl oral</i> .....	28
TOBRADEX ST	147	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i> .....	27	<i>trimethoprim oral</i> .....	19
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	160	TRECATOR .....	34	<i>tri-mili</i> .....	121
<i>tobramycin ophthalmic</i>	148	TRELEGY ELLIPTA .....	171	TRINTELLIX .....	27
<i>tobramycin-dexamethasone</i>	147	<i>treprostинil</i> .....	161	<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i> .....	22
<i>tolcapone</i>	39	TRESIBA .....	49	TRIPTODUR .....	124
<i>tolnaftate antifungal external cream</i>	143	TRESIBA FLEXTOUCH .....	49	<i>tri-sprintec</i> .....	121
<i>tolnaftate external cream</i>	143	<i>tretinoin external cream</i> .....	63	TRITOLNACIDE C .....	143
<i>tolnaftate external powder</i>	143	<i>tretinoin oral</i> .....	37	TRIUMEQ .....	44
<i>tolterodine tartrate</i>	111	TRETEN .....	53	TRIUMEQ PD .....	44
<i>tolterodine tartrate er</i>	111	TREXALL .....	128	<i>tri-vite pediatric</i> .....	88
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	23	TREZIX .....	7	trivora (28) .....	121
<i>topiramate oral capsule sprinkle 50 mg</i>	24	<i>triамcinolone acetonide external cream</i> .....	66	<i>tri-vylibra</i> .....	121
<i>topiramate oral tablet</i>	24	<i>triамcinolone acetonide external lotion 0.025 %</i> .....	66	<i>tri-vylibra lo</i> .....	121
<i>toremifene citrate</i>	35	<i>triамcinolone acetonide external lotion 0.1 %</i> .....	66	TROGARZO .....	44
<i>torpenz</i>	37	<i>triамcinolone acetonide external ointment</i> .....	66	TROJAN MAGNUM .....	143
<i>torsemide</i>	57	<i>triамcinolone acetonide mouth/throat</i> .....	62	TROJAN ULTRA RIBBED LUBRICATED ..	143
<i>total allergy</i>	158	<i>triамcinolone acetonide nasal</i> .....	171	TROJAN ULTRA THIN .....	144
<i>total allergy medicine</i>	158	TRIAMINIC ALLERCHEWS .....	170	TROJAN ULTRA THIN/SPERMICIDAL .....	144
TOUJEO MAX SOLOSTAR	49	<i>triamterene-hctz</i> .....	57	TROJAN-ENZ LUBRICATED .....	144
		<i>triazolam</i> .....	182	TROJAN-ENZ/SPERMICIDAL .....	144
		<i>triderm</i> .....	66	TROKENDI XR .....	24
		<i>trientine hcl oral capsule 250 mg</i> .....	82	<i>trospium chloride</i> .....	111
		<i>tri-estarylla</i> .....	121	TRUE COVER .....	144
		<i>trifluoperazine hcl</i> .....	40	TRUE DAILY VITE .....	88
		<i>trifluridilne</i> .....	148	TRUE FERROUS SULFATE .....	82
				TRUE FOLIC ACID ORAL TABLET 1 MG.	144
				TRUE FOLIC ACID ORAL TABLET 400 MCG	144

true laxative.....	107	TUMS E-X 750.....	104	TYLENOL ORAL SUSPENSION 160	
TRUE MAGNESIUM OXIDE.....	82	TUMS EXTRA STRENGTH.....	104	MG/5ML.....	14
TRUE MULTIVITAMIN.....	88	TUMS EXTRA STRENGTH 750.....	104	TYLENOL ORAL TABLET 325 MG, 500	
TRUE NASAL MOISTURIZING.....	166	TUMS LASTING EFFECTS.....	104	MG.....	14
true oyster shell calcium.....	185	TUMS SMOOTHIES.....	104	TYLENOL ORAL TABLET CHEWABLE	
TRUE VITAMIN A.....	88	TUMS ULTRA 1000.....	104	160 MG.....	14
TRUE VITAMIN B1 ORAL TABLET 100		TUMS ULTRA STRENGTH.....	104	TYLENOL ORAL TABLET EXTENDED	
MG.....	88	TURALIO.....	146	RELEASE 650 MG.....	14
TRUE VITAMIN B3 ORAL TABLET 250		turqoz.....	121	TYMLOS.....	130
MG, 50 MG.....	88	tusnel-ex.....	166	TYR COOLER.....	144
TRUE VITAMIN B6 ORAL TABLET 100		tussin adult chest congest.....	166	TYR GEL.....	144
MG, 25 MG, 50 MG.....	187	tussin adult oral liquid 200 mg/10ml.....	166	TYROS 1.....	144
TRUE VITAMIN C.....	185	tussin cf oral liquid 30-10-100 mg/5ml.....	181	TYROS 2.....	144
TRUE VITAMIN D3 ORAL CAPSULE 1.25		tussin cf oral liquid 5-10-100 mg/5ml.....	168	TYRVAYA.....	147
MG (50000 UT).....	88	tussin chest congestion oral liquid 100		TYVASO.....	161
TRUE VITAMIN D3 ORAL CAPSULE 10		mg/5ml.....	166	TYVASO DPI MAINTENANCE KIT.....	161
MCG (400 UNIT), 50 MCG (2000 UT).....	88	tussin cough dm sugar free.....	181	TYVASO DPI TITRATION KIT.....	161
TRUE VITAMIN D3 ORAL CAPSULE 125		tussin cough/chest dm max oral liquid 10-		TYVASO REFILL KIT.....	161
MCG (5000 UT), 25 MCG (1000 UT).....	88	200 mg/5ml.....	181	TYVASO STARTER KIT.....	161
TRUE VITAMIN D3 ORAL CAPSULE 250		tussin cough/chest dm max oral liquid 20-		UBRELVY.....	33
MCG (10000 UT).....	88	400 mg/20ml.....	181	ucd trio.....	144
TRUE VITAMIN D3 ORAL TABLET 10		tussin dm cough + chest oral liquid 20-400		UCERIS.....	130
MCG (400 UNIT).....	88	mg/20ml.....	181	UDENYCA.....	51
TRUE VITAMIN D3 ORAL TABLET 125		tussin dm max.....	181	UDENYCA ONBODY.....	51
MCG (5000 UT).....	88	tussin dm max adult.....	181	ultra calcium + vitamin d3.....	82
TRUE VITAMIN D3 ORAL TABLET 25		tussin dm max daytime.....	181	ultra fresh.....	153
MCG (1000 UT).....	88	tussin dm max st.....	181	ultra fresh pm.....	153
TRUE VITAMIN E ORAL CAPSULE 180		tussin dm oral syrup 100-10 mg/5ml.....	181	ULTRA LIDO EXTERNAL CREAM.....	15
MG.....	187	tussin maximum strength oral syrup 15		ultra lubricant drop.....	153
TRUE VITAMIN E ORAL CAPSULE 450		mg/5ml.....	166	ultra lubricating eye drops.....	153
MG, 90 MG.....	187	tussin mucus & chest congest.....	166	ultra lubricating eye drops pf.....	153
TRUEPLUS GLUCOSE ORAL TABLET		tussin oral liquid 100 mg/5ml.....	166	unithroid.....	123
CHEWABLE.....	49	TWINRIX.....	129	UNJURY.....	144
TRULANCE.....	91	TYBLUME.....	121	urea 20 intensive hydrating.....	69
TRUMENBA.....	129	TYBOST.....	44	urea external cream 20 %.....	69
TRUSTEEL INFUSION SET.....	144	TYENNE SUBCUTANEOUS.....	144	urea external lotion.....	69
TUMS.....	104	TYLACTIN RESTORE 10.....	144	ureacin-10.....	69
TUMS CHEWY BITES.....	104	TYLACTIN RTD 15.....	144	ureacin-20.....	69
TUMS CHEWY BITES ULTRA STR.....	104	TYLENOL FOR CHILDREN + ADULTS.....	14	urinary pain relief oral tablet 95 mg.....	112

ursodiol oral capsule 300 mg.....	92	vegetable lax+stool softener.....	111	VISINE .....	153
ursodiol oral tablet.....	92	vegetable laxative.....	111	vit c/rose hips.....	185
UZEDY SUBCUTANEOUS SUSPENSION		VEKLURY .....	45	vitachew multiple vitamin.....	144
PREFILLED SYRINGE 100 MG/0.28ML .....	41	velivet.....	121	vitachew vitamin d3.....	88
VABOMERE.....	21	VELTASSA ORAL PACKET 1 GM.....	83	vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut).....	89
valacyclovir hcl oral.....	42	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM.....	83	vitamin b complex oral capsule.....	89
valganciclovir hcl oral tablet.....	42	VENCLEXTA.....	37	vitamin b complex w/b-12.....	89
valproic acid oral capsule.....	24	VENCLEXTA STARTING PACK.....	37	vitamin b1.....	187
valproic acid oral solution 250 mg/5ml.....	24	venlafaxine hcl.....	27	vitamin b-1 oral tablet 100 mg.....	89
valsartan oral tablet.....	54	venlafaxine hcl er oral capsule extended release 24 hour.....	27	vitamin b-1 oral tablet 250 mg.....	187
valsartan-hydrochlorothiazide .....	57	VENTAVIS.....	162	vitamin b-12 er oral tablet extended release 1000 mcg.....	187
VALTOCO 10 MG DOSE.....	24	VENTOLIN HFA.....	160	vitamin b12 oral tablet extended release 1000 mcg.....	187
VALTOCO 15 MG DOSE NASAL LIQUID		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg.....	56	vitamin b-12 tr oral tablet extended release 1000 mcg.....	187
THERAPY PACK 7.5 MG/0.1ML .....	24	verapamil hcl er oral tablet extended release.....	56	vitamin b-6.....	187
VALTOCO 20 MG DOSE NASAL LIQUID		VERKAZIA.....	147	vitamin b-6 er.....	187
THERAPY PACK 10 MG/0.1ML.....	24	VERQUVO.....	59	vitamin c cr oral tablet extended release 500 mg.....	185
VALTOCO 5 MG DOSE.....	24	VERZENIO.....	37	vitamin c er oral tablet extended release 1500 mg.....	185
valtya 1/50.....	121	vestura.....	121	vitamin c oral liquid 500 mg/5ml.....	186
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%.....	19	VIBERZI.....	91	vitamin c oral tablet 1000 mg, 250 mg.....	186
vancomycin hcl intravenous solution 1000 mg/200ml, 1500 mg/300ml, 2000 mg/400ml, 500 mg/100ml.....	19	vic-forte.....	185	vitamin c oral tablet 500 mg.....	186
vancomycin hcl oral.....	19	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	48	vitamin c oral tablet chewable 100 mg, 250 mg.....	186
VANDAZOLE.....	19	vienva.....	121	vitamin c oral tablet chewable 500 mg.....	186
VANQUISH EXTRA STRENGTH.....	14	vigabatrin oral packet.....	24	vitamin c/acerola.....	186
VAPORIZER WARM STEAM.....	144	vigpoder.....	24	vitamin c/rose hips oral tablet 1000 mg.....	186
VAQTA.....	129	VILACTIN AA PLUS ORAL LIQUID .....	144	vitamin c/rose hips oral tablet 500 mg.....	186
varenicline tartrate .....	16	viorele.....	121	vitamin c-rose hips.....	186
varenicline tartrate (starter).....	16	VIRACEPT.....	45	vitamin c-rose hips oral tablet.....	186
varenicline tartrate(continue).....	16	VIREAD ORAL POWDER.....	44	vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit).....	89
VARISOFT INFUSION SET.....	144	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	44	vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut).....	89
VARIVAX.....	129	VISBIOME HIGH POTENCY ORAL CAPSULE.....	104		
VASCEPA.....	59				
VAXELIS.....	144				
VAXNEUVANCE.....	129				
v-c forte.....	185				
VECTICAL.....	66				
VEGAPRO.....	144				

vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	186	VIVITROL.....	15	WIDE-SEAL DIAPHRAGM 75.....	145
vitamin d oral capsule 25 mcg (1000 ut).....	89	VIVJOA.....	145	WIDE-SEAL DIAPHRAGM 80.....	145
vitamin d oral liquid.....	89	volnea.....	121	WIDE-SEAL DIAPHRAGM 85.....	145
vitamin d oral tablet chewable 10 mcg (400 unit).....	89	VONVENDI.....	53	WIDE-SEAL DIAPHRAGM 90.....	145
vitamin d3 oral capsule 1.25 mg (50000 ut).89		VOQUEZNA DUAL PAK.....	145	WIDE-SEAL DIAPHRAGM 95.....	145
vitamin d3 oral capsule 125 mcg (5000 ut)..89		VOQUEZNA TRIPLE PAK.....	90	WILATE.....	53
vitamin d-3 oral capsule 125 mcg (5000 ut).89		voriconazole oral tablet.....	30	WINLEVI.....	145
vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut).....	89	VOSEVI.....	42	wixela inhub.....	171
vitamin d3 oral capsule 250 mcg (10000 ut) 89		VRAYLAR.....	41	WND 1.....	145
vitamin d3 oral capsule 50 mcg (2000 ut)....89		VTAMA.....	145	WND 2.....	145
vitamin d-3 oral capsule 50 mcg (2000 ut)...89		VUMERITY.....	62	womans laxative.....	145
vitamin d3 oral liquid 10 mcg/ml.....	89	vyfemla.....	121	womens gentle laxative.....	145
vitamin d3 oral tablet 10 mcg (400 unit).....	90	vylibra.....	121	womens laxative.....	145
vitamin d3 oral tablet 125 mcg (5000 ut).....	90	VYNDAMAX.....	111	womens prenatal+dha.....	90
vitamin d3 oral tablet 25 mcg (1000 ut).....	90	VYNDAQEL.....	111	wymzya fe.....	121
vitamin d-3 oral tablet 25 mcg (1000 ut).....	90	VYVANSE ORAL CAPSULE.....	61	XACIATO.....	19
vitamin d3 oral tablet 50 mcg (2000 ut).....	90	VYZULTA.....	147	XALKORI.....	146
vitamin d3 oral tablet chewable 10 mcg (400 unit).....	90	WAKIX.....	182	XCOPRI (250 MG DAILY DOSE).....	24
vitamin d3 oral tablet chewable 25 mcg (1000 ut).....	90	warfarin sodium oral.....	50	XCOPRI (350 MG DAILY DOSE).....	24
vitamin d-400 oral tablet 10 mcg (400 unit)..90		wart remover external liquid 17 %.....	145	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG .....	24
vitamin e natural.....	187	wart remover maximum strength external liquid.....	145	XCOPRI ORAL TABLET THERAPY PACK. 24	
vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit).....	187	weekly-d.....	90	XELJANZ.....	126
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit).....	187	WEGOVY.....	38	XELJANZ XR.....	126
vitamin k1 injection.....	90	WELL MAGNESIUM OXIDE.....	82	XEMBIFY.....	125
vitamin-b complex.....	90	WELL VITAMIN C.....	186	XERAC AC.....	69
vitamins complete childrens.....	186	WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT).....	90	XHANCE.....	159
VITATHELY WITH GINGER.....	90	WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT).....	90	XIGDUO XR.....	48
VITRAKVI.....	37	wellness protein shake.....	145	XiIDRA.....	147
VIVAGUARD INO CONTROL SOLUTION..72		wera.....	121	XOFLUZA (40 MG DOSE).....	45
VIVELLE-DOT.....	121	wes-phos 250 neutral.....	82	XOFLUZA (80 MG DOSE).....	45
VIVIMUSTA.....	34	WESTAB PLUS.....	90	XOLAIR.....	126
		whey protein.....	145	XOPENEX HFA.....	160
		whey protein concentrate.....	145	XPECT.....	166
		WIDE-SEAL DIAPHRAGM 60.....	145	XTAMPZA ER.....	6
		WIDE-SEAL DIAPHRAGM 65.....	145	XTANDI.....	35
		WIDE-SEAL DIAPHRAGM 70.....	145	xulane.....	121
				XULTOPHY.....	48
				XYNTHA.....	53

XYNTHA SOLOFUSE.....	53	<i>zolpidem tartrate oral tablet</i> .....	182
XYOSTED.....	115	ZOMACTON SUBCUTANEOUS	
XYREM.....	182	SOLUTION RECONSTITUTED 5 MG .....	113
XYWAV.....	181	ZOMIG NASAL.....	33
YONSA.....	145	ZONEGRAN.....	25
YUPELRI.....	159	<i>zonisamide oral</i> .....	25
<i>yuvafem</i> .....	121	ZORYVE EXTERNAL CREAM 0.3 % .....	145
ZADITOR.....	154	<i>zovia 1/35 (28)</i> .....	121
<i>zafemy</i> .....	121	ZUBSOLV.....	15
<i>zaleplon</i> .....	182	<i>zumandimine</i> .....	121
ZARXIO.....	51	ZYDELIG.....	37
ZEASORB-AF.....	32	ZYFLO.....	159
ZEGALOGUE.....	112	ZYKADIA.....	37
ZEJULA.....	37	ZYLET.....	147
ZELAC.....	104	ZYRTEC ALLERGY ORAL TABLET .....	158
ZELBORAF.....	37	ZYRTEC-D ALLERGY & CONGESTION ...	168
ZEMDRI.....	18	ZYRTEC-D ALLERGY & SINUS .....	168
<i>zenatane</i> .....	63	ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML.....	19
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT .....	111		
ZEPATIER.....	42		
ZEPOSIA.....	62		
ZEPOSIA 7-DAY STARTER PACK.....	62		
<i>zidovudine</i> .....	44		
ZIEXTENZO.....	51		
ZIMHI.....	16		
<i>zinc gluconate</i> .....	82		
<i>zinc gluconate oral tablet 50 mg</i> .....	82		
<i>zinc oral tablet 50 mg</i> .....	82, 186		
<i>zinc oxide external ointment 40 %</i> .....	69		
ZIOPTAN.....	147		
<i>ziprasidone hcl</i> .....	41		
ZOLINZA.....	35		
<i>zolmitriptan oral tablet</i> .....	33		
<i>zolpidem tartrate er</i> .....	182		



### **Notice of Nondiscrimination**

Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

RMHP takes reasonable steps to ensure meaningful access and effective communication is provided within 5 business days and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters (remote interpreting service or on-site appearance)
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters (remote or on-site)
  - Information written in other languages

If you need these services, contact the RMHP Member Concerns Coordinator at 1-888-282-8801, 970-243-7050, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643.

If you believe that RMHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity, you can file a grievance with the RMHP EEO Officer. You can file a grievance in person or by phone, mail, fax, or email.

- Phone: 888-282-8801 or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643
- Mail: ATTN: EEO Officer, Rocky Mountain Health Plans, PO Box 10600, Grand Junction, CO 81502-5600
- Fax: ATTN: EEO Officer, 970-244-7909
- [Email: eeoofficer@rmhp.org](mailto:eeoofficer@rmhp.org)

If you need help filing a grievance, the RMHP EEO Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

**請注意：**如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打本手册封面所列的免付 費會員電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

**알림:** 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ngtulong sa wika. Pakitawagan ang toll-free na numero ng telefono na nakalista sa harapan ng booklet na ito.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

**مبينت:** إذا تذكرت ثديحته تغيير علا ، كانهف تامدح قد عاسم تبيوغة تيناجم تهاتم. لـ صتنا مقرلياب يناجملأى لـ عـ فـ لـاغـ اـذهـ لـ يـلدـاـ.

**ATANSYON:** Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

**ATTENTION :** Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

**UWAGA:** Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

**ATENÇÃO:** Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語(Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

جوړ رګا تبحدی سرافه بې دینکیم، تامدځه بکړم کنابز ناګیار رد سرتسدتسا. هرامشدا بنفلتن اړکیار یور دلجن یا سامت امنهار دیریگې.

યાનદ યદામ રૂલ બોલ્કો હતો નશુ કભાષા સ્કૂલાસે  
ાણ ઊનધહ

આગામી કરપરવેલ કરપરવોલર।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំប មណ្ឌ់: ១០០១ប សិនអ យនុំ៩០០៨១ (Khmer)

នៅ

១០០ស ជំន យនុំ៩០០ យតតកិំ៖ តី នសំ បអ ៩១  
ស្រុមខ្សែសំណើ ១ ១០០លខស ដីការពេទ្យ  
នកគោំ ៥៩៩៩ ២៩៩៩ ១៩៩៩ ០៩ ០០៩៩៩

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahen awan bayadna, ket sidaaan para kenyam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béishee bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada



**Multi-Language Insert**



luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyarahaa.

## Aviso de No Discriminación

Rocky Mountain Health Plans (RMHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. RMHP no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad, sexo sexual, orientación sexual o identidad de género o sexo.

RMHP toma medidas razonables para asegurar el acceso significativo y se proporciona a tiempo y de forma gratuita una comunicación eficaz:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con el RMHP Member Concerns Coordinator a 1-888-282-8801, 970-243-7050, o TTY 970-248-5019, 800-704-6370, Relay 711.

Si considera que RMHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad, sexo sexual, orientación sexual o identidad de género o sexo, puede presentar un reclamo con el oficial de EEO de RMHP. Puede presentar el reclamo en persona, por teléfono, correo postal, fax o correo electrónico.



## Inserto Multi-Idioma

- Teléfono: 888-282-8801, o TTY 970-248-5019, 800-704-6370, Relay 711: para asistencia en español llame a 800-346-4643
- Correo: ATT: EEO Officer Rocky Mountain Health Plans, PO Box 10600, Grand Junction, CO 81502-5600
- Fax: ATT: EEO Officer, 970-244-7909
- Correo electrónico: [eeoofficer@rmhp.org](mailto:eeoofficer@rmhp.org)

Si necesita ayuda con su sumisión, el RMHP EEO Oficial está a su disposición para ayudarle. También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible [en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), o, por correo postal a la siguiente dirección o por teléfono a los números siguiente: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

**請注意：**如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付 費會員電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

**알림:** 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ngtulong sa wika. Pakitawagan ang toll-free na numero ng telefono na nakalista sa harapan ng booklet na ito.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

فلاڠي لع يناجملا مقر لابل صنا . تهاته تیناجم تهیوغل قدعاسمت امداخ کانهف ، تهیر علا ثدحتت تندک اذإ : هیبتت  
لیلدلا اذه.

**ATANSYON:** Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

**ATTENTION :** Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

**UWAGA:** Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

**ATENÇÃO:** Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.



**ATTENZIONE:** in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

**ACHTUNG:** Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

## 注意事項 : 日本語(Japanese)

を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

نفلت هر امشد اب .تسا سرتسد ردن لگیار نایز هب کمک تامدخ ، دینکی متبحدصی سراف هبرگا :هجهود  
دیر یگس امتد امنهار نیا دلچ یور ن لگیار .

यान दः य द आप हृद बोलते ह , तो नः शु क भाषा सहायता सेवाएं उपल ध ह । इस गाइड के कवर पर टोल- नंबर पर कॉल कर ।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំបារ មហាផ្ទៃនិងសិនអក្ស យនុញ្ញនឹងខ្សែ (Khmer)

៩០៧ ជនីយក្រសួង យកតាតិវិតច គឺ នសំបាន កាយ  
ស្ម័រមនុសា នៃពីរ ១០៨ លខស  
ជិកតែវិតច វិញ្ញុ  
នកត់៩០៧ ដម្លែនក្រុង ៩០៩ ៩០៩៤

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lenguahe nga awanan bayadna, ket sidadaan para kenyam. Pakitawagan iti miyembro toll-free nqa number nqa nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béishee bee hane'í biká'ígíí bee hodíilnih.



## Multi-Idioma Insertar



OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyarahaa.