



Preferred Drug List (PDL)

New Jersey

Effective Date: April 1, 2025



Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex (including gender identity and sexual orientation).

You have the right to file a complaint if you believe you were treated in a discriminatory way by us. You can file a complaint or ask for help filing a complaint by mail, phone, or email at:

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

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

Online:

<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Phone:

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

Mail:

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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-800-941-4647, TTY 711**. We're here to help.

La discriminación es ilegal. La compañía cumple con las leyes federales de derechos civiles aplicables y no discrimina, excluye ni trata de manera diferente a las personas debido a su raza, color, nacionalidad, edad, discapacidad o sexo (incluidas la identidad de género y la orientación sexual).

Tiene derecho a presentar un reclamo si cree que le hemos tratado de manera discriminatoria. Puede presentar un reclamo o solicitar ayuda para presentarlo por correo postal, teléfono o correo electrónico a la siguiente dirección:

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

También puede presentar un reclamo ante el Departamento de Salud y Servicios Humanos de los EE. UU.

En línea:

<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Teléfono:

Línea gratuita **1-800-368-1019, 1-800-537-7697** (TDD)

Correo postal:

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

Proporcionamos ayuda y servicios auxiliares gratuitos a personas con discapacidades para que puedan comunicarse con nosotros de manera efectiva, por ejemplo:

- Intérpretes de lenguaje de señas estadounidense calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y demás formatos)

Ofrecemos también servicios de idioma gratuitos a las personas cuyo idioma principal no es el inglés, por ejemplo:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, llame a Servicios para Miembros al **1-800-941-4647, TTY 711**. Estamos aquí para ayudarle.

1-800-941-4647, TTY 711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Preferred drug list

Introduction

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

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

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

Notice

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

This PDL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Preface

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

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

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

Pharmacy and therapeutics (P&T) committee

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

Outpatient prescription drug benefit covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin

Hydrocortisone

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

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

citalopram 40 mg tabs Celexa tabs

Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

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

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

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

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

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

Drug efficacy study implementation (DESI) drugs

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962.

The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of “fully effective” was made for most of these products and they remain in the marketplace. A few DESI products remain classified as “less than fully effective” while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan’s PDL does not cover DESI “less than fully effective” drug products.

Plan exclusions

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

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

Days supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one-month supply of a specific medication per prescription order or prescription refill. Plans refill thresholds may vary. Refill thresholds for controlled substances and non-controlled substances may also vary. Please check with your member's individual plan. Certain medications may be prescribed for extended days' supply, such as medications for chronic conditions (e.g., hypertension). Use the drug lookup tool to see which medications are eligible for an extended days' supply.

Mandatory generic substitution

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

Prior authorization of non-PDL medications

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

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

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

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

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

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

Non-PDL drugs 3-day temporary supply overrides

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

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

Quantity limitations (QL)

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

Quantity limits based on Efficient Medication Dosing

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

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

Specialty pharmaceutical management program

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

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

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

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

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

Medications requiring diagnosis

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

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

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

Step therapy (ST)

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

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

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90-day trial of Aricept 10mg daily
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90-day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
lubiprostone	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Motegrity	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Movantik	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Optivar	14-day trial of ketotifen within previous 90 days required first.
Renvela	8-week trial of calcium acetate
tolterodine	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
tropium	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
Trulance	For chronic idiopathic constipation or irritable bowel syndrome-constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Uloric	8-week trial of up to 600mg of allopurinol required first
Xopenex Respules	30-day trial of Albuterol .083% or .5% respules

PDL suggestions

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

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

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

Editor

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

UnitedHealthcare Community Plan by UnitedHealthcare
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Phone: 800-310-6826

Legend

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

Notice

The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved. The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.

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





UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, 24 hours a day, 7 days a week.

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

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

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

Phone:

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

Mail:

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

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, 24 hours a day, 7 days a week.



UnitedHealthcare Community Plan no da un tratamiento diferente a sus miembros en base a su sexo, edad, raza, color, discapacidad u origen nacional.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad o origen nacional, puede enviar una queja a:

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

Usted tiene que enviar la queja dentro de los 60 días de la fecha cuando se enteró de ella. Se le enviará la decisión en un plazo de 30 días. Si no está de acuerdo con la decisión, tiene 15 días para solicitar que la consideremos de nuevo.

Si usted necesita ayuda con su queja, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

Internet:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Formas para las quejas se encuentran disponibles en:

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

Teléfono:

Llamada gratuita, **1-800-368-1019, 1-800-537-7697** (TDD)

Correo:

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

Si necesita ayuda para presentar su queja, por favor llame al número gratuito para miembros anotado en su tarjeta de identificación como miembro.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros, tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-800-941-4647, TTY 711

Yog cov ntaub ntawv muab tuaj hauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-800-941-4647, TTY 711.

Afai o fa'amatalaga ua tuuina atu e le'o tusia i lau gagana masani, faamolemole fa'afesoota'i mai le vaega a le UnitedHealthcare Community Plan ile telefoni 1-800-941-4647, TTY 711.

Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-800-941-4647, телетайп 711.

Якщо інформація, що додається, подана не на Вашій рідній мові, зателефонуйте до UnitedHealthcare Community Plan 1-800-941-4647 для осіб з порушеннями слуху 711.

동봉한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-800-941-4647, TTY 711로 UnitedHealthcare Community Plan에 전화하십시오.

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-800-941-4647 TTY 711.

ተያይዞ ያለው መረጃ በቋንቋዎ ካልሆነ፤ እባክዎን በሚከተለው ስልክ ቁጥር ወደ UnitedHealthcare Community Plan ይደውሉ፡- 1-800-941-4647 መስማት ለተሳናቸው/TTY 711።

ተተላላዚ ዘሎ ተበሬታ ብቋንቋኹም ተዘይኮይኑ፤ ብኹንብረትኩም በዚ ዝሰጠኩ ቁጽሪ ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፡- 1-800-941-4647 ምስማሕ ንተጻግሙ/TTY 711።

Si la información adjunta no está en su lengua materna, llame a Unitedhealthcare Community Plan al 1-800-941-4647, TTY 711.

ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມານີ້ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໂທຫາ UnitedHealthcare Community Plan ທີ່ເບີ 1-800-941-4647 TTY 711.

Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chánh của quý vị, xin gọi cho UnitedHealthcare Community Plan theo số 1-800-941-4647, TTY 711.

若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼為 1-800-941-4647 聽障專線 TTY 711。

ប្រើសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសារដើមរបស់អ្នកទេ សូមទូរស័ព្ទមកកាន់ UnitedHealthcare Community Plan លេខ 1-800-941-4647, សម្រាប់អ្នកថ្លង់ TTY 711។

Kung ang nakalakip na impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa UnitedHealthcare Community Plan sa 1-800-941-4647 (TTY: 711).

در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد . لطفا با United Healthcare Community Plan با شماره 1-800-941-4647 تماس حاصل نمایید . وسیله ارتباطی برای نا شنوایان- TTY 711.

Preferred Drug List

INTRODUCTION

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

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

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

NOTICE

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

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

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

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

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

PRODUCT SELECTION CRITERIA

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

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

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

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

PDL PRODUCT DESCRIPTIONS

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin Hydrocortisone

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

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

citalopram 40 mg tabs Celexa tabs

DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

GENERIC SUBSTITUTION

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

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

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

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

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

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

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

PLAN EXCLUSIONS

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

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

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

DAYS SUPPLY DISPENSING LIMITATIONS

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

MANDATORY GENERIC SUBSTITUTION

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

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

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

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

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

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

NON-PDL DRUGS 3-DAY TEMPORARY SUPPLY OVERRIDES

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 3 day supply, with a PA Type of 8 and Prior Authorization number of "0000000120". Please note that non-preferred drugs are available for a 3-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

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

QUANTITY LIMITATIONS (QL)

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

Quantity limits based on Efficient Medication Dosing

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

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

Specialty Pharmaceutical Management Program

UnitedHealthcare Community Plan is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network. To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at 866-940-7328.

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

Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP". Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department at 800-310-6826.

MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

STEP THERAPY (ST)

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

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

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

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

Xopenex Respules 30 day trial of Albuterol .083% or .5% respules.

PDL SUGGESTIONS

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

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

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

Therapeutics Committee at the subsequent P&T Committee meeting.

EDITOR

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

UnitedHealthcare Community Plan by
UnitedHealthcare
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Phone: 800-310-6826

LEGEND

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

NOTICE

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

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

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

UnitedHealthcare Community Plan of New Jersey

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	21
Anticonvulsants	22
Antidementia Agents	24
Antidepressants	25
Antidepressants - Drugs to Treat Depression	26
Antiemetics	26
Antiemetics - Drugs to Treat Nausea and Vomiting	27
Antifungals	28
Antifungals - Drugs to Treat Fungal Infections	29
Antigout Agents	30
Antimigraine Agents	30
Antimigraine Agents - Drugs to Treat Migraines	31
Antimyasthenic Agents	31
Antimycobacterials	32
Antineoplastics	32
Antineoplastics - Drugs to Treat Cancer	35
Antineoplastics, Other - Chemotherapy Agents	35
Anti-Obesity Agents - Drugs for Weight Loss	35
Antiparasitics	35
Antiparasitics - Drugs to Treat Parasitic Infections	36
Antiparkinson Agents	37
Antipsychotics	38
Antispasticity Agents	39
Antivirals	39
Antivirals - Drugs to Treat Viral Infections	42
Anxiolytics	43
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	43
Bipolar Agents	44
Blood Glucose Regulators	44
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	47

Blood Products and Modifiers.....	48
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders.....	50
Cardiovascular Agents.....	50
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	56
Central Nervous System Agents.....	56
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis.....	60
Dental and Oral Agents.....	60
Dermatological Agents.....	60
Dermatological Agents - Drugs to Treat Skin Conditions.....	66
DEVICES.....	68
Diabetes - Glucose Monitoring.....	68
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs.....	71
Electrolytes/Minerals/Metals/Vitamins.....	72
Estrogens - Hormone Replacement/Modifying Drugs.....	87
Gastrointestinal Agents.....	87
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions.....	90
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	108
Genitourinary Agents.....	108
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions.....	109
Glycemic Agents - Diabetic Drugs.....	109
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	110
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	110
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones.....	111
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	111
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	111
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones.....	119
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	120
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones.....	120
Hormonal Agents, Suppressant (Adrenal).....	120
Hormonal Agents, Suppressant (Pituitary).....	120
Hormonal Agents, Suppressant (Thyroid).....	121
Immune Suppressants - Immune System Drugs.....	121
Immunological Agents.....	121
Immunological Agents - Drugs that Stimulate or Suppress the Immune System.....	125
Inflammatory Bowel Disease Agents.....	126
Metabolic Bone Disease Agents.....	126
Miscellaneous Therapeutic Agents.....	127
Molecular Target Inhibitors - Chemotherapy Agents.....	138
Ophthalmic Agents.....	139
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	142

Otic Agents.....	147
Otic Agents - Drugs to Treat Ear Conditions.....	147
Respiratory Tract/Pulmonary Agents.....	148
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	154
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	174
Skeletal Muscle Relaxants.....	174
Sleep Disorder Agents.....	174
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	175
Vitamins.....	180

Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

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

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

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Long-acting

buprenorphine (generic for BUTRANS) - Tier 1; PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL
methadone hcl oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL
methadose oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL
morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL
oxymorphone hcl er - Tier 1; PA; QL

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

Opioid Analgesics, Short-acting

acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL
acetaminophen-codeine oral tablet - Tier 1; QL
ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
bac (generic for BAC) - Tier 1; QL
butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL
butalbital-apap-caffeine oral capsule 50-325-40 mg - Tier 1; QL
butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL
butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
butalbital-aspirin-caffeine - Tier 1; QL
butorphanol tartrate nasal - Tier 1; QL
codeine sulfate - Tier 1; QL

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

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

Preferred Agents	Non-Preferred Agents
<p><i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL</i></p> <p><i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</i></p> <p><i>hydromorphone hcl rectal - Tier 1; QL</i></p> <p><i>morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL</i></p> <p><i>morphine sulfate oral - Tier 1; QL</i></p> <p><i>morphine sulfate rectal - Tier 1; QL</i></p> <p><i>oxycodone hcl oral concentrate - Tier 1; QL</i></p> <p><i>oxycodone hcl oral solution - Tier 1; QL</i></p> <p>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL</p> <p><i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>pentazocine-naloxone hcl - Tier 1; QL</i></p> <p><i>TENCON (brand for butalbital-acetaminophen) - Tier 2; QL</i></p> <p><i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i></p>	
<p>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants</p>	
<p><i>buprenorphine hcl sublingual - Tier 1; QL</i></p>	

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

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

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

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents

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
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
mapap oral capsule - Tier 1; QL
MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL
MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents

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

Non-Preferred Agents

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

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

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

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

salsalate oral - Tier 1; QL

Opioid Analgesics, Short-acting

oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL
oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL

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

Preferred Agents	Non-Preferred Agents
Anesthetics	
Local Anesthetics	
<p><i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>LIDOCAN (brand for lidocaine) - Tier 2; DX2RX; 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>ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i></p>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<p><i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral 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></p>	
Opioid Dependence	
<p><i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL</i></p>	<p><i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL</i> <i>ZUBSOLV - Tier 2; PA; ^; QL</i></p>

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

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

Opioid Reversal Agents

<p><i>naloxone hcl injection solution - Tier 1; QL</i> <i>naloxone hcl injection solution cartridge - Tier 1; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i> <i>naloxone hcl solution prefilled syringe 2 mg/2ml injection - Tier 1; ^; QL</i> <i>NARCAN (brand for naloxone hcl) - Tier 2; QL</i> <i>REXTOVY - Tier 2; ^; QL</i></p>	<p>KLOXXADO - Tier 2; PA; ^; QL ZIMHI - Tier 2; PA; ^; QL</p>
--	--

Smoking Cessation Agents

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

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

Preferred Agents**Non-Preferred Agents**

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

Smoking Cessation Agents - Deterrents

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

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

Preferred Agents	Non-Preferred Agents
<i>nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>quit2 (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit4 (generic for KLS QUIT4) - Tier 1; QL</i> <i>THRIVE (brand for cvs nicotine) - Tier 2; QL</i>	
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	
Antibacterials, Other	
<i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i>	CLINDESSE - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL XACIATO - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i></p> <p><i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i></p> <p><i>tinidazole oral tablet 250 mg - Tier 1</i></p> <p><i>tinidazole oral tablet 500 mg - Tier 1; QL</i></p> <p><i>trimethoprim oral - Tier 1; QL</i></p> <p><i>vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; QL</i></p> <p><i>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL</i></p> <p><i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i></p>	
Beta-lactam, Cephalosporins	
<p><i>cefaclor oral capsule - Tier 1; QL</i></p> <p><i>cefadroxil - Tier 1; QL</i></p> <p><i>cefdinir - Tier 1; QL</i></p> <p><i>cefixime oral capsule - Tier 1; QL</i></p> <p><i>cefpodoxime proxetil oral tablet - Tier 1; QL</i></p> <p><i>cefprozil - Tier 1; QL</i></p> <p><i>cefuroxime axetil - Tier 1; QL</i></p> <p><i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i></p> <p><i>cephalexin oral suspension reconstituted - Tier 1; QL</i></p>	
Beta-lactam, Penicillins	
<p><i>amoxicillin - Tier 1; QL</i></p> <p><i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i></p> <p><i>ampicillin - Tier 1; QL</i></p> <p><i>dicloxacillin sodium - Tier 1; QL</i></p> <p><i>penicillin v potassium - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Macrolides	
<i>azithromycin oral (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> DIFICID - Tier 2; PA; QL <i>e.e.s. 400 (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>	
Quinolones	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral tablet - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> <i>ofloxacin oral - Tier 1; QL</i>	
Sulfonamides	
<i>sulfamethoxazole-trimethoprim oral 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>	
Tetracyclines	
<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 MONDOXYNE NL) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i> <i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i> NUZYRA ORAL - Tier 2; PA; QL	ORACEA (brand for doxycycline) - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

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

SUTAB - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

Anticonvulsants

Anticonvulsants, Other

felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL; AL
felbamate oral tablet (generic for FELBATOL) - Tier 1; QL
lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL
lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL
*lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; *, QL*
*lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; *, QL*
*lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; *, QL*
levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL
levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL
roweepra (generic for ROWEEPRA) - Tier 1; QL
subvenite (generic for SUBVENITE) - Tier 1; QL
*subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; *, QL*
*subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; *, QL*
*subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; *, QL*
topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL
topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL
topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL
valproic acid oral capsule - Tier 1; QL
valproic acid oral solution 250 mg/5ml - Tier 1; QL

BRIVIACT ORAL - Tier 2; PA; QL
 EPIDIOLEX - Tier 2; PA; SP; QL
 FYCOMPA - Tier 2; PA; QL
TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL
 XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL
 XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL
 XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL
 XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
Calcium Channel Modifying Agents	
<i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i> <i>methsuximide (generic for CELONTIN) - Tier 1; QL</i>	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<i>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</i> <i>diazepam rectal gel 10 mg, 20 mg - Tier 1</i> <i>diazepam rectal gel 2.5 mg - Tier 1; QL</i> <i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i> <i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i> NAYZILAM - Tier 2; PA; QL <i>phenobarbital oral - Tier 1; QL</i> <i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i> <i>tiagabine hcl - Tier 1; PA; QL; AL</i> <i>vigabatrin oral packet (generic for VIGPODER) - Tier 1; PA; SP; QL</i> <i>vigpoder (generic for VIGPODER) - Tier 1; PA; SP; QL</i>	SYMPAZAN - Tier 2; PA; QL VALTOCO 10 MG DOSE - Tier 2; PA; QL VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML - Tier 2; PA; QL VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML - Tier 2; PA; QL VALTOCO 5 MG DOSE - Tier 2; PA; QL
Sodium Channel Agents	
<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> DILANTIN ORAL CAPSULE 30 MG - Tier 2 <i>epitol (generic for EPITOL) - Tier 1; QL</i> <i>lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL</i> <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL</i> <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i> <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>	APTIOM - Tier 2; PA; QL ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<i>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</i> <i>rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL</i> <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i>	
Antidementia Agents	
Antidementia Agents, Other	
	<i>NAMZARIC (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL</i>
Cholinesterase Inhibitors	
<i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; QL; AL</i> <i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>rivastigmine tartrate - Tier 1; QL; AL</i>	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl oral solution - Tier 1; QL</i> <i>memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members <18 years of age will require PA; QL; AL</i>	

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

Preferred Agents	Non-Preferred Agents
Antidepressants	
Antidepressants, Other	
<i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; ^; QL</i> <i>bupropion hcl oral - Tier 1; QL</i> <i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL</i> <i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i> <i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1</i> <i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL</i>	<i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL</i>
Monoamine Oxidase Inhibitors	
<i>tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL</i>	
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 (generic for PROZAC) - Tier 1; QL</i> <i>fluoxetine hcl oral solution - Tier 1; QL</i> <i>fluvoxamine maleate - Tier 1; QL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i> <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL</i> <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL</i> <i>venlafaxine hcl - Tier 1; QL</i> <i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</i>	<i>TRINTELLIX - Tier 2; PA; ^; QL</i>

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

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

Tricyclics	
------------	--

<p><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></p>	
--	--

Antidepressants - Drugs to Treat Depression	
---	--

Atypical Antipsychotics	
-------------------------	--

	<p>LYBALVI - Tier 2; PA; ^; QL; AL</p>
--	--

Antiemetics	
-------------	--

Antiemetics, Other	
--------------------	--

<p><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></p>	
---	--

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

Preferred Agents	Non-Preferred Agents
<p><i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i></p> <p><i>motion-time (generic for BONINE) - Tier 1</i></p> <p><i>perphenazine oral - Tier 1; QL</i></p> <p><i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i></p> <p><i>prochlorperazine maleate oral - Tier 1; QL</i></p> <p><i>promethazine hcl oral solution 6.25 mg/5ml - Tier 1; QL</i></p> <p><i>promethazine hcl oral tablet - Tier 1; QL</i></p> <p><i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i></p> <p>PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL</p> <p><i>travel ease (generic for BONINE) - Tier 1</i></p> <p><i>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
Emetogenic Therapy Adjuncts	
<p><i>aprepitant (generic for EMEND) - Tier 1; QL</i></p> <p><i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i></p> <p><i>ondansetron hcl oral solution - Tier 1; QL</i></p> <p><i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i></p> <p><i>ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL</i></p>	<p>SANCUSO - Tier 2; PA; QL</p>
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<p><i>anti-nausea (generic for EMETROL) - Tier 1</i></p> <p><i>anti-nausea relief (generic for EMETROL) - Tier 1</i></p> <p><i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1</i></p> <p><i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i></p>	

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

Preferred Agents

Non-Preferred Agents

Antifungals

clotrimazole mouth/throat troche 10 mg - Tier 1; QL
fluconazole oral (generic for DIFLUCAN) - Tier 1; QL
ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
griseofulvin microsize oral - Tier 1; QL
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL
itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL
ketoconazole oral - Tier 1; QL
miconazole 3 - Tier 1; QL
miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
miconazole 7 vaginal cream (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
miconazole 7 vaginal suppository - Tier 1
miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
nystatin mouth/throat - Tier 1; QL
nystatin oral - Tier 1; QL
terbinafine hcl oral - Tier 1; QL
terconazole vaginal cream - Tier 1; QL
voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL

GYNAZOLE-1 - Tier 2; PA; QL

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

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

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

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

Preferred Agents	Non-Preferred Agents
<p><i>ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i> <i>ft clotrimazole - Tier 1; QL</i> <i>ft clotrimazole 3 - Tier 1</i> <i>jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i> <i>LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL</i> <i>LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL</i> <i>MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2</i> <i>micaderm (generic for MEDPURA ANTIFUNGAL) - Tier 1</i> <i>MICATIN (brand for antifungal) - Tier 2</i> <i>miconazole antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1</i> <i>miconazole nitrate external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1</i> <i>miconazorb af (generic for DESENEX) - Tier 1; QL</i> <i>MICRO GUARD (brand for antifungal) - Tier 2; QL</i> <i>terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL</i> <i>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i> <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> <i>colchicine oral tablet - Tier 1; QL</i> <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i> <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> <i>MIGERGOT - Tier 2; QL</i></p>	<p><i>QULIPTA - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Prophylactic	
AIMOVIG - Tier 2; PA; QL AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
NURTEC - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<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; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP; QL MYLERAN - Tier 2 <i>temozolomide - Tier 1; PA; SP; QL</i>	
Antiandrogens	
<i>abiraterone acetate oral tablet 250 mg (generic for ZYTIGA) - Tier 1;</i> <i>PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; SP; QL</i> POMALYST - Tier 2; PA; SP; QL THALOMID - Tier 2; PA; SP; QL	<i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i>
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral tablet - Tier 1; QL</i> TABLOID - Tier 2; SP	
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL	

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

Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
 DAURISMO - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL
 IBRANCE ORAL CAPSULE - Tier 2; PA; SP; QL
 IBRANCE ORAL TABLET - Tier 2; PA; QL
 JAKAFI - Tier 2; PA; SP; QL
 LYNPARZA - Tier 2; PA; SP; QL
 MEKINIST - Tier 2; PA; SP; QL
 ODOMZO - Tier 2; PA; SP; QL
 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL
 ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL
 ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL
 RUBRACA - Tier 2; PA; SP; QL
 RYDAPT - Tier 2; PA; SP; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL
 STIVARGA - Tier 2; PA; SP; QL
sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL
 TAFINLAR - Tier 2; PA; SP; QL
 TIBSOVO - Tier 2; PA; SP; QL
 VENCLEXTA - Tier 2; PA; SP; QL
 VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL
 VERZENIO - Tier 2; PA; SP; QL
 VITRAKVI - Tier 2; PA; SP; QL
 ZEJULA - Tier 2; PA; SP; QL; AL
 ZELBORAF - Tier 2; PA; SP; QL
 ZYDELIG - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Retinoids	
<i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL</i> <i>tretinoin oral - Tier 1; SP; QL</i>	
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> <i>mesna oral (generic for MESNEX) - Tier 1; SP; QL</i>	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; SP; QL</i>	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY - Tier 2; PA; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>BILTRICIDE (brand for praziquantel) - Tier 2; DX2RX; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Antiprotozoals

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

Antiparasitics - Drugs to Treat Parasitic Infections

Pediculicides/Scabicides - Scabies and Lice Drugs

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

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

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

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

Preferred Agents	Non-Preferred Agents
Antipsychotics	
1st Generation/Typical	
<p><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; QL</i> <i>haloperidol oral - 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></p>	
2nd Generation/Atypical	
<p>ABILIFY ASIMTUFII - Tier 2; PA; ^; QL; AL ABILIFY MAINTENA - Tier 2; DX2RX; ST; ^; QL; AL <i>aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL</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; DX2RX; ST; ^; QL; AL <i>lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL</i> <i>olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL</i> PERSERIS - Tier 2; DX2RX; ST; ^; QL; AL <i>quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL</i></p>	<p>ARISTADA INITIO - Tier 2; DX2RX; ^; QL; AL REXULTI - Tier 2; PA; ^; QL; AL VRAYLAR - Tier 2; PA; ^; QL; AL</p>

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

Preferred Agents	Non-Preferred Agents
<i>quetiapine fumarate er (generic for SEROQUEL XR) - 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; Members >= 8 years of age will require PA; QL; AL</i> <i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL</i> RYKINDO - Tier 2; PA; ^; QL UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; ^; QL; AL <i>ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</i>	
Treatment-Resistant	
<i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL</i>	
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>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; QL <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	

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

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

Anti-hepatitis C (HCV) Agents

<p>MAVYRET ORAL PACKET - Tier 2; PA; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; QL <i>ribavirin oral</i> - Tier 1; QL SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL ZEPATIER - Tier 2; PA; QL</p>	<p>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL HARVONI ORAL TABLET (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL SOVALDI ORAL TABLET - Tier 2; PA; QL VOSEVI - Tier 2; PA; QL</p>
---	---

Antiherpetic Agents

<p><i>acyclovir external ointment</i> (generic for ZOVIRAX) - Tier 1; QL <i>acyclovir oral</i> - Tier 1; QL <i>valacyclovir hcl oral</i> (generic for VALTREX) - Tier 1; QL</p>	
---	--

Anti-HIV Agents, Integrase Inhibitors (INSTI)

<p>BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; DX2RX BIKTARVY ORAL TABLET 50-200-25 MG - 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</p>	
---	--

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

Preferred Agents

Non-Preferred Agents

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Other	
FUZEON - Tier 2; QL <i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i> RUKOBIA - Tier 2; QL SELZENTRY ORAL SOLUTION - Tier 2; QL TYBOST - Tier 2; QL	
Anti-HIV Agents, Protease Inhibitors (PI)	
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 >= 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR) - Tier 1; QL</i> SYMTUZA - Tier 2; QL VIRACEPT - Tier 2; QL	
Anti-influenza Agents	
<i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i> <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</i>	XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
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 KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam injection (generic for ATIVAN) - Tier 1; ^</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	LOREEV XR - Tier 2; PA; ^; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; ^; QL; AL

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

Preferred Agents	Non-Preferred Agents
Bipolar Agents	
Mood Stabilizers	
<div data-bbox="86 253 1024 586"> <p><i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; *; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i></p> </div>	
Blood Glucose Regulators	
Antidiabetic Agents	
<div data-bbox="86 699 1024 1206"> <p><i>acarbose oral - Tier 1; QL</i> ALOGLIPTIN BENZOATE - Tier 2; DX2RX; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; DX2RX; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; DX2RX; QL DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; DX2RX; QL <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>glyburide micronized - Tier 1; QL</i> <i>glyburide oral - Tier 1; QL</i> <i>glyburide-metformin - Tier 1; QL</i> <i>liraglutide (generic for VICTOZA) - Tier 1; PA; QL</i> <i>metformin hcl er (osm) - Tier 1; PA; QL</i></p> </div>	<div data-bbox="1024 699 2013 1206"> <p>BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL <i>FARXIGA (brand for dapagliflozin propanediol) - Tier 2; DX2RX; QL</i> GLYXAMBI - Tier 2; PA JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL QTERN - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYMLINPEN 120 - Tier 2; PA; QL</p> </div>

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

Preferred Agents	Non-Preferred Agents
<p>metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL</p> <p>metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1</p> <p>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</p> <p>nateglinide - Tier 1; QL</p> <p>OZEMPIC - Tier 2; PA; QL</p> <p>OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL</p> <p>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</p> <p>repaglinide - Tier 1; QL</p> <p>RYBELSUS - Tier 2; PA; QL</p> <p>RYBELSUS (FORMULATION R2) - Tier 2; PA; QL</p> <p>saxagliptin hcl (generic for ONGLYZA) - Tier 1; DX2RX; QL</p> <p>SEGLUROMET - Tier 2; DX2RX; QL</p> <p>SOLIQUA - Tier 2; ST; QL</p> <p>STEGLATRO - Tier 2; DX2RX; QL</p> <p>VICTOZA (brand for liraglutide) - Tier 2; PA; ST; QL</p>	<p>SYMLINPEN 60 - Tier 2; PA; QL</p> <p>SYNJARDY - Tier 2; PA; QL</p> <p>SYNJARDY XR - Tier 2; PA; QL</p> <p>TRADJENTA - Tier 2; PA; QL</p> <p>TRIJARDY XR - Tier 2; PA; QL</p> <p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA</p> <p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 5-500 MG - Tier 2; PA</p> <p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG - Tier 2; PA; QL</p> <p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL</p> <p>XULTOPHY - Tier 2; PA; QL</p>

Glycemic Agents

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

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

Preferred Agents

Non-Preferred Agents

Insulins

HUMULIN 70/30 VIAL - Tier 2; QL	ADMELOG (brand for insulin lispro) - Tier 2; PA; QL
HUMULIN N VIAL - Tier 2; QL	ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
HUMULIN R VIAL - Tier 2; QL	APIDRA SOLOSTAR - Tier 2; PA; QL
INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL	APIDRA VIAL - Tier 2; PA; QL
INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL	FIASP - Tier 2; PA; QL
INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL	FIASP FLEXTOUCH - Tier 2; PA; QL
INSULIN LISPRO JUNIOR KWIKPEN - Tier 2; ST; QL	FIASP PENFILL - Tier 2; PA; QL
INSULIN LISPRO PROT & LISPRO - Tier 2; QL	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL
LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL	HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL
LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL	HUMULIN N KWIKPEN - Tier 2; PA; QL
NOVOLIN 70/30 RELION - Tier 2; QL	INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL
NOVOLIN 70/30 VIAL - Tier 2; QL	LYUMJEV - Tier 2; PA; QL
NOVOLIN N RELION - Tier 2; QL	LYUMJEV KWIKPEN - Tier 2; PA; QL
NOVOLIN N VIAL - Tier 2; QL	NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL
NOVOLIN R RELION - Tier 2; QL	NOVOLIN N FLEXPEN - Tier 2; PA; QL
NOVOLIN R VIAL - Tier 2; QL	NOVOLIN R FLEXPEN - Tier 2; PA; QL
NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL	NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL
NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL	NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL
	NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL
	NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL
	NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL
	SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
	<p><i>TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL</i></p> <p><i>TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL</i></p> <p><i>TRESIBA (brand for insulin degludec) - Tier 2; PA; QL</i></p> <p><i>TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</i></p>

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

Glycemic Agents - Diabetic Drugs

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

Insulins - Diabetic Drugs

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

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

Preferred Agents

Non-Preferred Agents

Blood Products and Modifiers

Anticoagulants

dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL
ELIQUIS - Tier 2; QL
ELIQUIS DVT/PE STARTER PACK - Tier 2; QL
enoxaparin sodium (generic for LOVENOX) - Tier 1; QL
heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL
heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1
heparin sodium (porcine) injection solution prefilled syringe - Tier 1; QL
heparin sodium (porcine) pf injection solution 1000 unit/ml - Tier 1; QL
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml - Tier 1
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL
jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL
warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1

PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL

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

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

Blood Products and Modifiers, Other

anagrelide hcl (generic for AGRYLIN) - Tier 1
 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL
 DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2
 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL
 EPOGEN - Tier 2; PA; SP; QL
 LEUKINE - Tier 2; PA; SP; QL
 MULPLETA - Tier 2; PA; SP; QL
 NEULASTA - Tier 2; PA; SP; QL
 NEULASTA ONPRO - Tier 2; PA; SP; QL
plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL
 PROCRT - Tier 2; PA; SP; QL
 PROMACTA ORAL PACKET 12.5 MG - Tier 2; PA; SP; QL
 PROMACTA ORAL TABLET - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML,
 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 20000 UNIT/ML - Tier 2; PA; SP
 UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2;
 PA; SP
 UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE -
 Tier 2; PA; SP; QL
 ZARXIO - Tier 2; PA; SP; QL

FULPHILA - Tier 2; PA; SP; QL
 NEUPOGEN - Tier 2; PA; SP; QL
 NIVESTYM - Tier 2; PA; SP; QL
 NYVEPRIA - Tier 2; PA; SP
 RELEUKO - Tier 2; PA; SP
 ZIEXTENZO - Tier 2; PA; SP

Hemostasis Agents

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

Platelet Modifying Agents

BRILINTA - Tier 2; DX2RX; QL
 CABLIVI - Tier 2; PA; SP; QL
cilostazol - Tier 1; QL
clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL
dipyridamole oral - Tier 1; QL
prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL

DOPTELET - Tier 2; PA; SP; QL
 TAVALISSE - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML - Tier 2; PA; SP; QL HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML - Tier 2; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> <i>methyldopa - Tier 1; QL</i> <i>midodrine hcl - Tier 1; QL</i>	
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral - Tier 1; QL</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Angiotensin-converting Enzyme (ACE) Inhibitors

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

Antiarrhythmics

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

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

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

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

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

Calcium Channel Blocking Agents, Nondihydropyridines

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

Cardiovascular Agents, Other

acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL
amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1
amlodipine-olmesartan (generic for AZOR) - Tier 1
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide - Tier 1; QL
captopril-hydrochlorothiazide - Tier 1; QL
digoxin oral solution - Tier 1
digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL

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

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

Preferred Agents	Non-Preferred Agents
<p>ENTRESTO ORAL TABLET - Tier 2; PA; QL <i>fosinopril sodium-hctz - Tier 1; QL</i> <i>irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; 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> SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL <i>torsemide (generic for SOAANZ) - Tier 1; QL</i></p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i></p>	
Diuretics, Thiazide	
<p><i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibrin Acid Derivatives	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL</i> <i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i>	ATORVALIQ - Tier 2; PA; QL LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL
Dyslipidemics, Other	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i>	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
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	

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

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

Vasodilators, Direct-acting Arterial/Venous

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

Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

VERQUVO - Tier 2; PA; QL

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL
clonidine hcl er - Tier 1; ^; QL; AL
dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

JORNAY PM - Tier 2; PA; ^; QL; AL
 RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; ^; QL; AL
 RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; ^; QL; AL

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

Preferred Agents

Non-Preferred Agents

dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

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

Preferred Agents

Non-Preferred Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; ST; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

ADZENYS XR-ODT - Tier 2; DX2RX; ^; QL; AL
 AZSTARYS - Tier 2; PA; ^; QL; AL

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

Preferred Agents	Non-Preferred Agents
<p>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL</p>	
<p>Central Nervous System, Other</p>	
<p>AUSTEDO - Tier 2; PA; SP; QL cafeine citrate oral - Tier 1; QL; AL INGREZZA - Tier 2; PA; SP; QL NUEDEXTA - Tier 2; DX2RX; QL riluzole - Tier 1; QL tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL</p>	<p>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL HORIZANT - Tier 2; PA; QL RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA; QL</p>
<p>Fibromyalgia Agents</p>	
<p>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL pregabalin oral (generic for LYRICA) - Tier 1; QL</p>	
<p>Multiple Sclerosis Agents</p>	
<p>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL GILENYA ORAL CAPSULE 0.25 MG - Tier 2; DX2RX; SP; QL glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL</p>	<p>AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL KESIMPTA - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL</p>

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

Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>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>	
Dermatological Agents	
Acne and Rosacea Agents	
<i>acitretin - Tier 1; PA; QL</i> <i>amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL</i> <i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i> <i>claravis (generic for AMNESTEEM) - Tier 1; PA; QL</i> <i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i> <i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL</i> <i>isotretinoin oral capsule 30 mg (generic for CLARAVIS) - Tier 1; PA; QL</i> <i>tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL</i> <i>zenatane (generic for AMNESTEEM) - Tier 1; PA; QL</i>	<i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i> <i>ABSORICA LD - Tier 2; PA; QL</i> <i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i> <i>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</i> <i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i> <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL</i> <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i>

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

Preferred Agents

Non-Preferred Agents

Dermatitis and Pruritus Agents

ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
alclometasone dipropionate external ointment - Tier 1; QL
ammonium lactate external (generic for AL12) - Tier 1; QL
anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL
betamethasone dipropionate external lotion - Tier 1
betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1; QL
betamethasone valerate external ointment - Tier 1; QL
clobetasol propionate e - Tier 1; QL
clobetasol propionate external cream 0.05 % - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL

BRYHALI - Tier 2; PA; QL
CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL
CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL

fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL

fluocinolone acetonide external solution - Tier 1; QL

fluocinolone acetonide scalp (generic for DERMA-SMOOTH/FS SCALP) - Tier 1; QL

fluocinonide emulsified base - Tier 1; QL

fluocinonide external cream (generic for VANOS) - Tier 1; QL

fluocinonide external solution - Tier 1; QL

fluticasone propionate external cream - Tier 1; QL

fluticasone propionate external ointment - Tier 1; QL

ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

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

halobetasol propionate external cream - Tier 1; QL

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

hydrocortisone butyrate external ointment - Tier 1; QL

hydrocortisone butyrate external solution - Tier 1; QL

hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL

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

hydrocortisone external lotion 2.5 % - Tier 1; QL

hydrocortisone external ointment 0.5 % - Tier 1

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

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

Preferred Agents**Non-Preferred Agents**

hydrocortisone external ointment 2.5 % - Tier 1; QL
hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
instacort 5 - Tier 1; QL
 LAC-HYDRIN FIVE - Tier 2; QL
medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
mometasone furoate external - Tier 1; QL
pimecrolimus (generic for ELIDEL) - Tier 1; 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

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

Preferred Agents

Non-Preferred Agents

Dermatological Agents, Other

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

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

Pediculicides/Scabicides

CROTAN LOTION 10 % EXTERNAL - Tier 2; QL
 CROTAN LOTION 10 % EXTERNAL - Tier 2; PA; QL
lice killing (generic for NIX CREME RINSE) - Tier 1
lice treatment (generic for NIX CREME RINSE) - Tier 1
malathion (generic for OVIDE) - Tier 1; QL
permethrin external (generic for ELIMITE) - Tier 1; QL
spinosad (generic for NATROBA) - Tier 1; QL

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

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

Preferred Agents

Non-Preferred Agents

Topical Anti-infectives

ciclodan (generic for CICLODAN) - Tier 1; QL
ciclopirox external solution (generic for CICLODAN) - Tier 1; QL
clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL
clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL
clindamycin phosphate external solution - Tier 1; QL
clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clotrimazole external cream 1 % (generic for DESENE X) - Tier 1; QL
clotrimazole external solution 1 % - Tier 1; QL
erythromycin external (generic for ERYGEL) - Tier 1; QL
gentamicin sulfate external - Tier 1; QL
ketconazole external cream - Tier 1; QL
ketconazole external shampoo - Tier 1; QL
klayesta (generic for KLAYESTA) - Tier 1; QL
mupirocin ointment - Tier 1; QL
nyamyc (generic for KLAYESTA) - Tier 1; QL
nystatin external (generic for KLAYESTA) - Tier 1; QL
nystop (generic for KLAYESTA) - Tier 1; QL
tgt clotrimazole external cream 1 % (generic for DESENE X) - Tier 1; QL

AMZEEQ - Tier 2; PA
 JUBLIA - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

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

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

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

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

Preferred Agents	Non-Preferred Agents
DEVICES	
MEDICAL SUPPLIES	
<p><i>PEAK FLOW METER UNIVERSAL RANG (brand for peak flow meter universal rang) - Tier 2; QL</i></p> <p><i>PURE COMFORT FLOW METER ADULT (brand for peak flow meter universal rang) - Tier 2; QL</i></p> <p><i>PURE COMFORT FLOW METER CHILD (brand for peak flow meter universal rang) - Tier 2; QL</i></p>	
Diabetes - Glucose Monitoring	
<p><i>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL</i></p> <p><i>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</i></p> <p><i>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL</i></p>	<p><i>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i></p> <p><i>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL</p> <p>CHEMSTRIP 10 MD - Tier 2</p> <p>CHEMSTRIP 10/SG - Tier 2</p> <p>CHEMSTRIP 2 GP - Tier 2</p> <p>CHEMSTRIP 5 OB - Tier 2</p> <p>CHEMSTRIP 7 - Tier 2</p> <p>CHEMSTRIP 9 - Tier 2</p> <p>CHEMSTRIP K (brand for ketone test) - Tier 2; QL</p> <p>CHEMSTRIP UGK - Tier 2; QL</p> <p>DEXCOM G6 RECEIVER - Tier 2; PA; QL</p> <p>DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>DEXCOM G7 RECEIVER - Tier 2; PA; QL</p> <p>DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL</p> <p>EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL</p> <p>FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 2 READER - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p>	<p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL</p> <p>FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL</p> <p>GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>FREESTYLE LIBRE READER - Tier 2; PA; QL IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL KETO-DIASTIX - Tier 2; QL KETONE CARE - Tier 2; QL KETONE TEST (brand for ketone test) - Tier 2; QL KETOSTIX (brand for ketone test) - Tier 2; QL LANCETS (brand for cvs lancets original) - Tier 2; QL LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL MEDISENSE HIIMIDILOW CONTROL (brand for element compact control 2) - Tier 2; QL NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL ONETOUCH ULTRA BLUE TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL</p>	<p>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

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

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

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

Preferred Agents

Non-Preferred Agents

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

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

ENDARI (brand for l-glutamine) - Tier 2; PA; QL

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

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

PREVIDENT (brand for sf) - Tier 2
PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2
PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
sf gel 1.1% (generic for DENTAGEL) - Tier 1
sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium 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

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

BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL
cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium 500/vitamin d3 - Tier 1
calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL
calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1
calcium 600/vitamin d (generic for ONE VITE CALCIUM + D3) - Tier 1; QL

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

Preferred Agents

calcium 600/vitamin d-3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg - Tier 1; QL
calcium cit plus vit d-3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate+d3 wlmagne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium plus vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents

calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL
electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; QL
electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferosul (generic for FEROSUL) - Tier 1; QL
ferotrinsic (generic for TRICON) - Tier 1
ferretts - Tier 1
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous gluconate - Tier 1
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL
ferrous sulfate (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents

ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral tablet delayed release - Tier 1; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
foltrin (generic for TRICON) - Tier 1
ft calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; QL
ft calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
ft calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
ft electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL
ft iron (generic for FEROSUL) - Tier 1; QL
ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1
hi cal (generic for OYSCO 500+D) - Tier 1; QL
iferex 150 (generic for FERREX 150) - Tier 1
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2

Non-Preferred Agents

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

Preferred Agents

ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1
oyster shell calcium + d3 - Tier 1
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/d oral tablet 250-6.25 mg-mcg - Tier 1
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d3 - Tier 1
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium-vit d - Tier 1; QL
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL

Non-Preferred Agents

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

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

PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL
phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
 PHOSPHO-TRIN K500 - Tier 2; QL
poly-iron 150 (generic for FERREX 150) - Tier 1
poly-iron 150 forte (generic for FERREX 150 FORTE) - Tier 1
polysaccharide iron complex (generic for FERREX 150) - Tier 1
polysaccharide iron forte (generic for FERREX 150 FORTE) - Tier 1
polysaccharide-iron complex (generic for FERREX 150) - Tier 1
potassium citrate-citric acid - Tier 1
REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
TRICON (brand for ferottrinsic) - Tier 2
 TRUE FERROUS SULFATE - Tier 2; QL
TRUE MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2
ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2
wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
zinc gluconate - Tier 1; QL
zinc gluconate oral tablet 50 mg - Tier 1; QL
zinc oral tablet 50 mg - Tier 1; QL

Electrolyte/Mineral/Metal Modifiers

CHEMET - Tier 2; QL
deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL
deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL
trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Phosphate Binders	
<i>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i> <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</i>	AURYXIA - Tier 2; PA; QL
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 <i>aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</i> <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 <i>classic prenatal - Tier 1; QL</i> COMPLETE NATAL DHA - Tier 2; QL	

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

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 DIALYVITE VITAMIN D 5000) - Tier 1
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
MINCORA (brand for daily multiple vitamins) - Tier 2
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

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

Preferred Agents**Non-Preferred Agents**

multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multivitamin w/fluoride (generic for FLORAFOL PEDIATRIC) - Tier 1; QL
multi-vitamin/fluoride (generic for FLORAFOL PEDIATRIC) - Tier 1; QL
multivitamin/fluoride oral tablet chewable (generic for FLORAFOL PEDIATRIC) - Tier 1; QL
multi-vitamin/fluorideliron - Tier 1; QL
MYNEPHRON (brand for triphrocaps) - Tier 2
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2
NEONATAL PLUS (brand for prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL
NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral capsule extended release 500 mg - Tier 1
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1
NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL

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

Preferred Agents**Non-Preferred Agents**

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

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

phytonadione oral - Tier 1; QL

prenatal 19 oral tablet - Tier 1; QL

prenatal formula - Tier 1

prenatal formula oral tablet 28-0.8 mg - Tier 1; QL

prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL

prenatal multi+dha - Tier 1; QL

prenatal multivitamin - Tier 1; QL

prenatal multivitamins - Tier 1; QL

prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL

prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL

prenatal oral tablet 28-0.8 mg - Tier 1; QL

prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL

prenataliron - Tier 1; QL

PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2

QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL

radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1

RENAL (brand for triphrocaps) - Tier 2

rena-vite (generic for DIALYVITE 800) - Tier 1; QL

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

Preferred Agents**Non-Preferred Agents**

SE-NATAL 19 ORAL TABLET - Tier 2; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
STUART ONE - Tier 2
sv vitamin d3 oral capsule 25 mcg (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
sv vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine mononitrate oral - Tier 1; QL
THRIVITE RX - Tier 2; QL
triphrocaps (generic for MYNEPHRON) - Tier 1
tri-vite pediatric - Tier 1; QL
TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2
TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
TRUE VITAMIN A - Tier 2; QL
TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL
TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - Tier 2
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) - Tier 2; QL

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

Preferred Agents**Non-Preferred Agents**

TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2

TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2

TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL

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

TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2

vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1

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

vitamin b complex oral capsule - Tier 1; QL

vitamin b complex w/b-12 - Tier 1

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

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

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

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

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

vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents	Non-Preferred Agents
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	MYFEMBREE - Tier 2; PA; QL NEXTSTELLIS - Tier 2; PA; QL
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>lactulose encephalopathy - Tier 1; QL</i> <i>lactulose oral solution - Tier 1; QL</i> <i>lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i> MOVANTIK - Tier 2; DX2RX; ST; QL <i>prucalopride succinate (generic for MOTTEGRITY) - Tier 1; ST; QL</i>	LINZESS - Tier 2; PA; QL <i>MOTTEGRITY (brand for prucalopride succinate) - Tier 2; PA; ST; QL</i> RELISTOR SUBCUTANEOUS - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL TRULANCE - Tier 2; DX2RX; ST; QL
Anti-Diarrheal Agents	
<i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i> <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> MYTESI - Tier 2; DX2RX; QL	VIBERZI - Tier 2; PA; QL
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl oral - Tier 1; QL</i> <i>glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1</i>	

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

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

Gastrointestinal Agents, Other

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

CLENPIQ - Tier 2; PA; QL
 PLENVU - Tier 2; PA; QL
 PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA
 SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL
 TALICIA - Tier 2; PA; QL

Histamine2 (H2) Receptor Antagonists

acid controller (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine hcl - Tier 1
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
 famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 famotidine oral suspension reconstituted - Tier 1; QL; AL
 famotidine oral tablet (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL
 famotidine orig st (generic for PEPCID AC) - Tier 1; QL
 ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1</i></p> <p><i>PEPCID AC (brand for acid controller) - Tier 2; QL</i></p> <p><i>TAGAMET HB 200 (brand for cimetidine) - Tier 2</i></p>	
Irritable Bowel Syndrome Agents	
	<p>BYLVAY - Tier 2; PA; SP; QL; AL</p> <p>BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL</p>
Protectants	
<p><i>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</i></p> <p><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></p> <p><i>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</i></p>	
Proton Pump Inhibitors	
<p><i>acid reducer oral capsule delayed release - Tier 1; QL</i></p> <p><i>esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL</i></p> <p><i>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL</i></p> <p><i>ft acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i></p> <p><i>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i></p> <p><i>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</i></p> <p><i>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL</i></p> <p><i>omeprazole magnesium - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
<p>omeprazole magnesium oral capsule delayed release - Tier 1; QL omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</p>	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
<p>ABATINEX (brand for acidophilus) - Tier 2 acid gone (generic for ACID GONE) - Tier 1 acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1 acidophilus oral capsule , 10 mg (generic for INTESTINEX) - Tier 1 acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1 acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1 adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL adult probiotic (generic for FLORA VANCE) - Tier 1; QL advanced antacid (generic for MINTOX) - Tier 1; QL almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL</p>	

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

Preferred Agents

antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid advanced (generic for MINTOX) - Tier 1; QL
antacid anti-gas (generic for MINTOX) - Tier 1; QL
antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid calcium (generic for CAL-GEST ANTACID) - Tier 1
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1
antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid fast relief (generic for MINTOX) - Tier 1; QL
antacid i (generic for MINTOX) - Tier 1; QL
antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

antacid liquid (generic for MINTOX) - Tier 1; QL

antacid m (generic for MINTOX) - Tier 1; QL

antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

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

antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

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

antacid oral suspension 400-135 mg/5ml - Tier 1

antacid oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

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

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

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

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

antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

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

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

Preferred Agents**Non-Preferred Agents**

antacid/anti-gas (generic for MINTOX) - Tier 1; QL
antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid/anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2
BIOTINEX (brand for acidophilus) - Tier 2
bismuth (generic for SOOTHE) - Tier 1; QL
bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL
BOLSITOL (brand for acidophilus) - Tier 2
calcium antacid (generic for CAL-GEST ANTACID) - Tier 1
calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

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

Preferred Agents

calcium carbonate antacid oral suspension - Tier 1; QL
calcium carbonate antacid oral tablet - Tier 1
calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1
cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1
chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
childrens soothe - Tier 1
comfort gel (generic for MINTOX) - Tier 1; QL
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
CULTURELLE WOMENS 4 IN 1 (brand for acidophilus) - Tier 2
diarrhea (generic for SOOTHE) - Tier 1
diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
enema (generic for FLEET ENEMA) - Tier 1
enema disposable (generic for FLEET ENEMA) - Tier 1
enema ready-to-use (generic for FLEET ENEMA) - Tier 1
enema rectal enema 16-6 gml/133ml (generic for FLEET ENEMA) - Tier 1
FLEET ENEMA (brand for cvs enema disposable) - Tier 2
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
floranex tablet oral (generic for FLORANEX) - Tier 1

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2
FLORASTART - Tier 2
foaming antacid oral tablet chewable 80-20 mg - Tier 1
FREE + PURE DAILY PROBIOTIC - Tier 2
freeze dried acidophilus (generic for INTESTINEX) - Tier 1
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
ft enema saline (generic for FLEET ENEMA) - Tier 1
ft gas relief - Tier 1
ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1
ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
ft milk of magnesia (generic for DULCOLAX) - Tier 1
ft probiotic (generic for FLORASTOR) - Tier 1
ft stomach relief oral suspension (generic for SOOTHE) - Tier 1
ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1
ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL
gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1

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

Preferred Agents

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

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

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

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

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

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

gas relief oral tablet chewable 80 mg - Tier 1

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

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

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

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

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

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

GELUSIL - Tier 2

gentle laxative oral suspension (generic for DULCOLAX) - Tier 1

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

Non-Preferred Agents

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

Preferred Agents

geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
geri-lanta supreme - Tier 1
geri-mox (generic for MINTOX) - Tier 1; QL
geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
GUTVITE IMMUNE SUPPORT (brand for acidophilus) - Tier 2
heartburn antacid (generic for ACID GONE) - Tier 1
heartburn antacid ex st (generic for ACID GONE) - Tier 1
heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
heartland gas relief - Tier 1
IMODIUM MULTI-SYMPTOM RELIEF (brand for eq1 anti-diarrheal anti-gas) - Tier 2
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
intestinex (generic for INTESTINEX) - Tier 1
KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2
LACTEOL DIARRHEASE (brand for acidophilus) - Tier 2
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1

Non-Preferred Agents

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

Preferred Agents

MAALOX - Tier 2
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2
MAALOX MAX ORAL SUSPENSION (brand for antacid & anti-gas max str) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & anti-gas max str) - Tier 2; QL
mag-al plus (generic for MINTOX) - Tier 1; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
milk of magnesia (generic for DULCOLAX) - Tier 1
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2
PAXOTIN (brand for acidophilus) - Tier 2
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1

Non-Preferred Agents

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

Preferred Agents

pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; QL
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
SIMEPED (brand for cvs gas relief infants) - Tier 2
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1

Non-Preferred Agents

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

Preferred Agents

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

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

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

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

sodium bicarbonate oral tablet - Tier 1

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

soothe oral suspension (generic for SOOTHE) - Tier 1

soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL

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

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

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

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

stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1

stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL

stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p><i>stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1</i></p> <p><i>TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2</i></p> <p><i>TUMS (brand for antacid) - Tier 2</i></p> <p><i>TUMS CHEWY BITES (brand for antacid) - Tier 2</i></p> <p><i>TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2</i></p> <p><i>TUMS E-X 750 (brand for antacid) - Tier 2</i></p> <p><i>TUMS EXTRA STRENGTH (brand for antacid) - Tier 2</i></p> <p><i>TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2</i></p> <p><i>TUMS LASTING EFFECTS (brand for antacid) - Tier 2</i></p> <p><i>TUMS SMOOTHIES (brand for antacid) - Tier 2</i></p> <p><i>TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2</i></p> <p><i>TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2</i></p> <p><i>ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL</i></p>	

Laxatives - Bowel Treatment Drugs

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

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

Preferred Agents

fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
FLEET LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
ft enema mineral oil (generic for FLEET OIL) - Tier 1
ft fiber oral powder 43 % (generic for REGULOID) - Tier 1
ft mineral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2
METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2
mineral oil enema (generic for FLEET OIL) - Tier 1
mineral oil heavy oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
mineral oil oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
mineral oil rectal enema (generic for FLEET OIL) - Tier 1
MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL

Non-Preferred Agents

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

Preferred Agents

mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber supplement (generic for EVAC) - Tier 1
natural vegetable (generic for HYDROCIL) - Tier 1
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
psyldex - Tier 1
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
reguloid oral powder 43 % (generic for REGULOID) - Tier 1
smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
sorbitol oral - Tier 1
true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Non-Preferred Agents

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

Preferred Agents

Non-Preferred Agents

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL
citroma (generic for CITROMA) - Tier 1
CITRUCCEL (brand for cvs fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2; QL
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL
docusate sodium oral (generic for COLACE) - Tier 1; QL
DOCUZEN (brand for cvs senna plus) - Tier 2
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative (generic for FIBERCON) - Tier 1
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ft fiber laxative (generic for CITRUCCEL) - Tier 1

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

Preferred Agents

ft magnesium citrate (generic for CITROMA) - Tier 1
ft senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
ft senna-s (generic for SENOKOT S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1
geri-kot (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1
glycerin childrens - Tier 1
glycerin pediatric rectal suppository 1.2 gm - Tier 1
LAXACIN (brand for cvs senna plus) - Tier 2
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1
mm stool softener (generic for COLACE) - Tier 1; QL
mm stool softener laxative (generic for COLACE) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2

ONELAX SENNA (brand for senna) - Tier 2

p col-rite (generic for SENOKOT S) - Tier 1

PEDIA-LAX ORAL LIQUID - Tier 2

PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2

sb docusate sodium/senna (generic for SENOKOT S) - Tier 1

senexon-s (generic for SENOKOT S) - Tier 1

senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1

senna oral syrup 176 mg/5ml - Tier 1

senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1

senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

senna plus oral tablet (generic for SENOKOT S) - Tier 1

senna s (generic for SENOKOT S) - Tier 1

senna smooth (generic for SENNA SMOOTH) - Tier 1

senna-docusate sodium (generic for SENOKOT S) - Tier 1

senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

senna-plus (generic for SENOKOT S) - Tier 1

senna-s oral tablet (generic for SENOKOT S) - Tier 1

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

Preferred Agents

senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
senna-time s (generic for SENOKOT S) - Tier 1
SENNAZON (brand for senna) - Tier 2
sennosides-docusate sodium (generic for SENOKOT S) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy - Tier 1
stimulant lax plus (generic for SENOKOT S) - Tier 1
stimulant laxative (generic for SENOKOT S) - Tier 1
stool softener extra str - Tier 1; QL
stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1
stool softener oral capsule 250 mg - Tier 1; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1
stool softener pls laxative (generic for SENOKOT S) - Tier 1
stool softener plus laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1
vegetable lax+stool softener (generic for SENOKOT S) - Tier 1
vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - Tier 2; PA; SP; QL CREON - Tier 2 CYSTAGON - Tier 2; SP; QL NITYR - Tier 2; DX2RX; SP; QL RAVICTI - Tier 2; PA; SP; QL <i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL</i> <i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL</i> STRENSIQ - Tier 2; PA; SP; QL VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL</p>	<p>CERDELGA - Tier 2; PA; SP; QL <i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL</i> PHEBURANE - Tier 2; PA; SP; QL ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2; PA</p>
Genitourinary Agents	
Antispasmodics, Urinary	
<p><i>oxybutynin chloride er - Tier 1; QL</i> <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i> OXYTROL FOR WOMEN - Tier 2; QL <i>solifenacin succinate (generic for VESICARE) - Tier 1; QL</i> <i>tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL</i> <i>tolterodine tartrate er - Tier 1; PA; QL</i> <i>trospium chloride - Tier 1; QL</i></p>	<p>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL <i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL</i></p>
Benign Prostatic Hypertrophy Agents	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>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></p>	

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

Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other	
<i>bethanechol chloride oral - Tier 1</i> ELMIRON - Tier 2; DX2RX; QL <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i>	<i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</i> <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL</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; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i> <i>dexamethasone oral elixir - Tier 1; QL</i> <i>dexamethasone oral solution - Tier 1; QL</i> <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i> <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i> <i>fludrocortisone acetate oral - Tier 1; QL</i> <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL</i> MEDROL ORAL TABLET 2 MG - Tier 2 <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>ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX <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> EGRIFTA SV - Tier 2; DX2RX; SP; QL INCRELEX - Tier 2; PA; SP; QL NOC DURNA - Tier 2; PA; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL NOVAREL - Tier 2; DX2RX OMNITROPE - Tier 2; PA; SP; QL PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX</p>	<p>GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUICK - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP; QL</p>

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<i>danazol oral - Tier 1; QL</i> <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i> <i>testosterone enanthate intramuscular - Tier 1; PA; QL</i> <i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 12.5 mg/lact (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>TESTIM (brand for testosterone) - Tier 2; PA; QL</i> <i>XYOSTED - Tier 2; PA; QL</i>

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

Preferred Agents

Non-Preferred Agents

Estrogens

afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE
ALORA (brand for estradiol) - Tier 2; QL
altavera (generic for ALTAVERA) - Tier 1; QL; GE
alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
apri - Tier 1; QL; GE
aranelle - Tier 1; QL; GE
ashlyna (generic for ASHLYNA) - Tier 1; QL
aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
aurovela 24 fe - Tier 1; QL
aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
aurovela fe 1/20 - Tier 1; QL; GE

aviane (generic for AFIRMELLE) - Tier 1; QL; GE
ayuna (generic for ALTAVERA) - Tier 1; QL; GE
azurette (generic for AZURETTE) - Tier 1; QL; GE
balziva (generic for BALZIVA) - Tier 1; QL; GE
blisovi 24 fe - Tier 1; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
blisovi fe 1/20 - Tier 1; QL; GE
briellyn (generic for BALZIVA) - Tier 1; QL; GE
camrese (generic for ASHLYNA) - Tier 1; QL
camrese lo (generic for CAMRESE LO) - Tier 1; QL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE
cryselle-28 - Tier 1; QL; GE
cyred eq - Tier 1; QL; GE

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; 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; QL

NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE
PREMARIN VAGINAL - Tier 2; PA; QL
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

hailey 24 fe - Tier 1; QL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
hailey fe 1/20 - Tier 1; QL; GE
haloette (generic for ELURYNG) - Tier 1; QL; GE
iclevia (generic for ICLEVIA) - Tier 1; QL
introvale (generic for ICLEVIA) - Tier 1; QL
isibloom - Tier 1; QL; GE
jaimiess (generic for ASHLYNA) - Tier 1; QL
jasmiel (generic for JASMIEL) - Tier 1; QL
jolessa (generic for ICLEVIA) - Tier 1; QL
juleber - Tier 1; QL; GE
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30)
- Tier 1; QL; GE
junel fe oral tablet 1-20 mg-mcg - Tier 1; QL; GE
junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; QL
kalliga - Tier 1; QL; GE
kariva (generic for AZURETTE) - Tier 1; QL; GE
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE
kurvelo (generic for ALTAVERA) - Tier 1; QL; GE
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
larin 24 fe - Tier 1; QL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
larin fe 1/20 - Tier 1; QL; GE

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

Preferred Agents**Non-Preferred Agents**

leena - Tier 1; QL; GE
lessina (generic for AFIRMELLE) - Tier 1; QL; GE
levonest (generic for ENPRESSE-28) - Tier 1; QL; GE
levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE
lojaimiess (generic for CAMRESE LO) - Tier 1; QL
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL; GE
lo-zumandimine (generic for JASMIEL) - Tier 1; QL
lutera (generic for AFIRMELLE) - Tier 1; QL; GE
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL; GE
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
microgestin fe 1/20 - Tier 1; QL; GE
mili (generic for ESTARYLLA) - Tier 1; QL; GE
mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE
necon 0.5/35 (28) - Tier 1; QL; GE
nikki (generic for JASMIEL) - Tier 1; QL

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

Preferred Agents

norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg (generic for TILIA FE) - Tier 1; QL; GE
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - Tier 1; QL; GE
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
nortrel 0.5/35 (28) - Tier 1; QL; GE
nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
nylia 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
ocella (generic for OCELLA) - Tier 1; QL
philith (generic for BALZIVA) - Tier 1; QL; GE
pimtrea (generic for AZURETTE) - Tier 1; QL; GE
portia-28 (generic for ALTAVERA) - Tier 1; QL; GE
PREMARIN ORAL - Tier 2; QL
PREMPHASE - Tier 2; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL; GE
setlakin (generic for ICLEVIA) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL; GE
simpesse (generic for ASHLYNA) - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE
sronyx (generic for AFIRMELLE) - Tier 1; QL; GE
syeda (generic for OCELLA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
tarina fe 1/20 eq - Tier 1; QL; GE
tilia fe (generic for TILIA FE) - Tier 1; QL; GE
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-legest fe (generic for TILIA FE) - Tier 1; QL; GE
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL; GE
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
turqoz - Tier 1; QL; GE
TYBLUME - Tier 2; QL; GE
valtya 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE
velivet - Tier 1; QL
vestura (generic for JASMIEL) - Tier 1; QL
vienva (generic for AFIRMELLE) - Tier 1; QL; GE
viorele (generic for AZURETTE) - Tier 1; QL; GE

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

Preferred Agents	Non-Preferred Agents
<p><i>volnea</i> (generic for AZURETTE) - Tier 1; QL; GE <i>vyfemla</i> (generic for BALZIVA) - Tier 1; QL; GE <i>vylibra</i> (generic for ESTARYLLA) - Tier 1; QL; GE <i>wera</i> - Tier 1; QL; GE <i>wymzya fe</i> (generic for WYMZYA FE) - Tier 1; QL <i>xulane</i> (generic for XULANE) - Tier 1; QL; GE <i>yuvaferm</i> (generic for YUVAFEM) - Tier 1; QL <i>zafemy</i> (generic for XULANE) - Tier 1; QL; GE <i>zovia 1/35 (28)</i> (generic for KELNOR 1/35) - Tier 1; QL; GE <i>zumandimine</i> (generic for OCELLA) - Tier 1; QL</p>	

Progestins	
<p><i>camila</i> (generic for CAMILA) - Tier 1; QL; GE <i>deblitane</i> (generic for CAMILA) - Tier 1; QL; GE ELLA - Tier 2; QL <i>emzahh</i> (generic for CAMILA) - Tier 1; QL; GE <i>errin</i> (generic for CAMILA) - Tier 1; QL; GE <i>gallifrey</i> (generic for GALLIFREY) - Tier 1; QL <i>heather</i> (generic for CAMILA) - Tier 1; QL; GE <i>incassia</i> (generic for CAMILA) - Tier 1; QL; GE <i>jencycla</i> (generic for CAMILA) - Tier 1; QL; GE <i>lyleq</i> (generic for CAMILA) - Tier 1; QL; GE <i>lyza</i> (generic for CAMILA) - Tier 1; QL; GE <i>medroxyprogesterone acetate intramuscular</i> (generic for DEPO-PROVERA) - Tier 1; QL; GE</p>	

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

Preferred Agents	Non-Preferred Agents
<p><i>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i></p> <p><i>megestrol acetate oral suspension 40 mg/ml - Tier 1; QL</i></p> <p><i>megestrol acetate oral tablet 20 mg - Tier 1</i></p> <p><i>megestrol acetate oral tablet 40 mg - Tier 1; QL</i></p> <p><i>nora-be (generic for CAMILA) - Tier 1; QL; GE</i></p> <p><i>norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL</i></p> <p><i>norethindrone oral (generic for CAMILA) - Tier 1; QL; GE</i></p> <p><i>norlyroc (generic for CAMILA) - Tier 1; QL; GE</i></p> <p><i>progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL</i></p> <p><i>sharobel (generic for CAMILA) - Tier 1; QL; GE</i></p>	
<p>Selective Estrogen Receptor Modifying Agents</p>	
<p><i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i></p>	<p>OSPHENA - Tier 2; PA; QL; GE</p>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</p>	
<p>Progestins - Hormone Replacement/Modifying Drugs</p>	
<p><i>aftera (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>curae oral tablet 1.5 mg (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>her style (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>my choice (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>my way (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>new day (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i></p> <p><i>react (generic for AFTERA) - Tier 1; QL; GE</i></p> <p><i>take action (generic for AFTERA) - Tier 1; QL; GE</i></p>	

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	ERMEZA - Tier 2; PA; QL TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL TIROSINT-SOL - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal)	
<i>LYSODREN - Tier 2; QL</i>	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; QL</i> <i>FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP; QL</i> <i>LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL</i> <i>LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL</i> <i>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL</i> <i>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL</i> <i>LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL</i> <i>LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL</i> <i>octreotide acetate injection (generic for SANDOSTATIN) - Tier 1; SP; QL</i> <i>octreotide acetate subcutaneous - Tier 1; SP; QL</i>	<i>ORIAHNN - Tier 2; PA; QL</i> <i>TRIPTODUR - Tier 2; PA; SP; QL</i>

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

Preferred Agents	Non-Preferred Agents
ORLISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil oral - Tier 1; QL</i>	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL</i> RUCONEST - Tier 2; PA; SP; QL	

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

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

Immunological Agents, Other

<p>COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL DUPIXENT - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP 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; QL XOLAIR - Tier 2; PA; SP; QL</p>	<p>ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL 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</p>
--	--

Immunostimulants

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

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

Preferred Agents

Non-Preferred Agents

Immunosuppressants

ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL
 ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML - Tier 2; PA; SP; QL
 ADALIMUMAB-ADBIM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL
 ADALIMUMAB-ADBIM(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
gengraf oral capsule (generic for GENGRAF) - Tier 1; QL
 HADLIMA - Tier 2; PA; SP; QL
 HADLIMA PUSH TOUCH - Tier 2; PA; SP; QL
leflunomide oral (generic for ARAVA) - Tier 1; QL
methotrexate sodium - Tier 1
methotrexate sodium (pf) - Tier 1
mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL
mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL
mycophenolic acid (generic for MYFORTIC) - Tier 1; QL
OTULFI INJ - Tier 2; PA; SP; QL, AL
 SIMLANDI (1 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; 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; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>SIMLANDI (1 SYRINGE) - Tier 2; PA; SP; QL SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL SIMLANDI (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL sirolimus oral solution - Tier 1; QL sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL sirolimus oral tablet 2 mg - Tier 1 tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1 tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL YESINTEK INJ - Tier 2; PA; SP; QL, AL</p>	

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

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

Preferred Agents	Non-Preferred Agents
PEDIARIX - Tier 2; QL PEDVAX HIB - Tier 2; QL PENTACEL - Tier 2; QL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RECOMBIVAX HB - Tier 2; QL ROTARIX - Tier 2; QL ROTATEQ - Tier 2; QL SHINGRIX - Tier 2; QL; AL TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL TENIVAC - Tier 2; QL TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL TRUMENBA - Tier 2; QL TWINRIX - Tier 2; QL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXNEUVANCE - Tier 2; QL	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
DENG VAXIA - 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; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>mesalamine er (generic for APRISO) - Tier 1; QL</i> <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> <i>SFROWASA - Tier 2; QL</i> <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>DIPENTUM - Tier 2; PA; QL</i> <i>PENTASA - Tier 2; PA; QL</i>
Glucocorticoids	
<i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>PREPARATION H SOOTHING RELIEF EXTERNAL CREAM (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i>	<i>CORTIFOAM - Tier 2; PA; QL</i> <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i>
Metabolic Bone Disease Agents	
<i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> <i>TYMLOS - Tier 2; PA; SP; QL</i>	<i>RAYALDEE - Tier 2; PA; QL</i> <i>TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</i>

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

Preferred Agents

Non-Preferred Agents

Miscellaneous Therapeutic Agents

ABRYSVO - Tier 2; QL
acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1
acne medication 10 external lotion - Tier 1; QL
acne medication 5 external lotion - Tier 1
acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1
adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1
advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
 AFLURIA - Tier 2; QL
 AFLURIA PRESERVATIVE FREE - Tier 2; QL
 ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL
 ALCOHOL SWABS (brand for alcohol prep) - Tier 2; QL
 ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL
antifungal (tolnaftate) external cream 1 % (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

BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; QL
 BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL
 BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL
 BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL
 BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL
 BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
 CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL
 EMPAVELI - Tier 2; PA; SP; QL
 FYLNETRA - Tier 2; PA; SP
 GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL
 GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL
 HYFTOR - Tier 2; PA; QL
 INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
 INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL
 INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL

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

Preferred Agents

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
athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
athletes foot relief (generic for TINACTIN) - Tier 1
AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin zinc external - Tier 1; QL
bacitracin zinc first aid - Tier 1; QL
bacitracin zinc-aloe - Tier 1; QL

Non-Preferred Agents

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; SP; QL
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

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

Preferred Agents

BAYER ASPIRIN (brand for aspirin) - Tier 2; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
benzoyl peroxide external gel 2.5 % - Tier 1; QL
benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL
benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL
BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
calamine external lotion - Tier 1
CALQUENCE - Tier 2; PA; SP; QL
capsaicin cream 0.025 % external (generic for DERMACINRX PENETRAL) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents

capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL
CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL
CAPVAXIVE - Tier 2; QL
capzix (generic for CAPZASIN-HP) - Tier 1; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL
clearskin (generic for CLEARSKIN) - Tier 1
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
 COMIRNATY - Tier 2; QL
 CONDOMS - Tier 2; QL
 COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL
 corn & callus remover (generic for COMPOUND W) - Tier 1
 corn and callus remover (generic for COMPOUND W) - Tier 1
 COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL
 COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; AL
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
 CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2
 CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2
 CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2
 CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2
 CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2
 daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1

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

Preferred Agents**Non-Preferred Agents**

darunavir (generic for PREZISTA) - Tier 1; QL
 DERMELEVE ADVANCED FORMULA - Tier 2
 DERMELEVE ANTI-ITCH SCALP (brand for aluminum acetate) - Tier 2
 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
 DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1
 DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL
 DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL
 DUREX TROPICAL (brand for true cover) - Tier 2; QL
 EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL
 EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL
 EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL
 EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL
 ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
 EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL
 FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL
 FLEET BISACODYL - Tier 2; QL

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

Preferred Agents

FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL
FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
FLUAD - Tier 2; QL
FLUARIX - Tier 2; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL
FLULAVAL - Tier 2; QL
FLUZONE HIGH-DOSE - Tier 2; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL
folic acid oral tablet 1 mg - Tier 1; QL
folic acid oral tablet 400 mcg, 800 mcg - Tier 1
foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
ft antibiotic - Tier 1; QL
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
ft aspirin (generic for BAYER LOW DOSE) - Tier 1; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ft double antibiotic (generic for POLYSPORIN) - Tier 1
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
ft folic acid - Tier 1
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

Non-Preferred Agents

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

Preferred Agents

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
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL
INSPIREASE RESERVOIR BAGS - Tier 2; QL
INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents

LEVBIID (brand for hyoscyamine sulfate er) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1
liquid wart remover (generic for COMPOUND W) - Tier 1
liquid wart remover max st (generic for COMPOUND W) - Tier 1
magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
MASK VORTEX/CHILD/FROG - Tier 2; QL
MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MOUNJARO - Tier 2; PA; QL
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2
NOZIN NASAL SANITIZER POPSWAB - Tier 2; QL
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL
ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL; AL
ONELAX (brand for bisacodyl) - Tier 2; QL
OPILL - Tier 2; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2
 OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2
 PANOXYL (brand for bp wash) - Tier 2
 PENBRAYA - Tier 2; QL
 PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL
 PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL
 PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; AL
 poly bacitracin (generic for POLYSPORIN) - Tier 1
 POLYSPORIN (brand for double antibiotic) - Tier 2
 PREZISTA ORAL SUSPENSION - Tier 2; QL
 PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL
 probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1
 QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
 sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1
 SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; AL
 SPIKEVAX - Tier 2; QL
 ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL
 STRIVE DUAL ZONE PEAK FLOW MTR (brand for peak flow meter universal rang) - Tier 2; QL
 sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1

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

Preferred Agents**Non-Preferred Agents**

SUNLENCA ORAL - Tier 2; QL
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL
 TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL
tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1
 TRITOLNACIDE C (brand for antifungal (tolnaftate)) - Tier 2; QL
 TROJAN MAGNUM (brand for true cover) - Tier 2; QL
 TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL
 TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL
 TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL
 TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL
 TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL
 TRUE COVER (brand for true cover) - Tier 2; QL
 TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL
 TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2
 TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL
 VAPORIZER WARM STEAM - Tier 2; QL
 VAXELIS - Tier 2; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1

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

Preferred Agents	Non-Preferred Agents
<p>wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1</p> <p>WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL</p> <p>womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</p>	

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer	
<p>ALECENSA - Tier 2; PA; SP; QL</p> <p>ALUNBRIG - Tier 2; PA; SP; QL</p> <p>BOSULIF ORAL CAPSULE - Tier 2; SP; QL</p> <p>BOSULIF ORAL TABLET - Tier 2; PA; SP; QL</p> <p>BRUKINSA - Tier 2; PA; SP</p> <p>CABOMETYX - Tier 2; PA; SP; QL</p> <p>CAPRELSA - Tier 2; PA; SP; QL</p> <p>COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>dasatinib (generic for SPRYCEL) - Tier 1; PA; SP; QL</p> <p>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL</p> <p>gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL</p> <p>GILOTRIF - Tier 2; PA; SP; QL</p>	<p>GAVRETO - Tier 2; PA; SP; QL</p> <p>TABRECTA - Tier 2; PA; SP; QL</p> <p>TAGRISSEO - Tier 2; PA; SP; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>ICLUSIG - Tier 2; PA; SP; QL <i>imatinib mesylate (generic for GLEEVEC)</i> - Tier 1; PA; SP; QL IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL <i>lapatinib ditosylate (generic for TYKERB)</i> - Tier 1; PA; SP; QL LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>pazopanib hcl (generic for VOTRIENT)</i> - Tier 1; PA; SP; QL TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; SP; QL; AL XALKORI - Tier 2; PA; SP; QL</p>	

Ophthalmic Agents

Ophthalmic Prostaglandin and Prostanoid Analogs

<p><i>latanoprost ophthalmic (generic for XALATAN)</i> - Tier 1; QL</p>	<p>LUMIGAN - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL</p>
---	---

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

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

Ophthalmic Agents, Other

<p><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-POLYCYN 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> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i> NEO-POLYCYN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> <i>sulfacetamide-prednisolone - Tier 1</i> TOBRADEX - Tier 2; QL <i>tobramycin-dexamethasone - Tier 1</i></p>	<p>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</p>
--	---

Ophthalmic Anti-allergy Agents

<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> PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</p>	
--	--

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

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

Ophthalmic Anti-Infectives

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

AZASITE - Tier 2; PA; QL
 BESIVANCE - Tier 2; PA; QL

Ophthalmic Anti-inflammatories

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

EYSUVIS - Tier 2; PA; QL
 FLAREX - Tier 2; PA; QL
 ILEVRO - Tier 2; PA; QL
 INVELTYS - Tier 2; PA; QL
LOTEMAX OPHTHALMIC GEL (brand for loteprednol etabonate) - Tier 2; PA; QL
 LOTEMAX OPHTHALMIC OINTMENT - Tier 2; PA; QL
 LOTEMAX SM - Tier 2; PA; QL
 NEVANAC - Tier 2; PA; QL
PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL

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

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

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

Preferred Agents**Non-Preferred Agents**

eye drops long lasting (generic for SYSTANE) - Tier 1; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE A.C.) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL
EYES ALIVE (brand for cvs lubricant eye drops (pf)) - Tier 2
for sty relief (generic for ALTALUBE) - Tier 1; QL
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1
ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
GENTEAL SEVERE - Tier 2; QL
GENTEAL TEARS MODERATE PF (brand for artificial tears pf) - Tier 2
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2
GENTEAL TEARS PF (brand for artificial tears pf) - Tier 2
GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL
HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL

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

Preferred Agents

lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1
lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL
lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant eye pm (generic for ALTALUBE) - Tier 1; QL
lubricating eye drops (generic for SYSTANE) - Tier 1; QL
lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL
lubricating plus pf (generic for BIOLLE TEARS) - Tier 1
lubricating tears eye drops (generic for ULTRA FRESH) - Tier 1; QL
lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL
MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL
natural tears pf (generic for BION TEARS PF) - Tier 1
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents

nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1
PURE & GENTLE LUBRICANT - Tier 2
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL
relief eye drops (generic for VISINE A.C.) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE CONTACTS (brand for artificial tears) - Tier 2
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE NIGHT - Tier 2; QL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL</p> <p>SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</p> <p>SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL</p> <p>SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</p> <p>ultra fresh (generic for ULTRA FRESH) - Tier 1; QL</p> <p>ultra fresh pm (generic for ALTALUBE) - Tier 1; QL</p> <p>ultra lubricant drop (generic for SYSTANE) - Tier 1; QL</p> <p>ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL</p> <p>ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL</p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p>NAPHCON-A (brand for allergy eye) - Tier 2</p> <p>VASOCLEAR-A - Tier 2; QL</p> <p>VISINE (brand for allergy eye) - Tier 2</p>	
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</p> <p>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</p> <p>allergy eye drops (generic for ALAWAY) - Tier 1; QL</p> <p>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</p> <p>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</p> <p>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</p>	

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

Preferred Agents	Non-Preferred Agents
Otic Agents	
<i>acetic acid otic - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL</i> <i>hydrocortisone-acetic acid - Tier 1</i> <i>neomycin-polymyxin-hc otic - Tier 1; QL</i> <i>ofloxacin otic - Tier 1; QL</i>	
Otic Agents - Drugs to Treat Ear Conditions	
Otic Agents - Drugs for the Ear	
<i>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2</i> <i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2</i> <i>ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>earwax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i> <i>ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>	

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

Preferred Agents

Non-Preferred Agents

Respiratory Tract/Pulmonary Agents

Antihistamines

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

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

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents	Non-Preferred Agents
<p>MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL MM ALLER-BEN (brand for allergy relief) - Tier 2; QL NARAMIN (brand for allergy childrens) - Tier 2; QL pharbedryl (generic for BANOPHEN) - Tier 1; QL total allergy (generic for BANOPHEN) - Tier 1; QL total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL</p>	
Anti-inflammatories, Inhaled Corticosteroids	
<p>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 budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL FLUTICASONE PROPIONATE HFA - Tier 2; QL fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL</p>	<p>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA ARNUITY 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</p>
Antileukotrienes	
<p>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</p>	<p>ZYFLO - Tier 2; PA</p>

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

Preferred Agents	Non-Preferred Agents
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>	<i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL</i> SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL
Bronchodilators, Sympathomimetic	
<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 >= 8 years of age will require PA; QL; AL</i> <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL</i> ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL <i>albuterol sulfate oral syrup - Tier 1; QL</i> <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i> <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i> STRIVERDI RESPIMAT - Tier 2; QL	<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> PROAIR RESPICLICK - Tier 2; PA; QL SEREVENT DISKUS - Tier 2; PA; QL <i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</i>
Cystic Fibrosis Agents	
CAYSTON - Tier 2; DX2RX; SP; QL KALYDECO - Tier 2; PA; SP; QL ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i> TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL	TOBI PODHALER - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Mast Cell Stabilizers	
<i>cromolyn sodium inhalation - Tier 1; QL</i>	
Phosphodiesterase Inhibitors, Airways Disease	
<i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <i>roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL</i> THEO-24 - Tier 2 <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i> <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i> <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i>	
Pulmonary Antihypertensives	
ADEMPAS - Tier 2; DX2RX; SP; QL <i>alyq (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i> <i>ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL</i> <i>bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL</i> OPSUMIT - Tier 2; DX2RX; SP; QL <i>sildenafil citrate oral suspension reconstituted - Tier 1; DX2RX; SP; QL</i> <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i> <i>tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i> TRACLEER 32 MG - Tier 2; DX2RX; SP; QL	ORENITRAM - Tier 2; PA; SP; QL ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL TADLIQ - Tier 2; PA; SP; QL TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL
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>	

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

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

Respiratory Tract Agents, Other

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

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

<p><i>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2</i> <i>altamist spray (generic for AYR) - Tier 1</i> <i>altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>AYR (brand for altamist spray) - Tier 2</i> AYR NASAL MIST ALLERGY/SINUS - Tier 2 AYR SALINE NASAL DROPS - Tier 2 <i>BABY AYR SALINE (brand for altamist spray) - Tier 2</i> <i>bromphen-pseudoeph-dm - Tier 1; QL; AL</i> <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL</i> <i>chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>chest congestion relief oral tablet (generic for XPECT) - Tier 1</i></p>	
---	--

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

ed bron gp - Tier 1; AL

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

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

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

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

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

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

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

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

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

maxi-tuss pe max - Tier 1; AL

medifin 400 (generic for XPECT) - Tier 1

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

mucus relief oral tablet (generic for XPECT) - Tier 1

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

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

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

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

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

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

Preferred Agents

nasal moisturizing spray (generic for AYR) - Tier 1
nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray saline (generic for AYR) - Tier 1
NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2
non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1
OCEAN FOR KIDS (brand for altamist spray) - Tier 2
OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2
pharbinex (generic for XPECT) - Tier 1
phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
pseudoephedrine-bromphen-dm - Tier 1; QL; AL
refenesen 400 (generic for XPECT) - Tier 1
ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL
ROBITUSSIN CHILDRENS COUGH LA - Tier 2; AL
ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL
saline mist spray (generic for AYR) - Tier 1
saline nasal spray (generic for AYR) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin adult oral liquid 200 mg/10ml (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
XPECT (brand for chest congestion relief) - Tier 2

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

Preferred Agents

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL</p> <p>ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL</p> <p>tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL</p> <p>ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL</p> <p>ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL</p>	

Antihistamines - Drugs to Treat Allergies

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

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; QL
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL
loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL
loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL
mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

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

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

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

<p>ANORO ELLIPTA - Tier 2; QL</p> <p>breyndra (generic for BREYNDRA) - Tier 1; PA; QL</p> <p>budesonide-formoterol fumarate (generic for BREYNDRA) - Tier 1; PA; ST; QL</p> <p>FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</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) - Tier 1; QL</p> <p>FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL</p> <p>ipratropium-albuterol - Tier 1; QL</p> <p>STIOLTO RESPIMAT - Tier 2; QL</p>	<p>ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL</p> <p>BEVESPI AEROSPHERE - Tier 2; PA; QL</p> <p>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</p> <p>BREZTRI AEROSPHERE - Tier 2; PA; QL</p> <p>COMBIVENT RESPIMAT - Tier 2; PA; QL</p> <p>DULERA - Tier 2; PA; QL</p> <p>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL</p> <p>TRELEGY ELLIPTA - Tier 2; PA; QL</p>
--	--

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

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

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

Mast Cell Stabilizers - Drugs for the Lungs

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

Respiratory Tract Agents, Other - Asthma/Lung Drugs

12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1
12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1
12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL
allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

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

Preferred Agents

allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief nasal decong oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
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
altarussin-pe - Tier 1; AL
anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1

Non-Preferred Agents

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

Preferred Agents

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; AL
cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL
COLD/SINUS) - Tier 1; AL
cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL;
AL
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) -
Tier 1; QL; AL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for
DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM
COLD/COUGH) - Tier 1; QL; AL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG
DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGH/CHEST CONG DM
CHILD) - Tier 1
cough dm childrens oral suspension extended release 30 mg/5ml
(generic for DELSYM) - Tier 1; QL; AL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

g tussin ac - Tier 1; QL; AL

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

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

guaifenesin-codeine - Tier 1; QL; AL

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

HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2

ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL

ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

maxi-tuss ac - Tier 1; QL; AL

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

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

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

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

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

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

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

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

Preferred Agents

MUCINEX FAST-MAX SEVERE CONICG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2
MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2
MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2
mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus d extended release (generic for MUCINEX D) - Tier 1; AL
mucus d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL
mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL

Non-Preferred Agents

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

Preferred Agents

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
nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal relief nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1

no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1

no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1

promethazine-codeine oral solution - Tier 1; QL; AL

promethazine-dm - Tier 1; QL; AL

pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

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

pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL

PULMOSAL (brand for sodium chloride) - Tier 2

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

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

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

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

RYNEX PE - Tier 2; AL

rynex pse - Tier 1; AL

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

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

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

Preferred Agents

sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED CHILDRENS - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2
sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p><i>tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</i></p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p><i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i></p> <p><i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i></p> <p><i>orphenadrine citrate er - Tier 1; QL</i></p>	
Sleep Disorder Agents	
Sleep Promoting Agents	
<p><i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i></p> <p><i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i></p> <p><i>triazolam (generic for HALCION) - Tier 1; QL</i></p> <p><i>zaleplon - Tier 1; QL</i></p> <p><i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i></p> <p><i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i></p>	<p>BELSOMRA - Tier 2; PA</p> <p>DAYVIGO - Tier 2; PA; ^; QL</p>

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

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

Wakefulness Promoting Agents

<p><i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i></p>	<p><i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; 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></p>
---	---

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

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

<p><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/FE (brand for pc pediatric poly-vitalfe 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>CADEAU DHA - Tier 2</i> <i>calcidol (generic for CALCIDOL) - Tier 1; QL</i> <i>calcium 600 - Tier 1; QL</i></p>	
--	--

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2; QL
OBTREX - Tier 2
OCUVEL (brand for v-c forte) - Tier 2; QL
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
SUPPORT (brand for support) - Tier 2; QL
tri-vitelfluoride oral solution 0.25 mg/ml (generic for SOLUVITA ACD WITH FLUORIDE) - Tier 1; QL
tri-vitelfluoride oral solution 0.5 mg/ml - Tier 1
true oyster shell calcium - Tier 1; QL
TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1; QL
vic-forte (generic for VIC-FORTE) - Tier 1; QL
vit c/rose hips - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents

Non-Preferred Agents

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
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

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

Vitamins

Electrolytes/Minerals/Metals/Vitamins

prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL

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

Prior Authorization / Class Criteria

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

Index of Drugs

12 hour allergy-d.....	159	ACCU-CHEK GUIDE KIT W/DEVICE.....	68	acid controller.....	88
12 hour decongestant.....	164	ACCU-CHEK GUIDE TEST STRIPS.....	68	acid gone.....	90
12 hour nasal decongestant.....	164	ACCU-CHEK SMARTVIEW.....	68	acid reducer oral capsule delayed release...89	
12 hour nasal relief spray.....	164	ACCU-CHEK SMARTVIEW CONTROL.....	68	acid reducer oral tablet.....	88
12 hour nasal spray.....	164	ACCU-CHEK SOFTCLIX LANCET		acid reducer oral tablet 200 mg.....	88
12hr allergy relief.....	160	DEVICE KIT.....	68	acidophilus lactobacillus oral.....	90
24 hour nasal allergy nasal aerosol 55		ACCUTREND GLUCOSE CONTROL.....	68	acidophilus oral capsule , 10 mg.....	90
mcglact.....	163	acetaminophen 8 hour.....	8	acidophilus probiotic oral capsule 10 mg.....	90
24hr allergy relief.....	160	acetaminophen 8 hours.....	8	acidophilus probiotic oral tablet , 0.5 mg.....	90
3 day vaginal.....	29	acetaminophen 8hr arth pain.....	8	acitretin.....	60
4-WAY FAST ACTING.....	154	acetaminophen 8hr musc ache.....	8	acne control cleanser.....	127
8 hour arthritis pain.....	8	acetaminophen childrens.....	8	acne medication 10 external lotion.....	127
8 hour arthritis relief.....	8	acetaminophen er.....	8	acne medication 5 external lotion.....	127
8 hour pain relief oral tablet extended		acetaminophen ex st oral liquid 500		acne treatment external cream 10 %.....	127
release 650 mg.....	8	mg/15ml.....	8	ACTEMRA ACTPEN.....	122
8 hour pain reliever.....	8	acetaminophen ex st oral tablet 500 mg.....	8	ACTEMRA SUBCUTANEOUS.....	122
8 hr arthritis pain relief.....	8	acetaminophen extra strength oral liquid.....	8	ACTHAR.....	110
8hr arthritis pain relief.....	8	acetaminophen extra strength oral tablet.....	8	ACTHIB.....	124
8hr muscle aches & pain.....	8	acetaminophen infants.....	8	ACTIMMUNE.....	122
8hr muscle aches & pain relief.....	8	acetaminophen oral liquid 160 mg/5ml.....	9	acyclovir external ointment.....	40
a-25.....	79	acetaminophen oral solution 160 mg/5ml,		acyclovir oral.....	40
abacavir sulfate.....	41	325 mg/10.15ml, 650 mg/20.3ml.....	9	ADACEL.....	124
abacavir sulfate-lamivudine.....	41	acetaminophen oral suspension 160		ADALIMUMAB-ADBM (2 PEN) AUTO-	
ABATINEX.....	90	mg/5ml, 650 mg/20.3ml.....	9	INJECTOR KIT 40 MG/0.4ML	
ABILIFY ASIMTUFII.....	38	acetaminophen oral tablet 325 mg.....	9	SUBCUTANEOUS.....	123
ABILIFY MAINTENA.....	38	acetaminophen oral tablet 500 mg.....	9	ADALIMUMAB-ADBM (2 SYRINGE)	
abiraterone acetate oral tablet 250 mg.....	32	acetaminophen oral tablet chewable 160		SUBCUTANEOUS PREFILLED SYRINGE	
ABREVA.....	67	mg.....	9	KIT 10 MG/0.2ML, 20 MG/0.4ML, 40	
ABRYSVO.....	127	acetaminophen rectal suppository 120 mg....	9	MG/0.4ML.....	123
ABSORICA.....	60	acetaminophen rectal suppository 650 mg....	9	ADALIMUMAB-ADBM(CD/UC/HS STRT)	
ABSORICA LD.....	60	acetaminophen-codeine oral solution 120-		SUBCUTANEOUS AUTO-INJECTOR KIT	
acamprosate calcium.....	15	12 mg/5ml.....	6	40 MG/0.4ML.....	123
acarbose oral.....	44	acetaminophen-codeine oral tablet.....	6	ADALIMUMAB-ADBM(PS/UV STARTER)	
ACCRUFER.....	71	acetazolamide er.....	53	SUBCUTANEOUS AUTO-INJECTOR KIT	
ACCU-CHEK AVIVA DEVICE.....	68	acetazolamide oral.....	53	40 MG/0.4ML.....	123
ACCU-CHEK AVIVA PLUS TEST STRIPS..68		acetic acid otic.....	147	ADALIMUMAB-FKJP (2 PEN).....	123
ACCU-CHEK FASTCLIX LANCET KIT.....	68	acetylcysteine inhalation solution 10 %.....	154	ADALIMUMAB-FKJP (2 SYRINGE).....	123
ACCU-CHEK GUIDE CONTROL.....	68	acetylcysteine inhalation solution 20 %.....	154		

ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	122	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	152	<i>allergy medication</i>	148
<i>addaprin</i>	4	<i>albuterol sulfate oral syrup</i>	152	<i>allergy medicine</i>	148
ADDERALL XR.....	58	<i>alclometasone dipropionate external ointment</i>	61	<i>allergy nasal mist no drip</i>	165
ADEMPAS.....	153	ALCOHOL PREP PADS PAD , 70 %.....	127	<i>allergy oral capsule 25 mg</i>	148
ADMELOG.....	46	ALCOHOL SWABS.....	127	<i>allergy oral liquid 12.5 mg/5ml</i>	148
ADMELOG SOLOSTAR.....	46	ALECENSA.....	138	<i>allergy oral tablet 25 mg</i>	148
<i>adult 50+ probiotic</i>	90	<i>alendronate sodium oral solution</i>	126	<i>allergy rel child (loratadine)</i>	161
<i>adult probiotic</i>	90	<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	126	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	148
<i>adv acne spot treatment</i>	127	<i>alendronate sodium oral tablet 70 mg</i>	126	<i>allergy relief (loratadine) oral tablet</i>	161
ADVAIR HFA.....	163	<i>alfuzosin hcl er</i>	108	<i>allergy relief adult</i>	148
<i>advanced acne spot treat</i>	127	<i>all day allergy d</i>	159	<i>allergy relief cetirizine</i>	148
<i>advanced antacid</i>	90	<i>all day allergy oral tablet 10 mg</i>	148	<i>allergy relief child</i>	161
<i>advanced healing external ointment</i>	66	<i>all day allergy relief oral tablet 10 mg</i>	160	<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	148
ADVIL COLD/SINUS.....	164	<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	159	<i>allergy relief childrens oral solution 5 mg/5ml</i>	161
ADVIL JUNIOR STRENGTH.....	4	<i>all day pain relief</i>	4	<i>allergy relief childrens oral tablet chewable 12.5 mg</i>	148
ADVIL ORAL TABLET.....	4	<i>all day relief</i>	4	<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	159
ADZENYS XR-ODT.....	58	ALLEGRA ALLERGY.....	160	<i>allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	165
<i>afirmelle</i>	112	ALLEGRA HIVES 24HR.....	160	<i>allergy relief d-12</i>	165
AFLURIA.....	127	<i>allerclear</i>	160	<i>allergy relief d-24</i>	165
AFLURIA PRESERVATIVE FREE.....	127	<i>allerclear d-12hr</i>	164	<i>allergy relief max st</i>	148
<i>aftera</i>	119	<i>allerclear d-24hr</i>	164	<i>allergy relief nasal decong oral tablet extended release 12 hour</i>	159
AIMOVIG.....	31	<i>aller-ease oral tablet 180 mg</i>	160	<i>allergy relief nasal decong oral tablet extended release 24 hour</i>	165
AJOVY.....	31	<i>aller-fex</i>	160	<i>allergy relief oral capsule 25 mg</i>	148
<i>ala-cort</i>	61	<i>allerg rel child (lorat)</i>	160	<i>allergy relief oral liquid 25 mg/10ml</i>	148
ALAWAY.....	146	<i>allerg relief child (lorat)</i>	160	<i>allergy relief oral tablet 10 mg</i>	161
ALAWAY CHILDRENS ALLERGY.....	146	<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	164	<i>allergy relief oral tablet 180 mg</i>	161
<i>albendazole oral</i>	35	<i>allergy & congestion relief</i>	164	<i>allergy relief oral tablet 25 mg</i>	148
<i>albuterol sulfate hfa</i>	152	<i>allergy (cetirizine)</i>	148	<i>allergy relief oral tablet 60 mg</i>	161
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>	152	<i>allergy 24hour indoor/outdoor</i>	148	<i>allergy relief oral tablet chewable 12.5 mg.</i>	149
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	152	<i>allergy 24-hr</i>	160	<i>allergy relief oral tablet dispersible 10 mg..</i>	161
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	152	<i>allergy childrens oral liquid</i>	148	<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	159
		<i>allergy childrens oral solution</i>	161		
		<i>allergy eye drops</i>	146		

<i>allergy relief oral tablet extended release 12 mg</i>	161	ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	151	ANECREAM EXTERNAL CREAM.....	15
<i>allergy relief(cetirizine)</i>	149	ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	151	<i>anefrin spray</i>	165
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	161	<i>alyacen 1/35</i>	112	<i>animal shapes complete</i>	175
<i>allergy relief/nasal decong</i>	165	<i>alyacen 7/7/7</i>	112	ANNOVERA.....	112
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	159	<i>alyq</i>	153	ANORO ELLIPTA.....	163
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	165	<i>amantadine hcl oral capsule</i>	37	<i>antacid & anti-gas max str</i>	90
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	159, 165	<i>amantadine hcl oral solution</i>	37	<i>antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	91
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	165	<i>ambrisentan</i>	153	<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	91
<i>allergy relief-d12</i>	165	<i>amiloride hcl oral</i>	54	<i>antacid & anti-gas oral suspension 400-400-40 mg/5ml</i>	91
<i>allergy spray 24 hour nasal aerosol</i>	163	<i>amiloride-hydrochlorothiazide</i>	53	<i>antacid & gas relief</i>	91
<i>allergy/congestion relief</i>	165	<i>aminocaproic acid oral</i>	49	<i>antacid advanced</i>	91
<i>aller-tec</i>	149	<i>aminofen</i>	9	<i>antacid anti-gas</i>	91
<i>aller-tec d</i>	159	<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	51	<i>antacid anti-gas max strength</i>	91
<i>allopurinol oral tablet 100 mg, 300 mg</i>	30	<i>amitriptyline hcl oral</i>	26	<i>antacid calcium</i>	91
<i>almacone double strength</i>	90	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML.....	123	<i>antacid calcium rich</i>	91
ALOGLIPTIN BENZOATE.....	44	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	123	<i>antacid extra str</i>	91
ALOGLIPTIN-METFORMIN HCL.....	44	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML.....	123	<i>antacid extra strength oral suspension</i>	91
ALOGLIPTIN-PIOGLITAZONE.....	44	<i>amlodipine besylate oral</i>	52	<i>antacid extra strength oral tablet chewable 160-105 mg</i>	91
ALORA.....	112	<i>amlodipine besylate-benazepril hcl</i>	53	<i>antacid extra strength oral tablet chewable 750 mg</i>	91
ALPHAGAN P.....	142	<i>amlodipine besylate-valsartan</i>	53	<i>antacid fast relief</i>	91
<i>alprazolam oral tablet</i>	43	<i>amlodipine-olmesartan</i>	53	<i>antacid i</i>	91
<i>altachlore ophthalmic ointment</i>	142	<i>ammonium lactate external</i>	61	<i>antacid iii</i>	91
<i>altachlore ophthalmic solution</i>	142	<i>amnesteem</i>	60	<i>antacid kids</i>	91
<i>altafrin</i>	140	<i>amoxapine</i>	26	<i>antacid liquid</i>	92
<i>altalube</i>	142	<i>amoxicillin</i>	19	<i>antacid m</i>	92
<i>altamist spray</i>	154	<i>amoxicillin-potassium clavulanate</i>	19	<i>antacid maximum</i>	92
<i>altarussin</i>	154	<i>amphetamine-dextroamphetamine</i>	58	<i>antacid maximum strength</i>	92
<i>altarussin dm</i>	165	<i>amphetamine-dextroamphetamine er</i>	58	<i>antacid maximum strength oral tablet chewable 1000 mg</i>	92
<i>altarussin-pe</i>	165	<i>ampicillin</i>	19	<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	92
<i>altavera</i>	112	AMZEEQ.....	65	<i>antacid oral suspension 400-135 mg/5ml</i>	92
ALTRIXA.....	79	<i>anagrelide hcl</i>	49	<i>antacid oral tablet chewable 1000 mg</i>	92
<i>alum & mag hydroxide-simeth</i>	90	ANASPAZ.....	127	<i>antacid oral tablet chewable 500 mg</i>	92
ALUNBRIG.....	138	<i>anastrozole oral</i>	33		

<i>antacid oral tablet chewable 750 mg</i>	92	APIDRA VIAL.....	46	<i>aspirin ec adult low dose</i>	127
<i>antacid plus antigas</i>	92	<i>apra</i>	9	<i>aspirin ec oral tablet 325 mg</i>	127
<i>antacid regular strength oral suspension</i>		<i>apraclonidine hcl</i>	142	<i>aspirin ec oral tablet delayed release 325</i>	
<i>200-200-20 mg/5ml</i>	92	<i>aprepitant</i>	27	<i>mg</i>	127
<i>antacid ultra strength</i>	92	<i>apri</i>	112	<i>aspirin ec oral tablet delayed release 81</i>	
<i>antacid ultra strength oral tablet chewable</i>		APRISO.....	126	<i>mg</i>	127
<i>1000 mg</i>	92	APRODINE.....	165	<i>aspirin oral tablet 325 mg</i>	128
<i>antacid/antigas</i>	92	APTIOM.....	23	<i>aspirin oral tablet chewable 81 mg</i>	128
<i>antacid/anti-gas max st</i>	93	APTIVUS.....	42	<i>aspirin oral tablet delayed release 325 mg</i>	128
<i>antacid/anti-gas oral suspension 200-200-</i>		<i>aqueous vitamin d</i>	79	<i>aspirin oral tablet delayed release 81 mg..</i>	128
<i>20 mg/5ml</i>	93	<i>aranelle</i>	112	ASPIRIN ORAL TABLET DELAYED	
<i>antacid/anti-gas oral suspension 400-400-</i>		ARANESP (ALBUMIN FREE).....	49	RELEASE 81 MG.....	128
<i>40 mg/5ml</i>	93	AREXVY.....	127	<i>aspirin rectal suppository 300 mg</i>	128
<i>antacid/gas relief max st</i>	93	<i>aripiprazole oral tablet</i>	38	<i>aspirin regimen</i>	128
<i>antibiotic</i>	127	ARISTADA.....	38	<i>astrigent</i>	66
<i>antibiotic external ointment 3.5-400-5000</i> ..	21	ARISTADA INITIO.....	38	<i>astrigent eye drops</i>	142
<i>anti-diarr/ant-gas</i>	93	<i>armodafinil</i>	175	<i>astrigent solution</i>	66
<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i>	93	ARMOUR THYROID.....	120	<i>atazanavir sulfate</i>	42
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	93	ARNUITY ELLIPTA.....	151	<i>atenolol oral</i>	52
<i>anti-diarrheal oral tablet 2 mg</i>	87	<i>arthritis pain oral tablet extended release</i>		<i>atenolol-chlorthalidone</i>	53
<i>anti-diarrheal/anti-gas</i>	93	<i>650 mg</i>	9	<i>athletes foot</i>	29
<i>antifungal (tolnaftate) external cream 1 %</i>	127	<i>arthritis pain relief oral tablet extended</i>		<i>athletes foot (terbinafine)</i>	29
<i>antifungal external cream</i>	29	<i>release 650 mg</i>	9	<i>athletes foot (tolnaftate) external aerosol</i>	
<i>antifungal external powder</i>	29	<i>arthritis pain reliever oral</i>	9	<i>powder 1 %</i>	128
<i>antifungal foot care</i>	29	<i>arthritis pain relieving</i>	127	<i>athletes foot (tolnaftate) external cream 1</i>	
<i>anti-gas oral capsule 180 mg</i>	93	<i>artificial tears ophthalmic solution</i>	142	<i>%</i>	128
<i>anti-hist allergy</i>	149	<i>artificial tears pf</i>	142	<i>athletes foot external aerosol powder 2 %</i> ...	29
<i>anti-itch aloe</i>	61	<i>ascomp-codeine</i>	6	<i>athletes foot external cream 1 %</i>	29
<i>anti-itch intensive heal</i>	61	<i>ascorbic acid oral liquid</i>	175	<i>athletes foot external powder 2 %</i>	29
<i>anti-itch max str external cream 1 %</i>	61	<i>ascorbic acid oral tablet 500 mg</i>	175	<i>athletes foot powder spray external aerosol</i>	
<i>anti-itch maximum strength external cream</i>		<i>ashlyna</i>	112	<i>powder 1 %</i>	128
<i>1 %</i>	61	ASMANEX (120 METERED DOSES).....	151	<i>athletes foot powder spray external aerosol</i>	
<i>anti-nausea</i>	27	ASMANEX (14 METERED DOSES).....	151	<i>powder 2 %</i>	29
<i>anti-nausea relief</i>	27	ASMANEX (30 METERED DOSES).....	151	<i>athletes foot relief</i>	128
<i>antiseptic</i>	21	ASMANEX (60 METERED DOSES).....	151	<i>athletes foot spray external aerosol 2 %</i>	29
ANTIVERT ORAL TABLET CHEWABLE		ASMANEX HFA.....	151	<i>atomoxetine hcl</i>	56
25 MG.....	26	ASPERFLEX LIDOCAINE EXTERNAL		ATORVALIQ.....	55
<i>apap-caff-dihydrocodeine</i>	6	CREAM.....	15	<i>atorvastatin calcium oral</i>	55
APIDRA SOLOSTAR.....	46	<i>aspirin childrens</i>	127	<i>atovaquone</i>	36

<i>atovaquone-proguanil hcl</i>	36	<i>bac</i>	6	BD ULTRA-FINE PEN NEEDLES.....	68
<i>atropine sulfate ophthalmic solution 1 %</i>	140	<i>bacitracin external</i>	128	BD ULTRA-FINE PEN NEEDLES 29G X	
ATROVENT HFA.....	152	<i>bacitracin ophthalmic</i>	141	12.7MM.....	129
<i>aubra eq</i>	112	<i>bacitracin zinc external</i>	128	BD ULTRA-FINE PEN NEEDLES 31G X 8	
AUM ALCOHOL PREP PADS.....	128	<i>bacitracin zinc first aid</i>	128	MM.....	129
<i>aurovela 1.5/30</i>	112	<i>bacitracin zinc-aloe</i>	128	<i>beauty 360 pure glycerin</i>	66
<i>aurovela 1/20</i>	112	<i>bacitracin-polymyxin b</i>	141	<i>beauty 360 soothing bath</i>	66
<i>aurovela 24 fe</i>	112	<i>bacitra-neomycin-polymyxin-hc</i>	140	BELBUCA.....	6
<i>aurovela fe 1.5/30</i>	112	<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	39	BELSOMRA.....	174
<i>aurovela fe 1/20</i>	112	BAFIERTAM.....	59	BENADRYL ALLERGY CHILDRENS	
AURYXIA.....	79	BALCOLTRA.....	112	ORAL LIQUID.....	149
AUSTEDO.....	59	<i>balsalazide disodium</i>	126	BENADRYL ALLERGY CHILDRENS	
AUVI-Q.....	152	BALVERSA.....	34	ORAL TABLET CHEWABLE.....	149
AVAR-E EMOLLIENT.....	66	<i>balziva</i>	112	BENADRYL ALLERGY ORAL TABLET.....	149
AVEDANA GLYCERIN (ADULT).....	104	<i>banophen oral capsule 25 mg</i>	149	BENADRYL ALLERGY ULTRATABS.....	149
<i>aviane</i>	112	<i>banophen oral tablet</i>	149	<i>benazepril hcl oral</i>	51
AVONEX PEN.....	59	BAQSIMI ONE PACK.....	45	<i>benazepril-hydrochlorothiazide</i>	53
AVONEX PREFILLED.....	59	BAQSIMI TWO PACK.....	45	BENZAC AC WASH.....	129
AYR.....	154	BARACLUDGE ORAL SOLUTION.....	39	BENZNIDAZOLE.....	36
AYR NASAL MIST ALLERGY/SINUS.....	154	BAYER ASPIRIN.....	128	<i>benzonatate oral capsule 100 mg, 200 mg</i>	166
AYR SALINE NASAL DROPS.....	154	BAYER LOW DOSE ORAL TABLET		<i>benzoyl peroxide external gel 2.5 %</i>	129
<i>ayuna</i>	112	CHEWABLE.....	129	<i>benzoyl peroxide external liquid</i>	129
AZASITE.....	141	<i>baza antifungal</i>	29	<i>benzoyl peroxide wash external liquid 5 %</i>	129
<i>azathioprine oral tablet 50 mg</i>	123	<i>b-complex oral tablet</i>	79	<i>benztropine mesylate oral</i>	37
<i>azelaic acid external</i>	60	<i>b-complex with b-12</i>	79	BESIVANCE.....	141
<i>azelastine hcl nasal</i>	149	<i>b-complex/b-12 oral</i>	79	BETADINE EXTERNAL SOLUTION 10 %...21	
<i>azelastine hcl ophthalmic</i>	140	BD AUTOSHIELD DUO PEN NEEDLES.....	68	<i>betamethasone dipropionate aug</i>	61
<i>azithromycin oral</i>	20	BD ECLIPSE NEEDLE 25G X 5/8".....	129	<i>betamethasone dipropionate external lotion</i>	61
azo.....	109	BD ULTRA-FINE INSULIN SYRINGES.....	129	<i>betamethasone dipropionate external</i>	
AZO VAGINAL HEALTH PROBIOTIC.....	93	BD ULTRA-FINE INSULIN SYRINGES		<i>ointment</i>	61
AZSTARYS.....	58	30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML.....	129	<i>betamethasone valerate external cream</i>	61
<i>azurette</i>	112	BD ULTRA-FINE INSULIN SYRINGES		<i>betamethasone valerate external lotion</i>	61
<i>b complex vitamins</i>	79	30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,		<i>betamethasone valerate external ointment</i> ..	61
<i>b complex-b12</i>	79	31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML,		BETASERON.....	59
<i>b-1</i>	180	31G X 5/16" 1 ML.....	129	<i>betatemp childrens</i>	9
<i>b-12 oral tablet extended release</i>	180	BD ULTRA-FINE INSULIN SYRINGES		<i>betaxolol hcl ophthalmic</i>	142
<i>b6</i>	180	31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	129	<i>betaxolol hcl oral</i>	52
BABY AYR SALINE.....	154	BD ULTRA-FINE INSULIN SYRINGES		<i>bethanechol chloride oral</i>	109
<i>baby basics diaper rash</i>	66	31G X 5/16" 0.3 ML.....	129	BETIMOL.....	142

BEVESPI AEROSPHERE.....	163	BPROTECTED PEDIA IRON.....	73	<i>butalbital-apap-caffeine oral capsule 50-</i>	
<i>bexarotene</i>	35	BPROTECTED PEDIA POLY-VITE/FE.....	175	<i>325-40 mg</i>	6
BEXSERO.....	124	BPROTECTED VITAMIN C.....	175	<i>butalbital-apap-caffeine oral tablet</i>	6
BEYAZ.....	112	BREATHE COMFORT HUMIDIFIER.....	129	<i>butalbital-asa-caff-codeine</i>	6
<i>bicalutamide</i>	32	BREO ELLIPTA INHALATION AEROSOL		<i>butalbital-aspirin-caffeine</i>	6
BIJUVA ORAL CAPSULE 1-100 MG.....	112	POWDER BREATH ACTIVATED 100-25		<i>butorphanol tartrate nasal</i>	6
BIKTARVY ORAL TABLET 30-120-15 MG..	40	MCG/ACT, 200-25 MCG/ACT.....	163	BYDUREON BCISE AUTOINJECTOR.....	44
BIKTARVY ORAL TABLET 50-200-25 MG..	40	<i>breyna</i>	163	BYETTA 10 MCG PEN.....	44
BILTRICIDE.....	35	BREZTRI AEROSPHERE.....	163	BYETTA 5 MCG PEN.....	44
BINAXNOW COVID-19 AG HOME TEST..	129	<i>briellyn</i>	112	BYLVAY.....	89
BIOLLE TEARS.....	142	BRILINTA.....	49	BYLVAY (PELLETS).....	89
BION TEARS PF.....	142	<i>brimonidine tartrate ophthalmic solution</i>		<i>c 500/rose hips</i>	175
BIOTINEX.....	93	<i>0.15 %</i>	142	<i>cabergoline</i>	120
<i>bisacodyl ec</i>	129	<i>brimonidine tartrate ophthalmic solution 0.2</i>		CABLIVI.....	49
<i>bisacodyl laxative</i>	129	%.....	142	CABOMETYX.....	138
<i>bisacodyl oral tablet delayed release 5 mg</i>	129	BRIVIACT ORAL.....	22	CADEAU DHA.....	175
<i>bisacodyl rectal</i>	129	<i>bromphen-pseudoeph-dm</i>	154	<i>caffeine citrate oral</i>	59
<i>bismuth</i>	93	BRONCHITOL.....	60	<i>cal mag zinc +d3</i>	73
<i>bismuth subsalicylate oral</i>	93	BRUKINSA.....	138	<i>calamine external</i>	67
<i>bisoprolol fumarate oral</i>	52	BRYHALI.....	61	<i>calamine external lotion</i>	129
<i>bisoprolol-hydrochlorothiazide</i>	53	BUCKLEYS CHEST CONGESTION.....	154	<i>calamine-zinc oxide external lotion</i>	67
BLACK-DRAUGHT LAX-SENNA.....	104	<i>budesonide inhalation</i>	151	<i>calcidol</i>	175
<i>blisovi 24 fe</i>	112	<i>budesonide oral</i>	126	<i>calcipotriene external cream</i>	64
<i>blisovi fe 1.5/30</i>	112	<i>budesonide-formoterol fumarate</i>	163	<i>calcipotriene external ointment</i>	64
<i>blisovi fe 1/20</i>	112	<i>bumetanide oral</i>	54	<i>calcipotriene external solution</i>	64
BLOOD GLUCOSE TEST STRIPS.....	68	<i>buprenorphine</i>	6	<i>calcitonin (salmon) nasal</i>	126
BOLSITOL.....	93	<i>buprenorphine hcl sublingual</i>	7	<i>calcitriol oral capsule</i>	126
BONINE.....	26	<i>buprenorphine hcl-naloxone hcl</i>	15	<i>calcitriol oral solution</i>	126
BOOSTRIX.....	124	<i>bupropion hcl er (smoking det)</i>	16	<i>calcium + vitamin d3 oral tablet 500-5 mg-</i>	
<i>boro-packs</i>	66	<i>bupropion hcl er (sr)</i>	25	<i>mcg</i>	73
<i>bosentan</i>	153	<i>bupropion hcl er (xl) oral tablet extended</i>		<i>calcium + vitamin d3 oral tablet 600-10 mg-</i>	
BOSULIF ORAL CAPSULE.....	138	<i>release 24 hour 150 mg, 300 mg</i>	25	<i>mcg</i>	73
BOSULIF ORAL TABLET.....	138	<i>bupropion hcl oral</i>	25	<i>calcium 500/vitamin d3</i>	73
BOUDREAUXS BUTT PASTE EXTERNAL		<i>buspirone hcl oral</i>	43	<i>calcium 600</i>	175
OINTMENT 40 %.....	66	<i>butalbital-acetaminophen oral tablet 50-</i>		<i>calcium 600/vit d/minerals oral tablet 600-</i>	
<i>bp 10-1</i>	66	<i>325 mg</i>	6	<i>200 mg-unit</i>	73
<i>bp wash external liquid 2.5 %</i>	129	<i>butalbital-apap-caff-cod oral capsule 50-</i>		<i>calcium 600/vit d/minerals oral tablet</i>	
<i>b-plex plus</i>	175	<i>325-40-30 mg</i>	6	<i>chewable 600-400 mg-unit</i>	73
BPROTECTED PEDIA D-VITE.....	79			<i>calcium 600/vitamin d</i>	73

<i>calcium 600/vitamin d-3</i>	73	<i>calcium plus vitamin d</i>	74	CARESENS CONTROL SOLUTION A/B.....	69
<i>calcium 600+d oral tablet 600-10 mg-mcg</i> ...	74	<i>calcium plus vitamin d3</i>	74	CARESTART COVID-19 HOME TEST.....	130
<i>calcium 600+d oral tablet 600-5 mg-mcg</i> ...	175	<i>calcium soft chews oral tablet chewable</i>		CARETOUCH CONTROL SOL LEVEL 2....	69
<i>calcium 600-vitamin d3</i>	176	<i>500-200-40 mg-unt-mcg</i>	176	CARETOUCH HYPODERMIC NEEDLE	
<i>calcium acetate (phos binder)</i>	79	<i>calcium/minerals/vitamin d</i>	74	25G X 5/8".....	130
<i>calcium acetate oral tablet 667 mg</i>	79	<i>calcium-magnesium-zinc oral tablet 333-</i>		<i>carglumic acid</i>	72
<i>calcium antacid</i>	93	<i>133-5 mg, 333.33-133.33-5 mg</i>	75	<i>carteolol hcl</i>	142
<i>calcium antacid extra strength</i>	93	<i>cal-gest antacid</i>	94	<i>cartia xt</i>	53
<i>calcium carb-cholecalciferol oral tablet</i>		CALQUENCE.....	129	<i>carvedilol</i>	52
<i>600-10 mg-mcg</i>	74	<i>camila</i>	118	CASTIVA WARMING.....	130
<i>calcium carb-cholecalciferol oral tablet</i>		<i>camrese</i>	112	CAYA.....	130
<i>600-5 mg-mcg</i>	74	<i>camrese lo</i>	112	CAYSTON.....	152
<i>calcium carbonate</i>	176	<i>capecitabine</i>	35	<i>cefaclor oral capsule</i>	19
<i>calcium carbonate antacid oral suspension</i>	93	CAPRELSA.....	138	<i>cefadroxil</i>	19
<i>calcium carbonate antacid oral tablet</i>	94	<i>capsaicin cream 0.025 % external</i>	129	<i>cefdinir</i>	19
<i>calcium carbonate antacid oral tablet</i>		<i>capsaicin external cream 0.1 %</i>	129	<i>cefixime oral capsule</i>	19
<i>chewable</i>	94	<i>capsaicin hp</i>	130	<i>cefpodoxime proxetil oral tablet</i>	19
<i>calcium carbonate oral tablet 1500 (600</i>		<i>capsaicin pain relief</i>	130	<i>cefprozil</i>	19
<i>ca) mg</i>	176	CAPSAID ES ARTHRITIS RELIEF.....	130	<i>cefuroxime axetil</i>	19
<i>calcium carbonate oral tablet chewable</i>		<i>captopril oral</i>	51	<i>celecoxib oral</i>	4
<i>1250 (500 ca) mg</i>	176	<i>captopril-hydrochlorothiazide</i>	53	CENTRUM SPECIALIST PRENATAL.....	79
<i>calcium cit plus vit d-3</i>	74	CAPVAXIVE.....	130	<i>cephalexin oral capsule 250 mg, 500 mg</i>	19
<i>calcium citrate + d3 maximum</i>	74	<i>capzix</i>	130	<i>cephalexin oral suspension reconstituted</i>	19
<i>calcium citrate +d3</i>	74	<i>carbamazepine er</i>	23	CEQUA.....	140
<i>calcium citrate oral tablet 950 (200 ca) mg</i> ..	74	<i>carbamazepine oral suspension 100</i>		CERDELGA.....	108
<i>calcium citrate plus vit d</i>	74	<i>mg/5ml</i>	23	<i>cerovite jr</i>	176
<i>calcium citrate+d oral tablet 315-6.25 mg-</i>		<i>carbamazepine oral tablet</i>	23	<i>cetiri-d</i>	159
<i>mcg</i>	74	<i>carbamazepine oral tablet chewable 100</i>		<i>cetirizine allergy relief</i>	149
<i>calcium citrate+d3 oral tablet</i>	74	<i>mg</i>	23	<i>cetirizine hcl oral solution</i>	149
<i>calcium citrate+d3 w/magne</i>	74	<i>carbidopa-levodopa er</i>	37	<i>cetirizine hcl oral tablet</i>	149
<i>calcium citrate-vit d</i>	74	<i>carbidopa-levodopa oral tablet</i>	37	<i>cetirizine-pseudoephedrine er</i>	159
<i>calcium citrate-vitamin d oral tablet 315-5</i>		<i>carboxymethylcellulose sodium ophthalmic</i>		<i>charlotte 24 fe</i>	112
<i>mg-mcg</i>	74	<i>solution</i>	142	<i>chateal eq</i>	112
<i>calcium fast dissolution</i>	176	CAREPOINT POLY HUB NEEDLE 18G X		CHEMET.....	78
<i>calcium high potency</i>	176	1".....	47	CHEMSTRIP 10 MD.....	69
<i>calcium high potency/vitamin d</i>	74	CAREPOINT POLY HUB NEEDLE 25G X		CHEMSTRIP 10/SG.....	69
<i>calcium oral tablet 1500 (600 ca) mg</i>	176	5/8".....	130	CHEMSTRIP 2 GP.....	69
<i>calcium oyster shell oral tablet 1250 (500</i>		CAREPOINT SAFETY 1ST NEEDLE 25G		CHEMSTRIP 5 OB.....	69
<i>ca) mg</i>	176	X 5/8".....	130	CHEMSTRIP 7.....	69

CHEMSTRIP 9.....	69	CIBINQO.....	67	<i>clindamycin phosphate external gel</i>	65
CHEMSTRIP K.....	69	<i>ciclodan</i>	65	<i>clindamycin phosphate external lotion</i>	65
CHEMSTRIP UGK.....	69	<i>ciclopirox external solution</i>	65	<i>clindamycin phosphate external solution</i>	65
<i>chest congestion relief dm oral syrup</i>	166	<i>cilostazol</i>	49	<i>clindamycin phosphate external swab</i>	65
<i>chest congestion relief oral liquid</i>	154	CIMDUO.....	41	<i>clindamycin phosphate vaginal</i>	18
<i>chest congestion relief oral tablet</i>	154	<i>cimetidine hcl</i>	88	CLINDESSE.....	18
<i>chewable c</i>	176	<i>cimetidine oral tablet 200 mg</i>	88	CLINERE EARWAX REMOVAL KIT OTIC	
<i>chewable c with rose hips</i>	176	<i>cimetidine oral tablet 300 mg, 400 mg, 800</i>		SOLUTION.....	147
<i>chewable childrens vitamin</i>	176	<i>mg</i>	88	CLINITEST RAPID COVID-19 TEST KIT	
<i>chewy not chalky flavor</i>	94	<i>cinacalcet hcl</i>	126	IN VITRO.....	130
<i>childrens allergy oral liquid 12.5 mg/5ml</i>	149	CIPRO ORAL SUSPENSION		<i>clobazam</i>	23
<i>childrens animal shapes</i>	176	RECONSTITUTED.....	20	<i>clobetasol propionate e</i>	61
<i>childrens apap</i>	9	<i>ciprofloxacin hcl ophthalmic</i>	141	<i>clobetasol propionate external cream 0.05</i>	
<i>childrens aspirin oral tablet chewable 81</i>		<i>ciprofloxacin hcl oral</i>	20	%.....	61
<i>mg</i>	130	<i>ciprofloxacin-dexamethasone</i>	147	<i>clobetasol propionate external ointment</i>	61
<i>childrens chewable vitamins</i>	176	<i>cialopram hydrobromide oral solution</i>	25	<i>clobetasol propionate external solution</i>	61
<i>childrens chewables/lex c</i>	176	<i>cialopram hydrobromide oral tablet</i>	25	CLOBEX.....	61
<i>childrens chewables/iron</i>	176	<i>citroma</i>	104	CLOBEX SPRAY.....	61
<i>childrens complete oral tablet chewable 18</i>		CITRUCEL.....	104	<i>clomipramine hcl oral</i>	26
<i>mg</i>	176	<i>claravis</i>	60	<i>clonazepam oral tablet</i>	43
<i>childrens loratadine oral solution 5 mg/5ml</i>	161	<i>clarithromycin er</i>	20	<i>clonidine hcl er</i>	56
<i>childrens non-aspirin</i>	9	<i>clarithromycin oral</i>	20	<i>clonidine hcl oral</i>	50
<i>childrens soothe</i>	94	CLARITIN-D 12 HOUR.....	166	<i>clonidine hcl oral</i>	50
<i>childrens vitamins/extra c</i>	176	CLARITIN-D 24 HOUR.....	166	<i>clonidine hcl oral</i>	50
<i>childrens vitamins/iron</i>	176	<i>classic prenatal</i>	79	<i>clonidine hcl oral</i>	50
<i>childs non-aspirin</i>	9	<i>c-lax laxative</i>	130	<i>clonidine hcl oral</i>	50
<i>chlordiazepoxide hcl</i>	43	CLEARASIL RAPID RESCUE DEEP		<i>clonidine hcl oral</i>	50
<i>chlorhexidine gluconate mouth/throat</i>	60	EXTERNAL LIQUID.....	130	<i>clonidine hcl oral</i>	50
<i>chloroquine phosphate oral</i>	36	CLEARCANAL EARWAX SOFTENER.....	147	<i>clonidine hcl oral</i>	50
<i>chlorpheniramine maleate er</i>	161	CLEARDETECT COVID-19 AG HOME.....	130	<i>clonidine hcl oral</i>	50
<i>chlorpromazine hcl oral tablet</i>	38	<i>clearlax oral powder 17 gm/scoop</i>	101	<i>clonidine hcl oral</i>	50
<i>chlorthalidone</i>	54	<i>clearskin</i>	130	<i>clonidine hcl oral</i>	50
CHLOR-TRIMETON ALLERGY.....	161	<i>clemastine fumarate oral</i>	149	<i>clonidine hcl oral</i>	50
<i>chlorzoxazone oral tablet 500 mg</i>	174	CLENPIQ.....	88	<i>clonidine hcl oral</i>	50
CHOLBAM.....	108	CLIMARA.....	112	<i>clonidine hcl oral</i>	50
<i>cholestyramine light oral powder</i>	55	CLIMARA PRO.....	112	<i>clonidine hcl oral</i>	50
<i>cholestyramine oral powder</i>	55	<i>clindamycin hcl oral capsule 150 mg, 300</i>		<i>clonidine hcl oral</i>	50
CHORIONIC GONADOTROPIN		<i>mg</i>	18	<i>clonidine hcl oral</i>	50
INTRAMUSCULAR.....	110	<i>clindamycin palmitate hcl</i>	18	<i>clonidine hcl oral</i>	50

<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml</i>	166	CORLANOR.....	53	CULTURELLE ADULT ULT BALANCE.....	131
<i>cold & sinus</i>	166	<i>corn & callus remover</i>	131	CULTURELLE DIGESTIVE DAILY PRO... 131	
<i>cold & sinus relief oral tablet 30-200 mg</i>	166	<i>corn and callus remover</i>	131	CULTURELLE DIGESTIVE HEALTH	
<i>cold/cough</i>	166	CORTIFOAM.....	126	ORAL CAPSULE.....	131
<i>cold/cough childrens</i>	166	<i>cortisone maximum strength external cream</i>	61	CULTURELLE HEALTH (INULIN).....	131
<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	166	CORTROPHIN.....	110	CULTURELLE ULTIMATE STRENGTH....	131
<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> ..	166	COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML.....	122	CULTURELLE WOMENS 4 IN 1.....	94
<i>col-rite oral capsule 250 mg</i>	104	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	122	<i>curae oral tablet 1.5 mg</i>	119
COMBIGAN.....	140	COSENTYX UNOREADY.....	122	CURANOL.....	10
COMBIVENT RESPIMAT.....	163	COSOPT PF.....	140	CURELIEF.....	150
COMETRIQ (100 MG DAILY DOSE).....	138	COTELLIC.....	34	<i>cyanocobalamin injection solution 1000 mcg/ml</i>	180
COMETRIQ (140 MG DAILY DOSE).....	138	<i>cough & chest congestion</i>	166	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	174
COMETRIQ (60 MG DAILY DOSE).....	138	<i>cough & cold</i>	154	<i>cyclopentolate hcl ophthalmic</i>	140
<i>comfort gel</i>	94	<i>cough & cold hbp</i>	155	<i>cyclophosphamide oral capsule</i>	32
<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	94	<i>cough childrens</i>	166	CYCLOPHOSPHAMIDE ORAL TABLET....	32
COMIRNATY.....	131	<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	166	<i>cycloserine oral</i>	32
COMPLERA.....	41	<i>cough dm er</i>	166	<i>cyclosporine modified</i>	123
<i>complete allergy</i>	149	<i>cough dm oral suspension extended release 30 mg/5ml</i>	167	<i>cyclosporine ophthalmic</i>	140
<i>complete allergy medicine</i>	149	<i>cough relief oral syrup 15 mg/5ml</i>	155	<i>cyclosporine oral</i>	123
<i>complete allergy medicine oral capsule</i>	149	<i>cough/cold hbp</i>	155	<i>cyproheptadine hcl oral</i>	150
<i>complete allergy relief</i>	150	COVID-19 AT HOME ANTIGEN TEST.....	131	<i>cyred eq</i>	112
COMPLETE NATAL DHA.....	79	COVID-19 AT HOME TEST KIT.....	131	CYSTAGON.....	108
CO-NATAL FA.....	79	COVID-19 AT-HOME TEST KIT IN VITRO.....	131	CYSTARAN.....	140
CONDOMS.....	131	CREON.....	108	<i>d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut)</i>	80
<i>constulose</i>	87	CRESEMBA ORAL CAPSULE 186 MG.....	131	<i>d3 high potency oral capsule 250 mcg (10000 ut)</i>	80
CONTOUR NEXT EZ KIT W/DEVICE.....	69	CRITIC-AID CLEAR AF.....	29	<i>d3 max st</i>	80
CONTOUR NEXT GEN MONITOR KIT.....	69	<i>cromolyn sodium inhalation</i>	153	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	80
CONTOUR NEXT GEN TEST STRIPS.....	69	<i>cromolyn sodium nasal</i>	164	<i>d3 oral capsule 125 mcg (5000 ut)</i>	80
CONTOUR NEXT MONITOR KIT W/DEVICE.....	69	<i>cromolyn sodium ophthalmic</i>	140	<i>d3 oral capsule 25 mcg (1000 ut)</i>	80
CONTOUR NEXT ONE KIT.....	69	CROTAN LOTION 10 % EXTERNAL.....	64	<i>d3 oral capsule 250 mcg (10000 ut)</i>	80
CONTOUR TEST STRIPS.....	69	CRUEX PRESCRIPTION STRENGTH.....	29	<i>d-3-5</i>	80
COOL MIST HUMIDIFER.....	131	<i>cryselle-28</i>	112	<i>d3-50</i>	80
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML.....	59			<i>dabigatran etexilate mesylate</i>	48
				<i>daily acne wash</i>	131

<i>daily fiber oral capsule 0.52 gm</i>	101	DENTAGEL.....	72	DIALYVITE 800 ORAL TABLET.....	80
<i>daily fiber oral powder 43 %</i>	101	DEPEN TITRATABS.....	109	DIALYVITE VITAMIN D 5000.....	80
<i>daily multiple vitamins</i>	80	DEPLIN MA.....	177	<i>diamode</i>	87
<i>daily multivitamins/iron</i>	177	DEPO-ESTRADIOL.....	113	<i>diaper rash external ointment</i>	66
<i>daily vitamins</i>	80	DERMELEVE ADVANCED FORMULA.....	132	<i>diarrhea</i>	94
<i>daily vite</i>	80	DERMELEVE ANTI-ITCH SCALP.....	132	<i>diarrhea relief</i>	94
<i>daily vites</i>	80	DESCOVY.....	41	DIATRUST COVID-19 HOME TEST.....	132
<i>daily-vite</i>	80	DESENEX EXTERNAL POWDER.....	29	<i>diazepam oral solution</i>	43
<i>dalfampridine er</i>	59	DESENEX JOCK ITCH.....	29	<i>diazepam oral tablet</i>	43
<i>danazol oral</i>	111	DESGEN DM ORAL LIQUID.....	159	<i>diazepam rectal gel 10 mg, 20 mg</i>	23
<i>dantrolene sodium oral</i>	39	<i>desipramine hcl oral</i>	26	<i>diazepam rectal gel 2.5 mg</i>	23
DAPAGLIFLOZIN PROPANEDIOL.....	44	<i>desmopressin ace spray refrig</i>	110	<i>dibromm childrens cold/cgh</i>	167
<i>dapsone oral</i>	32	<i>desmopressin acetate oral</i>	110	<i>diclofenac potassium oral tablet 50 mg</i>	4
DAPTACEL.....	124	<i>desmopressin acetate spray</i>	110	<i>diclofenac sodium er</i>	4
<i>darunavir</i>	131	<i>desogestrel-ethinyl estradiol</i>	113	<i>diclofenac sodium external gel 1 %</i>	4
<i>dasatinib</i>	138	<i>dexamethasone intensol</i>	110	<i>diclofenac sodium external solution 1.5 %</i>	4
<i>dasetta 1/35 (28)</i>	112	<i>dexamethasone oral elixir</i>	110	<i>diclofenac sodium ophthalmic</i>	141
<i>dasetta 7/7/7</i>	113	<i>dexamethasone oral solution</i>	110	<i>diclofenac sodium oral</i>	4
DAURISMO.....	34	<i>dexamethasone oral tablet 0.5 mg, 0.75</i> <i>mg, 1 mg, 2 mg</i>	110	<i>dicloxacillin sodium</i>	19
DAYHIST ALLERGY 12 HOUR RELIEF ...	150	<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6</i> <i>mg</i>	110	<i>dicyclomine hcl oral</i>	87
<i>daysee</i>	113	<i>dexamethasone sodium phosphate</i> <i>ophthalmic</i>	141	DIFFERIN EXTERNAL GEL 0.1 %.....	60
DAYVIGO.....	174	DEXCOM G6 RECEIVER.....	69	DIFICID.....	20
<i>deblitane</i>	118	DEXCOM G6 SENSOR.....	69	<i>digestive probiotic oral capsule</i>	94
DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	80	DEXCOM G6 TRANSMITTER.....	132	<i>digestive probiotic oral capsule 250 mg</i>	94
DECARA ORAL CAPSULE 625 MCG (25000 UT).....	80	DEXCOM G7 RECEIVER.....	69	<i>digoxin oral solution</i>	53
<i>deep sea nasal spray</i>	155	DEXCOM G7 SENSOR.....	69	<i>digoxin oral tablet 125 mcg, 250 mcg</i>	53
<i>deferasirox</i>	78	<i>dexmethylphenidate hcl</i>	56	<i>dihydroergotamine mesylate injection</i>	30
<i>deferasirox granules</i>	78	<i>dexmethylphenidate hcl er</i>	56	DILANTIN ORAL CAPSULE 30 MG.....	23
DELSTRIGO.....	41	<i>dextroamphetamine sulfate er</i>	58	<i>diltiazem hcl er beads</i>	53
DELSYM CGH/CHEST CONG DM CHILD	167	<i>dextroamphetamine sulfate oral tablet 10</i> <i>mg, 5 mg</i>	58	<i>diltiazem hcl er coated beads</i>	53
DELSYM COUGH CHILDRENS.....	167	<i>dextromethorphan polistirex er</i>	167	<i>diltiazem hcl er oral capsule extended</i> <i>release 12 hour</i>	53
DELSYM COUGH/CHEST CONGEST DM	167	<i>dextromethorphan-guaifenesin oral liquid</i> <i>5-100 mg/5ml</i>	167	<i>diltiazem hcl er oral capsule extended</i> <i>release 24 hour</i>	53
DELSYM ORAL SUSPENSION EXTENDED RELEASE.....	167	<i>dextromethorphan-guaifenesin oral syrup</i> ..	167	<i>diltiazem hcl oral</i>	53
<i>delyla</i>	113	DHIVY.....	37	<i>dilt-xr</i>	53
DENGVAXIA.....	125			<i>dimaphen dm cold/cough</i>	167
DENTA 5000 PLUS.....	72			DIMETAPP COUGH & ALLERGY CHILD..	150
				<i>dimethyl fumarate oral</i>	59

<i>dimethyl fumarate starter pack</i>	59	<i>doxazosin mesylate oral</i>	50	EASIVENT.....	132
DIPENTUM.....	126	<i>doxepin hcl oral capsule</i>	26	EASIVENT MASK LARGE.....	132
<i>diphedryl allergy</i>	150	<i>doxepin hcl oral concentrate</i>	26	EASIVENT MASK MEDIUM.....	132
<i>diphen</i>	150	<i>doxycycline hyclate oral capsule</i>	20	EASIVENT MASK SMALL.....	132
<i>diphenhydramine hcl childrens</i>	150	<i>doxycycline hyclate oral tablet 100 mg</i>	20	EASY TOUCH HEALTHPRO HIGH/LOW....	69
<i>diphenhydramine hcl oral</i>	150	<i>doxycycline monohydrate oral capsule 100 mg</i>	20	EASY-C IMMUNE HEALTH.....	177
<i>diphenoxylate-atropine</i>	87	<i>doxycycline monohydrate oral capsule 50 mg</i>	20	EASYGEL.....	72
<i>dipyridamole oral</i>	49	DR SMITHS DIAPER.....	66	<i>easy-lax plus</i>	104
<i>disopyramide phosphate</i>	51	<i>driminate</i>	26	EASYMAX 15 LEVEL 2 CONTROL.....	69
<i>disulfiram oral tablet 250 mg</i>	15	<i>dronabinol</i>	27	EASYMAX 15 LEVEL 2-3 CONTROL.....	69
<i>disulfiram oral tablet 500 mg</i>	15	DROPSAFE ALCOHOL PREP.....	132	<i>ec-naproxen</i>	4
DIURIL.....	54	<i>drospirenone-ethinyl estradiol</i>	113	<i>econtra one-step</i>	119
<i>divalproex sodium er</i>	44	DROXIA ORAL CAPSULE 200 MG, 300 MG.....	49	ED A-HIST ORAL LIQUID.....	159
<i>divalproex sodium oral capsule delayed release sprinkle</i>	44	DROXIA ORAL CAPSULE 400 MG.....	49	<i>ed bron gp</i>	155
<i>divalproex sodium oral tablet delayed release</i>	44	<i>dry-eye relief nighttime</i>	142	<i>ed chlorped jr</i>	162
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM.....	113	dss.....	104	<i>ed-apap</i>	10
DIVIGEL TRANSDERMAL GEL 1 MG/GM.....	113	DUAVEE.....	113	EDARBI.....	50
<i>dm maximum adult</i>	167	DULERA.....	163	EDARBYCLOR.....	53
<i>docosanol external</i>	67	<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	59	EDURANT.....	41
<i>docusate calcium</i>	104	DUPIXENT.....	122	<i>efavirenz</i>	41
<i>docusate mini</i>	104	DUREX EXTRA SENSITIVE THIN.....	132	<i>efavirenz-emtricitab-tenofo df</i>	41
<i>docusate sodium oral</i>	104	DUREX TROPICAL.....	132	<i>efavirenz-lamivudine-tenofovir</i>	41
DOCUZEN.....	104	D-VI-SOL.....	80	<i>effe-k oral tablet effervescent 25 meq</i>	177
<i>dofetilide</i>	51	<i>d-vite pediatric</i>	80	EGRIFTA SV.....	110
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	24	DYMISTA.....	150	<i>electrolyte</i>	75
<i>donepezil hcl oral tablet 23 mg</i>	24	e.....	180	<i>electrolyte adv care</i>	75
DOPTELET.....	49	<i>e.e.s. 400</i>	20	<i>electrolyte solution</i>	75
DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC.....	142	<i>e-400-clear</i>	180	ELESTRIN.....	113
<i>dorzolamide hcl solution 2 % ophthalmic</i>	142	<i>ear drops</i>	147	<i>eletriptan hydrobromide</i>	31
<i>dorzolamide hcl-timolol mal</i>	140	<i>ear wax kit</i>	147	<i>elinest</i>	113
<i>dotti</i>	113	<i>ear wax removal</i>	147	ELIQUIS.....	48
<i>double antibiotic external ointment 500-10000 unit/gm</i>	132	<i>ear wax removal system</i>	147	ELIQUIS DVT/PE STARTER PACK.....	48
DOVATO.....	40	<i>earwax removal drops</i>	147	<i>elixophyllin</i>	153
		<i>earwax removal kit otic solution 6.5 %</i>	147	ELLA.....	118
		<i>earwax removal otic solution 6.5 %</i>	147	ELLUME COVID-19 HOME TEST.....	132
				ELMIRON.....	109
				<i>eluryng</i>	113
				EMETROL ORAL SOLUTION.....	27
				EMGALITY.....	31

EMGALITY (300 MG DOSE).....	31	EPIPEN JR 2-PAK.....	152	EULEXIN.....	32
EMPAVELI.....	132	<i>epitol</i>	23	<i>euthyrox</i>	120
<i>emtricitabine</i>	41	EPOGEN.....	49	EVAC.....	101
<i>emtricitabine-tenofovir df</i>	41	<i>ergocalciferol oral</i>	177	EVAMIST.....	113
EMTRIVA ORAL SOLUTION.....	41	ERIVEDGE.....	34	<i>everolimus oral tablet 0.25 mg, 0.5 mg,</i>	
EMVERM.....	35	ERLEADA.....	32	<i>0.75 mg, 1 mg</i>	123
<i>emzahh</i>	118	<i>erlotinib hcl</i>	138	<i>everolimus oral tablet 10 mg, 2.5 mg, 5</i>	
<i>enalapril maleate oral solution</i>	51	ERMEZA.....	120	<i>mg, 7.5 mg</i>	34
<i>enalapril maleate oral tablet</i>	51	<i>errin</i>	118	<i>everolimus oral tablet soluble</i>	34
<i>enalapril-hydrochlorothiazide</i>	53	<i>erythromycin base oral</i>	20	EVOTAZ.....	42
ENBREL.....	123	<i>erythromycin ethylsuccinate oral</i>	20	EXCEDRIN EXTRA STRENGTH.....	10
ENDACOF-DM.....	167	<i>erythromycin external</i>	65	EXCEDRIN MIGRAINE.....	10
ENDARI.....	72	<i>erythromycin ophthalmic</i>	141	EXCEDRIN MIGRAINE RELIEF.....	10
<i>endocet oral tablet 10-325 mg, 5-325 mg,</i>		<i>erythromycin oral</i>	20	<i>exemestane</i>	33
<i>7.5-325 mg</i>	6	ERZOFRI INTRAMUSCULAR		EX-LAX MAXIMUM STRENGTH.....	104
<i>enema</i>	94	SUSPENSION PREFILLED SYRINGE 117		EX-LAX ULTRA.....	132
<i>enema disposable</i>	94	MG/0.75ML, 156 MG/ML, 234 MG/1.5ML,		<i>eye drops adv relief</i>	142
<i>enema mineral oil</i>	101	39 MG/0.25ML, 78 MG/0.5ML.....	38	<i>eye drops advanced relief</i>	142
<i>enema ready-to-use</i>	94	<i>escitalopram oxalate oral tablet</i>	25	<i>eye drops long lasting</i>	142
<i>enema rectal enema 16-6 gm/133ml</i>	94	<i>esomeprazole magnesium oral capsule</i>		<i>eye drops ophthalmic solution 0.05 %</i>	143
ENEMEEZ MINI.....	104	<i>delayed release</i>	89	<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>	
ENFAMIL ENFALYTE.....	75	<i>esomeprazole magnesium oral packet</i>	89	<i>%</i>	143
ENFAMIL EXPECTA.....	81	<i>essential one daily</i>	81	<i>eye drops ophthalmic solution 0.05-0.25 %</i>	143
ENGERIX-B.....	124	<i>essentials</i>	81	<i>eye itch relief ophthalmic solution 0.035 %</i>	146
<i>enilloring</i>	113	<i>estarylla</i>	113	<i>eye lubricant</i>	143
<i>enoxaparin sodium</i>	48	<i>estradiol oral</i>	113	<i>eye lubricant nighttime</i>	143
<i>enpresse-28</i>	113	<i>estradiol transdermal patch twice weekly</i> ..	113	EYES ALIVE.....	143
<i>enskyce</i>	113	<i>estradiol transdermal patch weekly</i>	113	EYSUVIS.....	141
ENSTILAR.....	64	<i>estradiol vaginal</i>	113	<i>ezetimibe</i>	55
<i>entacapone</i>	37	<i>eszopiclone</i>	174	EZFE 200.....	75
<i>entecavir</i>	39	<i>ethambutol hcl oral tablet 100 mg</i>	32	<i>falmina</i>	113
<i>enteric aspirin</i>	132	<i>ethambutol hcl oral tablet 400 mg</i>	32	<i>famotidine acid reducer oral tablet 10 mg</i>	88
ENTRESTO ORAL TABLET.....	53	<i>ethosuximide oral</i>	23	<i>famotidine oral suspension reconstituted</i>	88
<i>enulose</i>	87	<i>ethynodiol diac-eth estradiol</i>	113	<i>famotidine oral tablet</i>	88
EPCLUSA.....	40	<i>etodolac</i>	4	<i>famotidine orig st</i>	88
EPIDIOLEX.....	22	<i>etonogestrel-ethinyl estradiol</i>	113	FARXIGA.....	44
EPIDUO FORTE.....	60	<i>etoposide oral</i>	33	FASENRA PEN.....	154
<i>epinephrine injection solution auto-injector</i>	152	<i>etravirine</i>	41	<i>fast relief laxative</i>	132
EPIPEN 2-PAK.....	152	EUCRISA.....	61	FASTEP COVID-19 ANTIGEN TEST.....	132

<i>febuxostat</i>	30	FEVERALL INFANTS.....	10	FLEET PEDIATRIC.....	94
<i>feirza 1.5/30</i>	113	FEVERALL JUNIOR STRENGTH.....	10	FLEET STIMULANT.....	132
<i>feirza 1/20</i>	113	<i>fe-vite iron</i>	76	FLEET STOOL SOFTENER.....	104
<i>felbamate oral suspension</i>	22	<i>fexofenadine hcl oral</i>	162	FLORA VANCE.....	94
<i>felbamate oral tablet</i>	22	FIASP.....	46	<i>floranex tablet oral</i>	94
<i>felodipine er</i>	52	FIASP FLEXTOUCH.....	46	FLORANEX TABLET ORAL.....	94
<i>fenofibrate micronized oral capsule 134</i>		FIASP PENFILL.....	46	FLORASTART.....	95
<i>mg, 200 mg, 67 mg</i>	55	<i>fiber laxative</i>	104	FLOWFLEX COVID-19 AG HOME TEST..	133
<i>fenofibrate oral capsule 134 mg, 200 mg,</i>		<i>fiber laxative + calcium</i>	104	FLUAD.....	133
<i>67 mg</i>	55	<i>fiber laxative oral capsule 0.52 gm</i>	101	FLUARIX.....	133
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	55	<i>fiber oral capsule 0.52 gm</i>	101	FLUCELVAX INTRAMUSCULAR	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	55	<i>fiber oral powder 28.3 %</i>	101	SUSPENSION PREFILLED SYRINGE.....	133
FENSOLVI (6 MONTH).....	120	<i>fiber oral powder 43 %</i>	101	<i>fluconazole oral</i>	28
<i>fentanyl transdermal patch 72 hour 100</i>		<i>fiber oral powder 58.6 %</i>	101	<i>fludrocortisone acetate oral</i>	110
<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>		<i>fiber oral tablet 500 mg</i>	104	FLULAVAL.....	133
<i>75 mcg/hr</i>	6	<i>fiber oral tablet 625 mg</i>	104	<i>fluocinolone acetonide body</i>	61
<i>ferate</i>	75	<i>fiber powder oral powder 43 %</i>	101	<i>fluocinolone acetonide external cream</i>	
FER-IN-SOL.....	75	<i>fiber therapy oral capsule 0.52 gm</i>	101	0.025 %.....	61
<i>ferosul</i>	75	<i>fiber therapy oral powder 28.3 %</i>	102	<i>fluocinolone acetonide external ointment</i>	62
<i>ferottrinsic</i>	75	<i>fiber therapy oral tablet 500 mg</i>	104	<i>fluocinolone acetonide external solution</i>	62
<i>ferretts</i>	75	<i>fiber therapy oral tablet 625 mg</i>	104	<i>fluocinolone acetonide scalp</i>	62
<i>ferrex 150 capsule 150 mg oral</i>	75	<i>fiber-caps</i>	104	<i>fluocinonide emulsified base</i>	62
FERREX 150 CAPSULE 150 MG ORAL.....	75	<i>fiber-lax</i>	104	<i>fluocinonide external cream</i>	62
FERRIC X-150.....	75	FINACEA EXTERNAL FOAM.....	60	<i>fluocinonide external solution</i>	62
<i>ferrous fumarate oral tablet 324 (106 fe)</i>		<i>finasteride oral tablet 5 mg</i>	108	FLUORIDEX DAILY RENEWAL.....	72
<i>mg, 324 mg</i>	75	<i>fingolimod hcl</i>	59	<i>fluorometholone</i>	141
<i>ferrous gluconate</i>	75	<i>finzala</i>	113	<i>fluorouracil external cream</i>	64
<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	75	<i>first aid antibiotic external ointment , 3.5-</i>		<i>fluorouracil external solution</i>	64
<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>		<i>400-5000</i>	21	<i>fluoxetine hcl oral capsule</i>	25
<i>mg</i>	75	<i>first aid antiseptic external solution 10 %</i>	21	<i>fluoxetine hcl oral solution</i>	25
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	75	FIRVANQ.....	18	<i>fluphenazine decanoate injection</i>	38
<i>ferrous sulfate</i>	75	FLANAX.....	4	<i>fluphenazine hcl injection</i>	38
<i>ferrous sulfate oral solution 75 (15 fe)</i>		FLAREX.....	141	<i>fluphenazine hcl oral concentrate</i>	38
<i>mg/ml</i>	75	<i>flecainide acetate</i>	51	<i>fluphenazine hcl oral elixir</i>	38
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	75	FLECTOR.....	4	<i>fluphenazine hcl oral tablet</i>	38
<i>ferrous sulfate oral tablet delayed release</i> ...	76	FLEET BISACODYL.....	132	<i>flurbiprofen sodium</i>	141
<i>fever reducer/pain reliever</i>	10	FLEET ENEMA.....	94	FLUTICASONE FUROATE-VILANTEROL	163
<i>fever reducing childrens</i>	10	FLEET LAXATIVE MINERAL OIL.....	102	<i>fluticasone propionate external cream</i>	62
<i>feverall childrens</i>	10	FLEET OIL.....	102	<i>fluticasone propionate external ointment</i>	62

FLUTICASONE PROPIONATE HFA.....	151	FRESKARO MAGNESIUM CITRATE.....	104	<i>ft calcium citrate +vitamin d3</i>	76
<i>fluticasone propionate nasal</i>	151	<i>fruity c</i>	177	<i>ft calcium citrate/vit d3</i>	76
<i>fluticasone-salmeterol inhalation aerosol</i>		<i>ft 12 hour cough relief</i>	167	<i>ft chest congestion relief</i>	155
<i>powder breath activated 100-50 mcg/act,</i>		<i>ft 24 hour nasal allergy</i>	163	<i>ft childrens multi plus immune</i>	177
<i>250-50 mcg/act, 500-50 mcg/act</i>	163	<i>ft 8 hour pain relief</i>	10	<i>ft children's pain/fever</i>	10
FLUTICASONE-SALMETEROL		<i>ft acid reducer oral capsule delayed</i>		<i>ft clearlax</i>	102
INHALATION AEROSOL POWDER		<i>release 15 mg</i>	89	<i>ft clotrimazole</i>	30
BREATH ACTIVATED 113-14 MCG/ACT,		<i>ft acid reducer oral tablet</i>	88	<i>ft clotrimazole 3</i>	30
232-14 MCG/ACT, 55-14 MCG/ACT.....	163	<i>ft all day allergy</i>	150	<i>ft cold & cough relief dm</i>	167
<i>fluvoxamine maleate</i>	25	<i>ft all day allergy 24 hour</i>	150	<i>ft docosanol</i>	67
FLUZONE HIGH-DOSE.....	133	<i>ft all day allergy relief</i>	162	<i>ft double antibiotic</i>	133
FLUZONE INTRAMUSCULAR		<i>ft all day allergy-d</i>	159	<i>ft earwax removal</i>	147
SUSPENSION PREFILLED SYRINGE.....	133	<i>ft all day pain relief</i>	4	<i>ft earwax removal kit</i>	147
<i>foaming antacid oral tablet chewable 80-20</i>		<i>ft allergy childrens</i>	162	<i>ft electrolyte</i>	76
<i>mg</i>	95	<i>ft allergy d-12 hour</i>	167	<i>ft enema mineral oil</i>	102
FOLAGENT DHA.....	177	<i>ft allergy relief 12 hour</i>	162	<i>ft enema saline</i>	95
FOLAMED DHA.....	177	<i>ft allergy relief 24 hour</i>	162	<i>ft enteric coated aspirin</i>	133
FOLCYTEINE.....	81	<i>ft allergy relief cetirizine</i>	150	<i>ft eye drops</i>	143
<i>folic acid oral tablet 1 mg</i>	133	<i>ft allergy relief childrens oral liquid</i>	150	<i>ft fiber laxative</i>	104
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	133	<i>ft allergy relief loratadine</i>	162	<i>ft fiber oral powder 43 %</i>	102
<i>foltrin</i>	76	<i>ft allergy relief oral capsule</i>	150	<i>ft folic acid</i>	133
<i>foot & sneaker</i>	133	<i>ft allergy relief oral tablet 10 mg</i>	162	<i>ft gas relief</i>	95
<i>foot care (terbinafine)</i>	29	<i>ft allergy relief oral tablet 180 mg</i>	162	<i>ft gas relief extra strength</i>	95
<i>for sty relief</i>	143	<i>ft allergy relief oral tablet 25 mg</i>	150	<i>ft gas relief infants</i>	95
FORFIVO XL.....	25	<i>ft allergy relief-d</i>	167	<i>ft gas relief ultra strength</i>	95
<i>fosamprenavir calcium</i>	42	<i>ft antacid & antigas</i>	95	<i>ft gentle laxative</i>	133
<i>fosinopril sodium</i>	51	<i>ft antacid extra strength</i>	95	<i>ft glycerin</i>	66
<i>fosinopril sodium-hctz</i>	54	<i>ft antacid regular strength</i>	95	<i>ft ibuprofen ib childrens</i>	4
FRAICHE 5000 DENTAL.....	72	<i>ft antibiotic</i>	133	<i>ft ibuprofen infants</i>	4
FREE + PURE DAILY PROBIOTIC.....	95	<i>ft anti-diarrheal oral tablet</i>	87	<i>ft ibuprofen oral tablet</i>	4
FREESTYLE LIBRE 14 DAY READER.....	69	<i>ft anti-diarrheal/anti-gas</i>	95	<i>ft iron</i>	76
FREESTYLE LIBRE 14 DAY SENSOR.....	69	<i>ft antifungal external cream 1 %</i>	133	<i>ft itch relief max strength external cream</i>	62
FREESTYLE LIBRE 2 READER.....	69	<i>ft antifungal external cream 2 %</i>	29	<i>ft itch relief/aloe max str</i>	62
FREESTYLE LIBRE 2 SENSOR.....	69	<i>ft arthritis pain reliever</i>	10	<i>ft laxative</i>	133
FREESTYLE LIBRE 3 SENSOR.....	69	<i>ft aspirin</i>	133	<i>ft lice killing max st</i>	36
FREESTYLE LIBRE READER.....	69	<i>ft aspirin low dose</i>	133	<i>ft lubricant eye drops ophthalmic solution</i>	
FREESTYLE PRECISION NEO TEST.....	70	<i>ft athletes foot (terbinafine)</i>	29	<i>0.4-0.3 %</i>	143
FREESTYLE TEST.....	70	<i>ft calcium</i>	177	<i>ft lubricant eye drops ophthalmic solution</i>	
<i>freeze dried acidophilus</i>	95	<i>ft calcium + vitamin d3</i>	76	<i>0.5 %</i>	143

<i>ft magnesium citrate</i>	104	<i>ft tussin adult</i>	155	<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	96
<i>ft magnesium oxide</i>	76	<i>ft tussin cf adult</i>	159	<i>gas relief infants oral suspension 20 mg/0.3ml</i>	96
<i>ft miconazole 3 combo pack</i>	28	<i>ft tussin dm max adult</i>	168	<i>gas relief oral capsule 125 mg</i>	96
<i>ft miconazole 7</i>	28	<i>ft urinary pain relief</i>	109	<i>gas relief oral tablet chewable 80 mg</i>	96
<i>ft migraine relief</i>	10	<i>ft vitamin b-1</i>	180	<i>gas relief ultra strength</i>	96
<i>ft milk of magnesia</i>	95	<i>ft vitamin b-12 pr</i>	180	<i>gas relief ultstrength</i>	96
<i>ft mineral oil</i>	102	<i>ft vitamin b-6</i>	180	GAS-X EXTRA STRENGTH ORAL CAPSULE.....	96
<i>ft motion sickness oral tablet 50 mg</i>	26	<i>ft vitamin c</i>	177	GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE.....	96
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg</i>	155	<i>ft vitamin c/rose hips</i>	177	GAS-X ULTRA STRENGTH.....	96
<i>ft mucus relief d 12 hour</i>	168	<i>ft vitamin d3 oral tablet 125 mcg (5000 ut)</i> ...81		GATTEX.....	88
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	168	<i>ft vitamin d3 oral tablet 25 mcg (1000 ut)</i>.....81		<i>gavilax oral powder</i>	102
<i>ft nasal decongestant max str oral tablet</i> ...168		<i>ft vitamin d3 oral tablet 50 mcg</i>.....81		<i>gavilyte-c</i>	88
<i>ft nasal decongestant max str oral tablet extended release 12 hour</i>	168	<i>ft vitamin d3 rapid release</i>	81	<i>gavilyte-g</i>	88
<i>ft nasal decongestant pe</i>	155	<i>ft vitamin e</i>	180	<i>gavilyte-n with flavor pack</i>	88
<i>ft nasal spray</i>	168	<i>ft zinc chelated</i>	177	GAVISCON EXTRA STRENGTH.....	96
<i>ft nicotine mini</i>	17	<i>full spectrum bl/vitamin c</i>	81	GAVRETO.....	138
<i>ft nicotine mouth/throat</i>	17	FULPHILA.....	49	<i>gefitinib</i>	138
<i>ft nicotine transdermal</i>	16	<i>fungi-guard</i>	133	GELUSIL.....	96
<i>ft pain & fever childrens</i>	10	FUROSCIX.....	54	<i>gemfibrozil oral</i>	55
<i>ft pain & fever infants</i>	10	<i>furosemide oral solution 10 mg/ml</i>	54	<i>generlac</i>	87
<i>ft pain relief adult extra st</i>	10	<i>furosemide oral tablet</i>	54	<i>gengraf oral capsule</i>	123
<i>ft pain relief extra strength</i>	10	FUZEON.....	42	GENOTROPIN.....	110
<i>ft pain relief oral tablet 200 mg</i>	4	FYCOMPA.....	22	GENOTROPIN MINIQUICK.....	110
<i>ft pain relief oral tablet 325 mg</i>	10	FYLNTRA.....	133	<i>gentamicin sulfate external</i>	65
<i>ft pain reliever ex str adult</i>	11	<i>g tussin ac</i>	168	<i>gentamicin sulfate ophthalmic</i>	141
<i>ft prenatal</i>	81	<i>gabapentin oral capsule</i>	23	GENTEAL SEVERE.....	143
<i>ft probiotic</i>	95	<i>gabapentin oral tablet 600 mg, 800 mg</i>	23	GENTEAL TEARS MODERATE PF.....	143
<i>ft senna laxative</i>	105	<i>galantamine hydrobromide oral solution</i>	24	GENTEAL TEARS NIGHT-TIME.....	143
<i>ft senna laxatives</i>	105	<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	24	GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %.....	143
<i>ft senna-s</i>	105	<i>galantamine hydrobromide oral tablet 4 mg</i>	24	GENTEAL TEARS PF.....	143
<i>ft stomach relief oral suspension</i>	95	<i>gallifrey</i>	118	GENTEAL TEARS SEVERE DAY/NIGHT.....	143
<i>ft stomach relief oral tablet</i>	95	GARDASIL 9.....	124	<i>gentle laxative oral suspension</i>	96
<i>ft stomach relief oral tablet chewable</i>	95	<i>gas relief extra st</i>	95	<i>gentle laxative oral tablet delayed release</i>	133
<i>ft stool softener oral capsule</i>	105	<i>gas relief extra strength oral capsule 125 mg</i>	95	<i>gentle laxative rectal</i>	134
<i>ft stool softener oral tablet 50-8.6 mg</i>	105	<i>gas relief extra strength oral tablet chewable 125 mg</i>	96		
<i>ft triple antibiotic</i>	21	<i>gas relief extstrength</i>	96		

<i>gentle laxative womens</i>	134	<i>glycerin pediatric rectal suppository 1.2 gm</i>	105	<i>haloette</i>	114
<i>genuine aspirin</i>	134	.....	105	<i>haloperidol decanoate intramuscular</i>	38
GENVOYA.....	40	<i>glycolax</i>	102	<i>haloperidol oral</i>	38
<i>geri-dryl</i>	150	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	87	HARVONI ORAL TABLET.....	40
<i>geri-kot</i>	105	GLYXAMBI.....	44	HAVRIX.....	124
<i>geri-lanta maximum strength</i>	96	<i>gormel</i>	67	<i>headache formula</i>	11
<i>geri-lanta oral suspension 200-200-20</i>		<i>gormel 10</i>	67	<i>headache relief</i>	11
<i>mg/5ml</i>	96	GRALISE ORAL TABLET 300 MG, 600		<i>headache relief extra str</i>	11
<i>geri-lanta supreme</i>	97	MG.....	59	<i>healthy hair/skin/nails</i>	81
<i>geri-mox</i>	97	<i>griseofulvin microsize oral</i>	28	<i>heartburn antacid</i>	97
<i>geri-mox maximum strength</i>	97	<i>griseofulvin ultramicrosize oral tablet 125</i>		<i>heartburn antacid ex st</i>	97
<i>geri-tussin dm oral syrup</i>	168	<i>mg, 250 mg</i>	28	<i>heartburn prevention oral tablet 10 mg</i>	88
<i>geri-tussin oral liquid</i>	155	<i>guaifenesin er oral tablet extended release</i>		<i>heartburn relief ex st</i>	97
GILENYA ORAL CAPSULE 0.25 MG.....	59	<i>12 hour 1200 mg</i>	155	<i>heartburn relief oral tablet 10 mg</i>	89
GILOTRIF.....	138	<i>guaifenesin oral liquid</i>	155	<i>heartburn relief oral tablet 200 mg</i>	89
<i>giltuss severe sinus</i>	168	<i>guaifenesin oral tablet 400 mg</i>	155	<i>heartburn relief oral tablet chewable 160-</i>	
<i>glatiramer acetate</i>	59	<i>guaifenesin-codeine</i>	168	<i>105 mg</i>	97
<i>glatopa</i>	59	<i>guaifenesin-dm oral syrup</i>	168	<i>heartland gas relief</i>	97
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	44	<i>guanfacine hcl</i>	50	<i>heather</i>	118
<i>glipizide er</i>	44	<i>guanfacine hcl er</i>	57	<i>h-e-b aspirin</i>	134
<i>glipizide oral tablet 10 mg, 5 mg</i>	44	GUARDIAN CONNECT TRANSMITTER... 134		<i>h-e-b childrens allergy</i>	150
<i>glucagon emergency injection kit</i>	45	GUARDIAN LINK 3 TRANSMITTER.....	134	HELIDAC THERAPY.....	88
GLUCAGON EMERGENCY INJECTION		GUARDIAN SENSOR (3).....	70	HEMANGEOL.....	52
SOLUTION RECONSTITUTED.....	45	GUARDIAN SENSOR 3.....	70	HEMLIBRA SUBCUTANEOUS SOLUTION	
GLUCO TO GO.....	47	GUTVITE IMMUNE SUPPORT.....	97	105 MG/0.7ML, 12 MG/0.4ML, 150	
GLUCOSE CONTROL SOLUTIONS.....	69	GVOKE HYPOPEN 1-PACK.....	45	MG/ML, 30 MG/ML, 60 MG/0.4ML.....	50
<i>glucose oral tablet chewable 4 gm</i>	47	GVOKE HYPOPEN 2-PACK.....	45	HEMLIBRA SUBCUTANEOUS SOLUTION	
<i>glyburide micronized</i>	44	GVOKE KIT.....	45	300 MG/2ML.....	50
<i>glyburide oral</i>	44	GVOKE PFS.....	45	<i>hemorrhoidal rectal suppository 0.25-3-</i>	
<i>glyburide-metformin</i>	44	GYNAZOLE-1.....	28	<i>85.5 %</i>	67
<i>glycerin (adult) rectal suppository 2 gm</i>	105	<i>habitrol</i>	16	<i>heparin sodium (porcine) injection solution</i>	
<i>glycerin (infants & children) rectal</i>		HADLIMA.....	123	<i>1000 unit/ml, 20000 unit/ml</i>	48
<i>suppository 1 gm</i>	105	HADLIMA PUSH TOUCH.....	123	<i>heparin sodium (porcine) injection solution</i>	
<i>glycerin adult</i>	105	HAEGARDA.....	121	<i>10000 unit/ml, 5000 unit/ml</i>	48
<i>glycerin child rectal suppository 1 gm, 1.2</i>		<i>hailey 1.5/30</i>	113	<i>heparin sodium (porcine) injection solution</i>	
<i>gm</i>	105	<i>hailey 24 fe</i>	113	<i>prefilled syringe</i>	48
<i>glycerin childrens</i>	105	<i>hailey fe 1.5/30</i>	114	<i>heparin sodium (porcine) pf injection</i>	
<i>glycerin external liquid , 99.5 %</i>	66	<i>hailey fe 1/20</i>	114	<i>solution 1000 unit/ml</i>	48
		<i>halobetasol propionate external cream</i>	62		

<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	48	<i>hydrocortisone max st external cream</i>	63	<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	4
HEPLISAV-B.....	125	<i>hydrocortisone max st/12 moist</i>	63	<i>ibuprofen jr oral tablet 100 mg</i>	4
<i>her style</i>	119	<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	110	<i>ibuprofen junior</i>	5
<i>hi cal</i>	76	<i>hydrocortisone plus</i>	63	<i>ibuprofen junior strength</i>	5
HIBERIX.....	124	<i>hydrocortisone rectal enema 100 mg/60ml</i>	126	<i>ibuprofen oral suspension 100 mg/5ml</i>	5
HORIZANT.....	59	<i>hydrocortisone/aloe</i>	63	<i>ibuprofen oral tablet 200 mg</i>	5
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	46	<i>hydrocortisone/aloe max str</i>	63	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	5
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML.....	123	<i>hydrocortisone-acetic acid</i>	147	<i>icatibant acetate</i>	121
HUMULIN 70/30 KWIKPEN.....	46	<i>hydrolatum</i>	66	<i>iclevia</i>	114
HUMULIN 70/30 VIAL.....	46	<i>hydromet</i>	134	ICLUSIG.....	138
HUMULIN N KWIKPEN.....	46	<i>hydromorphone hcl oral</i>	7	IDHIFA.....	33
HUMULIN N VIAL.....	46	<i>hydromorphone hcl rectal</i>	7	<i>iferex 150</i>	76
HUMULIN R VIAL.....	46	<i>hydrophor</i>	66	IHEALTH CONTROL SOLUTION.....	70
HYCAMTIN ORAL.....	33	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	36	IHEALTH COVID-19 RAPID TEST.....	134
<i>hydralazine hcl oral</i>	55	<i>hydroxyurea oral</i>	33	ILARIS.....	122
<i>hydrochlorothiazide oral capsule</i>	54	<i>hydroxyzine hcl oral</i>	43	ILEVRO.....	141
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	54	<i>hydroxyzine pamoate oral</i>	43	ILUMYA.....	122
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	54	HYFTOR.....	134	<i>imatinib mesylate</i>	139
<i>hydrocodone bit-homatrop mbr</i>	134	<i>hyoscyamine sulfate er</i>	134	IMBRUVICA.....	139
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	7	<i>hyoscyamine sulfate oral</i>	134	<i>imipramine hcl oral</i>	26
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>hyoscyamine sulfate sublingual</i>	134	<i>imiquimod external cream 5 %</i>	64
<i>hydrocortisone (perianal)</i>	126	<i>hyosyne</i>	134	IMODIUM A-D ORAL TABLET.....	87
<i>hydrocortisone anti-itch</i>	62	HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %.....	168	IMODIUM MULTI-SYMPTOM RELIEF.....	97
<i>hydrocortisone butyrate external ointment</i> ...	62	HYPERTET.....	125	INBRIJA.....	37
<i>hydrocortisone butyrate external solution</i>	62	HYPOTEARs.....	143	<i>incassia</i>	118
<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	62	HYSINGLA ER.....	6	INCRELEX.....	110
<i>hydrocortisone external cream 1 %</i>	62	IBRANCE ORAL CAPSULE.....	34	INCRUSE ELLIPTA.....	152
<i>hydrocortisone external lotion 2.5 %</i>	62	IBRANCE ORAL TABLET.....	34	<i>indapamide</i>	54
<i>hydrocortisone external ointment 0.5 %</i>	62	<i>ibuprofen</i>	4	INDICAID COVID-19 RAPID TEST.....	134
<i>hydrocortisone external ointment 1 %</i>	62	<i>ibuprofen childrens oral tablet chewable 100 mg</i>	4	<i>indomethacin oral capsule</i>	5
<i>hydrocortisone external ointment 2.5 %</i>	62	<i>ibuprofen cold & sinus</i>	168	<i>indoor/outdoor allergy rlf</i>	150
		<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	168	INFANRIX.....	124
		<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	168	<i>infant gas relief</i>	97
		.....	168	INFANTS ADVIL.....	5
		<i>ibuprofen ib oral tablet 200 mg</i>	4	<i>infants gas relief</i>	97
				<i>infants ibuprofen</i>	5
				<i>infants pain & fever</i>	11

<i>infants pain relief drops</i>	11	<i>ipratropium-albuterol</i>	163	<i>juleber</i>	114
<i>infants pain/fever</i>	11	<i>irbesartan</i>	50	JULUCA.....	40
INGREZZA.....	59	<i>irbesartan-hydrochlorothiazide</i>	54	<i>junel 1.5/30</i>	114
INLYTA.....	139	<i>iron (ferrous sulfate) oral solution</i>	76	<i>junel 1/20</i>	114
INSPIREASE.....	134	<i>iron infant/toddler</i>	76	<i>junel fe oral tablet 1.5-30 mg-mcg</i>	114
INSPIREASE RESERVOIR BAGS.....	134	<i>iron oral tablet 240 (27 fe) mg</i>	76	<i>junel fe oral tablet 1-20 mg-mcg</i>	114
<i>instacort 5</i>	63	<i>iron oral tablet 325 (65 fe) mg</i>	76	<i>junel fe oral tablet 1-20 mg-mcg(24)</i>	114
INSULIN ASPART PROT & ASPART.....	46	ISENTRESS HD.....	40	<i>kalliga</i>	114
INSULIN GLARGINE-YFGN.....	46	ISENTRESS ORAL PACKET.....	40	KALYDECO.....	152
INSULIN LISPRO.....	46	ISENTRESS ORAL TABLET.....	40	KAOPECTATE ORAL TABLET.....	97
INSULIN LISPRO (1 UNIT DIAL).....	46	ISENTRESS ORAL TABLET CHEWABLE..	40	<i>kariva</i>	114
INSULIN LISPRO JUNIOR KWIKPEN.....	46	<i>isibloom</i>	114	<i>kelnor 1/35</i>	114
INSULIN LISPRO PROT & LISPRO.....	46	<i>isoniazid oral</i>	32	<i>kelnor 1/50</i>	114
INSULIN PEN NEEDLES 29G X 12.7MM..	134	<i>isosorbide dinitrate</i>	56	KERENDIA.....	54
INSULIN PEN NEEDLES 29G X 12MM ,		<i>isosorbide mononitrate</i>	56	KESIMPTA.....	59
31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	134	<i>isosorbide mononitrate er</i>	56	<i>ketoconazole external cream</i>	65
INSULIN PEN NEEDLES 32G X 4 MM ,		<i>isotretinoin oral capsule 10 mg, 20 mg, 40</i>		<i>ketoconazole external shampoo</i>	65
32G X 6 MM.....	70	<i>mg</i>	60	<i>ketoconazole oral</i>	28
INSULIN SYRINGES 28G X 1/2" 0.5 ML,		<i>isotretinoin oral capsule 30 mg</i>	60	KETO-DIASTIX.....	70
28G X 1/2" 1 ML.....	134	<i>itraconazole oral</i>	28	KETONE CARE.....	70
INSULIN SYRINGES 29G X 1/2" 0.3 ML,		<i>ivermectin oral</i>	35	KETONE TEST.....	70
29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	134	<i>jaimiess</i>	114	<i>ketoprofen oral capsule 25 mg</i>	5
INSULIN SYRINGES 29G X 1/2" 1 ML,		JAKAFI.....	34	<i>ketorolac tromethamine ophthalmic</i>	
30G X 5/16" 0.5 ML.....	134	<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5</i>		<i>solution 0.4 %</i>	141
INSULIN SYRINGES 30G X 1/2" 1 ML,		<i>mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	48	<i>ketorolac tromethamine ophthalmic</i>	
31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML,		<i>jantoven oral tablet 6 mg</i>	48	<i>solution 0.5 %</i>	141
31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML....	134	JANUMET.....	44	<i>ketorolac tromethamine oral</i>	5
INSULIN SYRINGES 30G X 5/16" 1 ML....	134	JANUMET XR.....	44	KETOSTIX.....	70
INTELENCE ORAL TABLET 25 MG.....	41	JANUVIA.....	44	<i>ketotifen fumarate ophthalmic</i>	146
INTELISWAB COVID-19 RAPID TEST.....	134	JARDIANCE.....	44	KEVZARA.....	122
<i>intestinex</i>	97	<i>jasmiel</i>	114	KINERET.....	122
<i>introvale</i>	114	<i>jencycla</i>	118	KISQALI (200 MG DOSE).....	34
INVEGA HAFYERA.....	38	JENTADUETO.....	44	KISQALI (400 MG DOSE).....	34
INVEGA SUSTENNA.....	38	JENTADUETO XR.....	44	KISQALI (600 MG DOSE).....	34
INVEGA TRINZA.....	38	<i>jock itch external cream 1 %</i>	30	<i>klayesta</i>	65
INVELTYS.....	141	<i>jock itch max st</i>	134	<i>klor-con</i>	72
IPOL.....	124	<i>jolessa</i>	114	<i>klor-con 10</i>	72
<i>ipratropium bromide inhalation</i>	152	JORNAY PM.....	57	<i>klor-con m10</i>	72
<i>ipratropium bromide nasal</i>	152	JUBLIA.....	65	<i>klor-con m20</i>	72

<i>klor-con/ef</i>	177	<i>larin 1/20</i>	114	<i>levocetirizine dihydrochloride oral tablet</i>	150
KLOXXADO.....	16	<i>larin 24 fe</i>	114	<i>levofloxacin oral tablet</i>	20
KOSELUGO.....	34	<i>larin fe 1.5/30</i>	114	<i>levonest</i>	115
K-PHOS.....	76	<i>larin fe 1/20</i>	114	<i>levonorgest-eth estrad 91-day</i>	115
K-PRIME.....	177	<i>latanoprost ophthalmic</i>	139	<i>levonorgestrel</i>	119
KRINTAFEL.....	36	LAXACIN.....	105	<i>levonorgestrel-ethinyl estrad oral tablet</i>	
<i>kurvelo</i>	114	<i>laxaclear</i>	102	<i>0.1-20 mg-mcg</i>	115
<i>labetalol hcl oral</i>	52	<i>laxative max str</i>	105	<i>levonorgestrel-ethinyl estrad oral tablet</i>	
LAC-HYDRIN FIVE.....	63	<i>laxative oral powder 17 gm/scoop</i>	102	<i>0.15-30 mg-mcg</i>	115
<i>lacosamide oral tablet</i>	23	<i>laxative oral tablet delayed release 5 mg</i> ...	134	<i>levonorg-eth estrad triphasic</i>	115
LACTEOL DIARRHEASE.....	97	<i>laxative pills max st</i>	105	<i>levora 0.15/30 (28)</i>	115
<i>lactobacillus oral tablet</i>	97	<i>laxative pills oral tablet 25 mg</i>	105	<i>levo-t</i>	120
<i>lacto-pectin</i>	97	<i>laxative rectal suppository 10 mg</i>	134	<i>levothyroxine sodium oral tablet</i>	120
<i>lactulose encephalopathy</i>	87	<i>laxative regular strength</i>	105	<i>levoxyl</i>	120
<i>lactulose oral solution</i>	87	LEDIPASVIR-SOFOSBUVIR.....	40	LICART.....	5
LAGEVRIO.....	42	<i>leena</i>	114	<i>lice killing</i>	36, 64
LAMISIL AT EXTERNAL CREAM.....	30	<i>leflunomide oral</i>	123	<i>lice killing max str</i>	36
LAMISIL AT JOCK ITCH.....	30	<i>lenalidomide</i>	33	<i>lice killing maximum strength external</i>	
<i>lamivudine oral solution</i>	41	LENVIMA (10 MG DAILY DOSE).....	139	<i>shampoo 0.33-4 %</i>	36
<i>lamivudine oral tablet 100 mg</i>	39	LENVIMA (12 MG DAILY DOSE).....	139	<i>lice killing shampoo max str</i>	36
<i>lamivudine oral tablet 150 mg, 300 mg</i>	41	LENVIMA (14 MG DAILY DOSE).....	139	<i>lice maximum strength</i>	36
<i>lamivudine-zidovudine</i>	41	LENVIMA (18 MG DAILY DOSE).....	139	<i>lice treatment</i>	64
<i>lamotrigine oral tablet</i>	22	LENVIMA (20 MG DAILY DOSE).....	139	<i>lidocaine external cream 4 %</i>	15
<i>lamotrigine oral tablet chewable</i>	22	LENVIMA (24 MG DAILY DOSE).....	139	<i>lidocaine external patch 5 %</i>	15
<i>lamotrigine starter kit-blue</i>	22	LENVIMA (4 MG DAILY DOSE).....	139	<i>lidocaine hcl external cream 3 %</i>	15
<i>lamotrigine starter kit-green</i>	22	LENVIMA (8 MG DAILY DOSE).....	139	<i>lidocaine viscous hcl</i>	15
<i>lamotrigine starter kit-orange</i>	22	<i>lessina</i>	115	<i>lidocaine-prilocaine external cream</i>	15
LANCETS.....	70	<i>letrozole oral</i>	33	LIDOCAN.....	15
LANCETS 28G THIN.....	70	<i>leucovorin calcium oral tablet 10 mg</i>	35	LIDOPIN EXTERNAL CREAM 3 %.....	15
<i>lansoprazole oral capsule delayed release</i>		<i>leucovorin calcium oral tablet 15 mg, 25</i>		LIDOZALL.....	15
<i>15 mg</i>	89	<i>mg, 5 mg</i>	35	LIDOZALL PLUS.....	15
<i>lansoprazole oral capsule delayed release</i>		LEUKERAN.....	32	<i>linezolid oral suspension reconstituted</i>	18
<i>30 mg</i>	89	LEUKINE.....	49	<i>linezolid oral tablet</i>	18
<i>lansoprazole oral tablet delayed release</i>		<i>leuprolide acetate injection</i>	120	LINZESS.....	87
<i>dispersible 15 mg</i>	89	<i>levabuterol hcl inhalation</i>	152	<i>liothyronine sodium oral</i>	120
LANTUS SOLOSTAR.....	46	LEVBID.....	134	<i>liquid acetaminophen</i>	11
LANTUS U-100 VIAL.....	46	<i>levetiracetam oral solution</i>	22	<i>liquid allergy relief</i>	150
<i>lapatinib ditosylate</i>	139	<i>levetiracetam oral tablet</i>	22	<i>liquid corn & callus rem</i>	135
<i>larin 1.5/30</i>	114	<i>levobunolol hcl</i>	142	<i>liquid pain relief</i>	11

<i>liquid wart remover</i>	135	LOREEV XR.....	43	LUPRON DEPOT (1-MONTH).....	120
<i>liquid wart remover max st</i>	135	<i>loryna</i>	115	LUPRON DEPOT (3-MONTH).....	120
<i>liraglutide</i>	44	<i>losartan potassium oral</i>	50	LUPRON DEPOT (4-MONTH)	
<i>lisdexamfetamine dimesylate oral capsule</i> ...58		<i>losartan potassium-hctz</i>	54	INTRAMUSCULAR KIT 30MG.....	120
<i>lisinopril oral</i>	51	LOTEMAX OPHTHALMIC GEL.....	141	LUPRON DEPOT (6-MONTH)	
<i>lisinopril-hydrochlorothiazide</i>	54	LOTEMAX OPHTHALMIC OINTMENT.....	141	INTRAMUSCULAR KIT 45MG.....	120
<i>lithium</i>	44	LOTEMAX SM.....	141	LUPRON DEPOT-PED (1-MONTH).....	120
<i>lithium carbonate er</i>	44	<i>lovastatin oral</i>	55	LUPRON DEPOT-PED (3-MONTH).....	120
<i>lithium carbonate oral</i>	44	<i>low-ogestrel</i>	115	<i>lurasidone hcl</i>	38
<i>little ones childrens</i>	177	<i>loxapine succinate</i>	38	<i>lutera</i>	115
LIVALO.....	55	<i>lo-zumandimine</i>	115	LYBALVI.....	26
LIVITA ADULTS.....	177	<i>lubiprostone</i>	87	<i>lyleq</i>	118
LMX 4.....	15	<i>lubricant drops fast act</i>	143	<i>lyllana</i>	115
LO LOESTRIN FE.....	115	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	143	LYNPARZA.....	34
<i>lojaimiess</i>	115	<i>lubricant drops ophthalmic solution</i>	143	LYSODREN.....	120
LOKELMA.....	79	<i>lubricant eye drops (pf) ophthalmic solution</i>		LYUMJEV.....	46
<i>long acting nasal spray</i>	168	<i>0.4-0.3 %</i>	144	LYUMJEV KWIKPEN.....	46
<i>long lasting antacid</i>	97	<i>lubricant eye drops (pf) ophthalmic solution</i>		<i>lyza</i>	118
<i>long lasting nasal spray</i>	169	<i>0.5 %</i>	144	MAALOX.....	97
LONSURF.....	33	<i>lubricant eye drops ophthalmic solution</i>		MAALOX CHILDRENS.....	98
<i>loperamide hcl oral capsule</i>	87	<i>0.4-0.3 %</i>	144	MAALOX MAX ORAL SUSPENSION.....	98
<i>loperamide hcl oral tablet</i>	87	<i>lubricant eye drops ophthalmic solution 0.5</i>		MAALOX MULTI SYMPTOM MAX ST.....	98
<i>loperamide-simethicone</i>	97	<i>%</i>	144	<i>mag-al plus</i>	98
<i>lopinavir-ritonavir</i>	42	<i>lubricant eye drops ophthalmic solution 0.6</i>		<i>mag-al plus xs</i>	98
<i>loradamed</i>	162	<i>%</i>	144	<i>magnesium citrate oral solution</i>	105
<i>lorata-d</i>	169	<i>lubricant eye drops pf</i>	144	<i>magnesium oral tablet 500 mg</i>	76
<i>loratadine</i>	162	<i>lubricant eye nighttime</i>	144	<i>magnesium oxide -mg supplement oral</i>	
<i>loratadine allergy relief oral tablet 10 mg</i> ...162		<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>		<i>tablet 400 (240 mg) mg</i>	76
<i>loratadine allergy relief oral tablet</i>		.....	144	<i>magnesium oxide -mg supplement oral</i>	
<i>dispersible 10 mg</i>	162	<i>lubricant eye pm</i>	144	<i>tablet 500 mg</i>	76
<i>loratadine childrens oral solution</i>	162	<i>lubricating eye drops</i>	144	<i>magnesium oxide oral tablet 400 mg</i>	135
<i>loratadine oral solution 5 mg/5ml</i>	162	<i>lubricating eye/overnight</i>	144	<i>magnesium oxide oral tablet 420 mg</i>	135
<i>loratadine oral tablet 10 mg</i>	162	<i>lubricating plus pf</i>	144	<i>magnesium-oxide</i>	76
<i>loratadine oral tablet dispersible 10 mg</i>....162		<i>lubricating tears eye drops</i>	144	<i>malathion</i>	64
<i>loratadine-d</i>	169	<i>lubrifresh p.m.</i>	144	MAOX.....	135
<i>loratadine-d 12hr</i>	169	LUMAKRAS ORAL TABLET 120 MG, 320		<i>mapap acetaminophen extra str</i>	11
<i>loratadine-d 24hr</i>	169	MG.....	35	<i>mapap childrens</i>	11
<i>lorazepam injection</i>	43	LUMIGAN.....	139	<i>mapap oral capsule</i>	11
<i>lorazepam oral tablet</i>	43	LUPKYNIS.....	121	<i>maraviroc</i>	42

<i>marlissa</i>	115	<i>megestrol acetate oral suspension 40 mg/ml</i>	119	<i>methsuximide</i>	23
MASK VORTEX/CHILD/FROG.....	135	<i>megestrol acetate oral tablet 20 mg</i>	119	<i>methylidopa</i>	50
MASK VORTEX/TODDLER/LADYBUG.....	135	<i>megestrol acetate oral tablet 40 mg</i>	119	<i>methylergonovine maleate oral</i>	111
MATULANE.....	32	<i>meijer allergy relief-d</i>	169	<i>methylphenidate hcl er</i>	57
MAVYRET ORAL PACKET.....	40	<i>meijer anti-diarrheal</i>	87	<i>methylphenidate hcl er (cd)</i>	57
MAVYRET ORAL TABLET.....	40	MEKINIST.....	34	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	57
MAX RELIEF JR CHILD PAIN/FEVER.....	11	<i>meloxicam oral tablet</i>	5	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	57
MAX RELIEF JUNIOR.....	11	<i>memantine hcl oral solution</i>	24	<i>methylphenidate hcl oral tablet</i>	57
MAX TUSSIN MUCUS & CHEST CONG... 155		<i>memantine hcl oral tablet</i>	24	<i>methylprednisolone oral</i>	110
MAXALLERGY KIDS.....	150	MENATROL.....	177	<i>metoclopramide hcl oral solution 5 mg/5ml</i> ..	26
<i>maxi-tuss ac</i>	169	MENQUADFI.....	124	<i>metoclopramide hcl oral tablet</i>	26
<i>maxi-tuss gmx</i>	169	MENVEO.....	124	<i>metolazone</i>	54
<i>maxi-tuss pe max</i>	155	<i>mercaptopurine oral tablet</i>	33	<i>metoprolol succinate er</i>	52
MAYZENT.....	59	<i>mesalamine er</i>	126	<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	52
MAYZENT STARTER PACK.....	59	<i>mesalamine oral tablet delayed release 1.2 gm</i>	126	<i>metoprolol tartrate oral tablet 25 mg</i>	52
<i>m-dryl</i>	151	<i>mesalamine rectal</i>	126	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	52
<i>meclizine hcl oral tablet 12.5 mg</i>	26	<i>mesna oral</i>	35	<i>metronidazole external</i>	18
<i>meclizine hcl oral tablet 25 mg</i>	26	METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 %.....	102	<i>metronidazole oral tablet 250 mg, 500 mg</i> ...	18
<i>meclizine hcl oral tablet chewable</i>	26	METAMUCIL FREE & NATURAL.....	102	<i>metronidazole vaginal</i>	18
<i>medicated spot</i>	135	<i>metformin hcl er (osm)</i>	44	<i>mexiletine hcl oral</i>	51
<i>medifin 400</i>	155	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	44	<i>mibelas 24 fe</i>	115
<i>medifin mucus relief child</i>	155	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	45	<i>micaderm</i>	30
<i>medi-first aspirin</i>	135	<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	45	MICATIN.....	30
<i>medi-first hydrocortisone</i>	63	<i>methadone hcl oral tablet soluble</i>	6	<i>miconazole 3</i>	28
<i>medi-first ibuprofen</i>	5	<i>methadose oral tablet soluble</i>	6	<i>miconazole 3 combo pack</i>	28
<i>medi-first triple antibiotic</i>	21	<i>methazolamide oral</i>	142	<i>miconazole 7 vaginal cream</i>	28
<i>mediproxen</i>	5	<i>methenamine hippurate</i>	18	<i>miconazole 7 vaginal suppository</i>	28
<i>medique aspirin</i>	135	<i>methimazole oral</i>	121	<i>miconazole antifungal</i>	30
MEDISENSE GLUCOSE KETONE CONTR.....	70	<i>methocarbamol oral tablet 500 mg, 750 mg</i>	174	<i>miconazole nitrate external cream</i>	30
MEDISENSE HI/MID/LOW CONTROL.....	70	<i>methotrexate sodium</i>	123	<i>miconazole nitrate vaginal</i>	28
MEDPURA ANTIFUNGAL.....	30	<i>methotrexate sodium (pf)</i>	123	<i>miconazorb af</i>	30
MEDPURA BENZOYL PEROXIDE.....	135	<i>methoxsalen rapid</i>	64	MICRO GUARD.....	30
MEDROL ORAL TABLET 2 MG.....	110			<i>microgestin 1.5/30</i>	115
<i>medroxyprogesterone acetate intramuscular</i>	118				
<i>medroxyprogesterone acetate oral</i>	118				
<i>mefloquine hcl</i>	36				
<i>mega probiotic</i>	98				

<i>microgestin 1/20</i>	115	<i>mometasone furoate external</i>	63	<i>mucus & chest congestion</i>	156
<i>microgestin fe 1.5/30</i>	115	<i>mometasone furoate nasal</i>	151	<i>mucus & cough relief child</i>	170
<i>microgestin fe 1/20</i>	115	MONOJECT HYPODERMIC NEEDLE 18G		<i>mucus d</i>	170
<i>midodrine hcl</i>	50	X 1".....	47	<i>mucus d extended release</i>	170
<i>mifepristone oral tablet 300 mg</i>	111	<i>mono-lynyah</i>	115	<i>mucus d max st er</i>	170
MIGERGOT.....	30	<i>montelukast sodium oral</i>	151	<i>mucus dm</i>	170
<i>migraine formula oral tablet 250-250-65 mg</i>	11	<i>mood support probiotic</i>	98	<i>mucus dm extended release oral tablet</i>	
<i>migraine headache relief</i>	11	<i>morphine sulfate (concentrate) oral</i>		<i>extended release 12 hour 30-600 mg</i>	170
<i>migraine relief oral tablet 250-250-65 mg</i> ...	12	<i>solution 100 mg/5ml</i>	7	<i>mucus er maximum str</i>	156
<i>mili</i>	115	<i>morphine sulfate er oral tablet extended</i>		<i>release 12</i>	
<i>milk of magnesia</i>	98	<i>release</i>	6	<i>hour 1200 mg</i>	156
MINCORA.....	81	<i>morphine sulfate oral</i>	7	<i>mucus extended release oral tablet</i>	
<i>mineral oil enema</i>	102	<i>morphine sulfate rectal</i>	7	<i>extended release 12 hour 1200 mg</i>	156
<i>mineral oil heavy oral</i>	102	MOTEGRITY.....	87	<i>mucus relief 12 hour max st</i>	156
<i>mineral oil oral oil</i>	102	<i>motion sickness oral tablet 50 mg</i>	26	<i>mucus relief chest oral tablet 400 mg</i>	156
<i>mineral oil rectal enema</i>	102	<i>motion sickness relief oral tablet 50 mg</i>	26	<i>mucus relief childrens oral liquid 100</i>	
<i>mini nicotine</i>	17	<i>motion sickness relief oral tablet chewable</i>		<i>mg/5ml</i>	156
<i>minocycline hcl oral capsule 100 mg, 50</i>		<i>25 mg</i>	26	<i>mucus relief d max strength</i>	170
<i>mg</i>	20	<i>motion-time</i>	27	<i>mucus relief d oral tablet extended release</i>	
<i>minoxidil oral</i>	55	MOTRIN CHILDRENS.....	5	<i>12 hour 120-1200 mg</i>	170
<i>mintox maximum strength</i>	98	MOTRIN IB ORAL TABLET.....	5	<i>mucus relief d oral tablet extended release</i>	
<i>mintox plus</i>	98	MOTRIN INFANTS DROPS.....	5	<i>12 hour 60-600 mg</i>	170
MIRALAX.....	102	MOUNJARO.....	135	<i>mucus relief dm max oral liquid 20-400</i>	
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	25	MOVANTIK.....	87	<i>mg/20ml, 5-100 mg/5ml</i>	170
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	25	<i>moxifloxacin hcl (2x day)</i>	141	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	
MIRVASO.....	60	<i>moxifloxacin hcl ophthalmic</i>	141	.....	170
<i>misoprostol oral</i>	89	<i>moxifloxacin hcl oral</i>	20	<i>mucus relief dm oral tablet extended</i>	
MITIGARE.....	30	<i>m-pap</i>	12	<i>release 12 hour 30-600 mg</i>	170
<i>mm acetaminophen ex str</i>	12	MUCINEX COUGH CHILDRENS.....	169	<i>mucus relief er</i>	156
MM ALLER-BEN.....	151	MUCINEX D.....	169	<i>mucus relief er oral tablet extended release</i>	
<i>mm allergy relief 24 hour</i>	162	MUCINEX D MAX STRENGTH.....	169	<i>12 hour 1200 mg</i>	156
<i>mm arthritis pain</i>	12	MUCINEX DM.....	169	<i>mucus relief max st</i>	156
<i>mm aspirin</i>	135	MUCINEX FAST-MAX CHEST CONG MS	155	<i>mucus relief oral tablet</i>	156
<i>mm clearlax</i>	102	MUCINEX FAST-MAX DM MAX.....	169	<i>mucus-d oral tablet extended release 12</i>	
<i>mm stool softener</i>	105	MUCINEX FAST-MAX SEVERE CON/CG		<i>hour 60-600 mg</i>	170
<i>mm stool softener laxative</i>	105	ORAL LIQUID.....	169	<i>mucus-dm</i>	171
M-M-R II.....	124	MUCINEX MAXIMUM STRENGTH.....	156	<i>mucus-er oral tablet extended release 12</i>	
M-NATAL PLUS.....	81	MUCINEX SINUS-MAX CLEAR & COOL..	170	<i>hour 1200 mg</i>	156
<i>modafinil oral</i>	175	MUCINEX SINUS-MAX SINUS/ALLRGY..	170	MULPLETA.....	49

MULTAQ.....	51	NAMZARIC.....	24	<i>nasal spray saline</i>	157
<i>multi vitamin</i>	81	NAPHCAN-A.....	146	NASALCROM.....	164
<i>multi vitamin w/d-3</i>	81	NAPRELAN ORAL TABLET EXTENDED		NASCOBAL.....	180
<i>multiple vitamin-folic acid</i>	81	RELEASE 24 HOUR 375 MG, 750 MG.....	5	NATAZIA.....	115
<i>multiple vitamins essential</i>	81	NAPRELAN ORAL TABLET EXTENDED		<i>nateglinide</i>	45
<i>multiple vitamins/iron oral tablet</i>	177	RELEASE 24 HOUR 500 MG.....	5	<i>natural daily fiber oral powder 43 %</i>	103
MULTIPRO.....	177	<i>naproxen dr</i>	5	<i>natural daily fiber oral powder 58.6 %</i>	103
<i>multi-vitamin</i>	81	<i>naproxen oral suspension</i>	5	<i>natural fiber</i>	103
<i>multivitamin w/fluoride</i>	82	<i>naproxen oral tablet</i>	5	<i>natural fiber oral powder 28.3 %</i>	103
<i>multi-vitamin/fluoride</i>	82	<i>naproxen oral tablet delayed release</i>	5	<i>natural fiber supplement</i>	103
<i>multivitamin/fluoride oral tablet chewable</i>	82	<i>naproxen sodium oral tablet 220 mg</i>	5	<i>natural senna laxative</i>	105
<i>multi-vitamin/fluoride/iron</i>	82	NARAMIN.....	151	<i>natural tears pf</i>	144
<i>multi-vitamin/iron</i>	177	<i>naratriptan hcl</i>	31	<i>natural vegetable</i>	103
<i>mupirocin ointment</i>	65	NARCAN.....	16	<i>natural vegetable laxative oral tablet 8.6</i>	
MURO 128 OPHTHALMIC OINTMENT.....	144	NASACORT ALLERGY 24HR.....	163	<i>mg</i>	106
MURO 128 OPHTHALMIC SOLUTION 5		<i>nasal allergy 24 hour</i>	163	<i>natural vitamin e</i>	180
%.....	144	<i>nasal allergy nasal aerosol 55 mcg/act</i>	163	<i>natura-lax</i>	103
<i>my choice</i>	119	<i>nasal allergy spray</i>	163	<i>nausea control</i>	27
<i>my way</i>	119	<i>nasal decongestant 12hr</i>	171	<i>nausea relief oral solution 1.87-1.87-21.5</i> ...	27
<i>mycophenolate mofetil oral</i>	123	<i>nasal decongestant max st oral tablet 30</i>		NAYZILAM.....	23
<i>mycophenolate sodium</i>	123	<i>mg</i>	171	<i>nebivolol hcl</i>	52
<i>mycophenolic acid</i>	123	<i>nasal decongestant oral tablet 30 mg</i>	171	NEBUSAL INHALATION NEBULIZATION	
MYFEMBREE.....	87	<i>nasal decongestant oral tablet extended</i>		SOLUTION 3 %.....	171
MYLERAN.....	32	<i>release 12 hour 120 mg</i>	171	<i>necon 0.5/35 (28)</i>	115
MYLICON INFANTS GAS RELIEF.....	98	<i>nasal decongestant pe oral tablet 10 mg</i> ...	156	NEODOT THERMOMETER.....	135
MYNEPHRON.....	82	<i>nasal decongestant pe oral tablet 30 mg</i> ...	171	NEOMULTIVITE.....	82
MYRBETRIQ ORAL SUSPENSION		<i>nasal decongestant spray</i>	171	<i>neomycin sulfate oral</i>	18
RECONSTITUTED ER.....	108	<i>nasal four</i>	156	<i>neomycin-bacitracin zn-polymyx</i>	141
MYRBETRIQ ORAL TABLET EXTENDED		<i>nasal four spray</i>	156	<i>neomycin-polymyxin-dexameth ophthalmic</i>	
RELEASE 24 HOUR.....	108	<i>nasal mist nasal solution</i>	171	<i>ointment</i>	140
MYTESI.....	87	<i>nasal mist no drip</i>	171	<i>neomycin-polymyxin-dexameth ophthalmic</i>	
<i>nabumetone oral</i>	5	NASAL MOIST NASAL SOLUTION.....	156	<i>suspension 3.5-10000-0.1</i>	140
<i>nadolol oral</i>	52	<i>nasal moisturizing spray</i>	156	<i>neomycin-polymyxin-gramicidin</i>	141
<i>naloxone hcl injection solution</i>	16	<i>nasal relief nasal solution 0.05 %</i>	171	<i>neomycin-polymyxin-hc otic</i>	147
<i>naloxone hcl injection solution cartridge</i>	16	<i>nasal spray 12 hour</i>	171	NEONATAL PLUS.....	82
<i>naloxone hcl nasal</i>	16	<i>nasal spray fast acting</i>	157	NEO-POLYCIN HC.....	140
<i>naloxone hcl solution prefilled syringe 2</i>		<i>nasal spray nasal solution 0.05 %</i>	171	NEOSPORIN ORIGINAL.....	21
<i>mg/2ml injection</i>	16	<i>nasal spray nasal solution 1 %</i>	157	NEO-SYNEPHRINE COLD/ALLRG MILD. 157	
<i>naltrexone hcl oral</i>	15	<i>nasal spray no drip</i>	171	NEO-SYNEPHRINE COLD/ALLRGY EXT. 157	

NEO-SYNEPHRINE COLD/ALLRGY REG 157	<i>nicotine polacrilex mouth/throat gum 2 mg..</i>	17	<i>no drip nasal spray.....</i>	172
<i>nephro vitamins.....</i>	<i>nicotine polacrilex mouth/throat gum 4 mg..</i>	17	<i>no drip original 12 hours.....</i>	172
NEPHRO-VITE.....	<i>nicotine polacrilex mouth/throat lozenge 2</i>		NOC DURNA.....	110
NEULASTA.....	<i>mg.....</i>	17	<i>nohist-lq.....</i>	159
NEULASTA ONPRO.....	<i>nicotine polacrilex mouth/throat lozenge 4</i>		NOKOR VENTED NEEDLE.....	47
NEUPOGEN.....	<i>mg.....</i>	17	<i>non-aspirin.....</i>	12
NEUTEK 2TEK CONTROL.....	<i>nicotine step 1.....</i>	16	<i>non-aspirin 8 hour.....</i>	12
NEUTROGENA OIL-FREE ACNE WASH. 135	<i>nicotine step 2.....</i>	16	<i>non-aspirin childrens.....</i>	12
NEVANAC.....	<i>nicotine step 3.....</i>	16	<i>non-aspirin extra strength.....</i>	12
<i>nevirapine.....</i>	<i>nicotine transdermal patch 24 hour 14</i>		<i>non-aspirin jr strength.....</i>	12
<i>nevirapine er.....</i>	<i>mg/24hr, 7 mg/24hr.....</i>	16	<i>non-aspirin pain relief.....</i>	12
<i>new day.....</i>	<i>nicotine transdermal patch 24 hour 21</i>		<i>non-pseudo sinus decongestant.....</i>	157
NEXLETOL.....	<i>mg/24hr.....</i>	16	<i>nora-be.....</i>	119
NEXLIZET.....	<i>nicotine transdermal system.....</i>	16	NORDITROPIN FLEXPRO.....	110
NEXTSTELLIS.....	NICOTROL.....	16	<i>norelgestromin-eth estradiol.....</i>	115
<i>niacin er (antihyperlipidemic).....</i>	NICOTROL NS.....	16	<i>norethin ace-eth estrad-fe oral tablet 1.5-</i>	
<i>niacin er oral capsule extended release</i>	<i>nifedipine er.....</i>	52	<i>30 mg-mcg.....</i>	116
<i>250 mg.....</i>	<i>nifedipine er osmotic release.....</i>	52	<i>norethin ace-eth estrad-fe oral tablet</i>	
<i>niacin er oral capsule extended release</i>	<i>nifedipine oral.....</i>	52	<i>chewable.....</i>	116
<i>500 mg.....</i>	<i>nighttime dry-eye relief.....</i>	144	<i>norethindrone acetate oral.....</i>	119
<i>niacin er oral tablet extended release 1000</i>	<i>nighttime relief lub eye.....</i>	144	<i>norethindrone acet-ethinyl est.....</i>	116
<i>mg.....</i>	<i>nikki.....</i>	115	<i>norethindrone oral.....</i>	119
<i>niacin er oral tablet extended release 250</i>	<i>nimodipine oral capsule.....</i>	52	<i>norethindron-ethinyl estrad-fe oral tablet 1-</i>	
<i>mg, 500 mg.....</i>	NIMODIPINE ORAL SOLUTION.....	52	<i>20/1-30/1-35 mg-mcg.....</i>	116
<i>niacin oral tablet 100 mg, 250 mg, 50 mg....</i>	NINLARO.....	33	<i>norethin-eth estradiol-fe oral tablet</i>	
NICODERM CQ.....	<i>nitazoxanide oral.....</i>	36	<i>chewable 0.4-35 mg-mcg.....</i>	116
NICORETTE.....	NITRO-BID.....	56	<i>norgestimate-eth estradiol oral tablet 0.25-</i>	
NICORETTE MINI.....	<i>nitrofurantoin macrocrystal.....</i>	18	<i>35 mg-mcg.....</i>	116
NICORETTE STARTER KIT.....	<i>nitrofurantoin monohydrate macrocrystals... 18</i>		<i>norgestimate-ethinyl estradiol triphasic.....</i>	116
<i>nicotine gum mouth/throat gum 2 mg.....</i>	<i>nitrofurantoin oral suspension 25 mg/5ml.... 19</i>		NORLIQVA.....	52
<i>nicotine gum mouth/throat gum 4 mg.....</i>	<i>nitroglycerin rectal.....</i>	56	<i>norlyroc.....</i>	119
<i>nicotine gum mouth/throat lozenge 2 mg.....</i>	<i>nitroglycerin sublingual.....</i>	56	NORPACE CR.....	51
<i>nicotine gum mouth/throat lozenge 4 mg.....</i>	<i>nitroglycerin transdermal.....</i>	56	<i>nortrel 0.5/35 (28).....</i>	116
<i>nicotine mini.....</i>	<i>nitroglycerin translingual.....</i>	56	<i>nortrel 1/35 (21).....</i>	116
<i>nicotine mouth/throat gum 2 mg.....</i>	NITYR.....	108	<i>nortrel 1/35 (28).....</i>	116
<i>nicotine mouth/throat gum 4 mg.....</i>	NIVA-PLUS.....	82	<i>nortrel 7/7/7.....</i>	116
<i>nicotine mouth/throat lozenge 2 mg.....</i>	NIVESTYM.....	49	<i>nortriptyline hcl oral.....</i>	26
<i>nicotine mouth/throat lozenge 4 mg.....</i>	<i>no drip extra moisturizing.....</i>	171	NORVIR ORAL PACKET.....	42
<i>nicotine polacrilex mini.....</i>	<i>no drip nasal relief.....</i>	172	<i>nose drops extstrength.....</i>	157

NOVAMV PEDIATRIC MULTI-VITAMIN	178	NYMALIZE.....	52	ON/GO ONE COVID-19 HOME TEST.....	135
NOVAREL.....	110	<i>nystatin external</i>	65	<i>once daily</i>	82
NOVOLIN 70/30 FLEXPEN.....	46	<i>nystatin mouth/throat</i>	28	<i>ondansetron hcl oral solution</i>	27
NOVOLIN 70/30 RELION.....	46	<i>nystatin oral</i>	28	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	27
NOVOLIN 70/30 VIAL.....	46	<i>nystop</i>	65	<i>ondansetron odt oral tablet dispersible 4</i>	
NOVOLIN N FLEXPEN.....	46	NYVEPRIA.....	49	<i>mg, 8 mg</i>	27
NOVOLIN N RELION.....	46	OBSTETRIX DHA.....	82	<i>one daily</i>	82
NOVOLIN N VIAL.....	46	OBTREX.....	178	ONE DAILY ESSENTIALS.....	82
NOVOLIN R FLEXPEN.....	46	OCEAN FOR KIDS.....	157	ONE VITE CALCIUM + D3.....	76
NOVOLIN R RELION.....	46	OCEAN NASAL SPRAY.....	157	ONE VITE DAILY MULTIVITAMIN.....	82
NOVOLIN R VIAL.....	46	<i>ocella</i>	116	ONE VITE WOMENS.....	82
NOVOLOG FLEXPEN.....	46	<i>octreotide acetate injection</i>	120	ONE VITE WOMENS PLUS.....	82
NOVOLOG FLEXPEN RELION.....	46	<i>octreotide acetate subcutaneous</i>	120	<i>one-daily multi vitamins</i>	82
NOVOLOG MIX 70/30 FLEXPEN.....	46	OCUVEL.....	178	<i>one-daily multi-vitamin</i>	83
NOVOLOG MIX 70/30 VIAL.....	46	ODEFSEY.....	41	<i>one-daily multi-vitamin/iron</i>	178
NOVOLOG PENFILL.....	46	ODOMZO.....	34	<i>one-daily/iron</i>	178
NOVOLOG RELION.....	46	OFEV.....	153	ONELAX.....	135
NOVOLOG U-100 VIAL.....	46	<i>ofloxacin ophthalmic</i>	141	ONELAX MAGNESIUM CITRATE.....	106
NOZIN NASAL SANITIZER POPSWAB....	135	<i>ofloxacin oral</i>	20	ONELAX SENNA.....	106
NUBEQA.....	32	<i>ofloxacin otic</i>	147	ONETOUCH ULTRA 2 KIT W/DEVICE.....	70
NUCALA SUBCUTANEOUS SOLUTION		<i>ointment base</i>	66	ONETOUCH ULTRA BLUE TEST.....	70
AUTO-INJECTOR.....	154	<i>olanzapine oral tablet</i>	38	ONETOUCH ULTRA CONTROL.....	70
NUCALA SUBCUTANEOUS SOLUTION		<i>olmesartan medoxomil oral</i>	50	ONETOUCH ULTRA IN VITRO LIQUID.....	70
PREFILLED SYRINGE.....	154	<i>olmesartan medoxomil-hctz</i>	54	ONETOUCH ULTRA STRIP IN VITRO.....	70
NUCYNTA.....	7	<i>olopatadine hcl ophthalmic</i>	140	ONETOUCH ULTRA TEST STRIPS.....	71
NUCYNTA ER.....	6	OLUMIANT ORAL TABLET 1 MG, 2 MG..	122	ONETOUCH VERIO FLEX SYSTEM KIT	
NUEDEXTA.....	59	OLUMIANT ORAL TABLET 4 MG.....	122	W/DEVICE.....	71
NU-IRON.....	76	<i>omega-3-acid ethyl esters</i>	55	ONETOUCH VERIO IN VITRO LIQUID.....	71
NULEV.....	135	<i>omeprazole magnesium</i>	89	ONETOUCH VERIO REFLECT KIT	
NURTEC.....	31	<i>omeprazole magnesium oral capsule</i>		W/DEVICE.....	71
NUTRAPLUS.....	67	<i>delayed release</i>	89	ONETOUCH VERIO TEST STRIPS.....	71
NUTROPIN AQ NUSPIN 10.....	110	<i>omeprazole oral capsule delayed release</i>		ONEXTON.....	60
NUTROPIN AQ NUSPIN 20.....	110	<i>10 mg, 20 mg, 20.6 (20 base) mg, 40 mg</i>	90	ONGENTYS.....	37
NUTROPIN AQ NUSPIN 5.....	110	OMNARIS.....	151	<i>opcicon one-step</i>	119
NUVARING.....	116	OMNIFLEX DIAPHRAGM.....	135	OPILL.....	135
NUZYRA ORAL.....	20	OMNIPOD 5 DEXG7G6 INTRO GEN 5....	135	OPSUMIT.....	153
<i>nyamyc</i>	65	OMNIPOD 5 DEXG7G6 PODS GEN 5.....	135	<i>option 2</i>	119
<i>nylia 1/35</i>	116	OMNITROPE.....	110	OPZELURA.....	67
<i>nylia 7/7/7</i>	116	ON/GO COVID-19 ANTIGEN TEST.....	135	ORACEA.....	20

<i>oralyte</i>	77	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>pain relief childrens oral tablet chewable 160 mg</i>	12
ORENCIA CLICKJECT.....	122	OXYCONTIN.....	6	<i>pain relief extra st</i>	13
ORENCIA SUBCUTANEOUS.....	122	<i>oxymorphone hcl er</i>	6	<i>pain relief extra strength oral capsule 500 mg</i>	13
ORENITRAM.....	153	OXYTROL FOR WOMEN.....	108	<i>pain relief extra strength oral liquid 500 mg/15ml</i>	13
ORENITRAM MONTH 1.....	153	<i>oysco 500+d</i>	77	<i>pain relief extra strength oral tablet 500 mg</i>	13
ORENITRAM MONTH 2.....	153	<i>oyster shell calcium + d oral tablet 500-10 mg-mcg</i>	77	<i>pain relief oral liquid 500 mg/15ml</i>	13
ORENITRAM MONTH 3.....	153	<i>oyster shell calcium + d3</i>	77	<i>pain relief oral tablet 325 mg</i>	13
ORFADIN.....	108	<i>oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg</i>	178	<i>pain relief oral tablet extended release 650 mg</i>	13
ORGOVYX.....	18	<i>oyster shell calcium plus d</i>	77	<i>pain relief regular strength</i>	13
ORIAHNN.....	120	<i>oyster shell calcium w/d</i>	77	<i>pain relief rapid burst</i>	13
ORILISSA.....	120	<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	178	<i>pain reliever ex st oral liquid 500 mg/15ml</i>	13
ORKAMBI.....	152	<i>oyster shell calcium/d oral tablet 250-6.25 mg-mcg</i>	77	<i>pain reliever ex st oral tablet 500 mg</i>	13
ORLADEYO.....	135	<i>oyster shell calcium/vit d</i>	77	<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	13
<i>orphenadrine citrate er</i>	174	<i>oyster shell calcium/vit d3</i>	77	<i>pain reliever extra strength oral tablet 500 mg</i>	13
OS-CAL CALCIUM + D3.....	77	<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	77	<i>pain reliever oral suspension 160 mg/5ml</i>	13
<i>oseltamivir phosphate oral capsule</i>	42	<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg</i>	178	<i>pain reliever oral tablet 325 mg</i>	13
<i>oseltamivir phosphate oral suspension reconstituted</i>	42	<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	77	<i>pain reliever plus</i>	13
OSPHENA.....	119	<i>oyster shell calcium-vit d</i>	77	<i>pain-off</i>	14
OTEZLA ORAL TABLET 30 MG.....	122	OZEMPIC.....	45	PANADOL CHILDRENS.....	14
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG.....	122	OZEMPIC (2 MG/DOSE).....	45	PANADOL EXTRA STRENGTH.....	14
OTREXUP.....	123	<i>p col-rite</i>	106	PANADOL INFANTS.....	14
OVACE PLUS WASH EXTERNAL LIQUID.....	135	<i>pain & fever child</i>	12	PANOXYL.....	136
OVACE WASH.....	136	<i>pain & fever childrens</i>	12	<i>pantoprazole sodium oral tablet delayed release</i>	90
OVIDREL.....	111	<i>pain & fever childrens oral suspension 160 mg/5ml</i>	12	<i>paroxetine hcl oral tablet</i>	25
<i>oxaprozin oral tablet</i>	5	<i>pain & fever infants oral suspension 160 mg/5ml</i>	12	PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %.....	140
<i>oxazepam</i>	43	<i>pain and fever relief kids</i>	12	PAXLOVID (150/100).....	42
<i>oxcarbazepine oral suspension</i>	23	<i>pain relief childrens oral elixir 160 mg/5ml</i>	12	PAXLOVID (300/100).....	42
<i>oxcarbazepine oral tablet</i>	23	<i>pain relief childrens oral suspension</i>	12	PAXOTIN.....	98
<i>oxybutynin chloride er</i>	108			<i>pazopanib hcl</i>	139
<i>oxybutynin chloride oral tablet 5 mg</i>	108			PEAK FLOW METER UNIVERSAL RANG..	68
<i>oxycodone hcl oral concentrate</i>	7			<i>ped electrolyte freeze pop</i>	77
<i>oxycodone hcl oral solution</i>	7				
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>	14				
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	14				
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....	7				

PEDIA-LAX ORAL LIQUID.....	106	PHAZYME.....	98	PIQRAY (250 MG DAILY DOSE).....	34
PEDIALYTE FREEZER POPS.....	77	PHAZYME ULTRA STRENGTH.....	98	PIQRAY (300 MG DAILY DOSE).....	34
PEDIALYTE IMMUNE SUPPORT.....	77	PHEBURANE.....	108	<i>pirfenidone oral capsule</i>	153
PEDIALYTE ORAL SOLUTION.....	77	<i>phenazo</i>	109	<i>pirfenidone oral tablet 267 mg, 801 mg</i>	153
PEDIALYTE SINGLES.....	77	<i>phenazopyridine hcl oral tablet 100 mg,</i>		<i>piroxicam oral</i>	5
PEDIARIX.....	124	<i>200 mg</i>	109	PLAN B ONE-STEP.....	119
<i>pediatric electrolyte oral solution</i>	77	<i>phenazopyridine hcl oral tablet 95 mg</i>	109	PLEGRIDY INTRAMUSCULAR.....	59
PEDVAX HIB.....	125	<i>phenobarbital oral</i>	23	PLEGRIDY STARTER PACK.....	59
<i>peg 3350 oral powder</i>	103	<i>phenylephrine hcl ophthalmic</i>	140	PLEGRIDY SUBCUTANEOUS.....	59
<i>peg 3350-kcl-na bicarb-nacl</i>	88	<i>phenylephrine hcl oral</i>	157	PLENVU.....	88
<i>peg-3350/electrolytes</i>	88	<i>phenytek</i>	23	<i>plerixafor</i>	49
PEGASYS.....	122	<i>phenytoin infatabs</i>	23	PNEUMOVAX 23.....	125
PENBRAYA.....	136	<i>phenytoin oral</i>	23	<i>podofilox external solution</i>	64
<i>penicillamine oral tablet</i>	109	<i>phenytoin sodium extended</i>	23	<i>poly bacitracin</i>	136
<i>penicillin v potassium</i>	19	<i>philith</i>	116	<i>polyethylene glycol 3350 oral powder</i>	103
PENTACEL.....	125	PHOSPHA 250 NEUTRAL.....	77	<i>polyethylene glycol 3350-grx oral powder</i>	103
<i>pentamidine isethionate inhalation</i>	36	PHOSPHOLINE IODIDE.....	142	<i>poly-iron 150</i>	78
PENTASA.....	126	<i>phosphorous</i>	78	<i>poly-iron 150 forte</i>	78
<i>pentazocine-naloxone hcl</i>	7	<i>phospho-trin 250 neutral</i>	78	<i>polymyxin b-trimethoprim</i>	141
<i>pentoxifylline er</i>	54	PHOSPHO-TRIN K500.....	78	<i>polysaccharide iron complex</i>	78
PEPCID AC.....	89	<i>phytonadione oral</i>	83	<i>polysaccharide iron forte</i>	78
PEPTO-BISMOL ORAL SUSPENSION		PIFELTRO.....	41	<i>polysaccharide-iron complex</i>	78
524 MG/30ML.....	98	<i>pilocarpine hcl ophthalmic</i>	142	POLYSPORIN.....	136
PERDIEM OVERNIGHT RELIEF.....	106	<i>pilocarpine hcl oral tablet 5 mg</i>	60	<i>polyvinyl alcohol ophthalmic</i>	145
PERFOROMIST.....	152	<i>pilocarpine hcl oral tablet 7.5 mg</i>	60	POMALYST.....	33
<i>perigard</i>	60	PILOT COVID-19 AT-HOME TEST.....	136	<i>portia-28</i>	116
<i>permethrin external</i>	64	<i>pimecrolimus</i>	63	<i>potassium chloride crys er oral tablet</i>	
<i>perphenazine oral</i>	27	<i>pimozide</i>	38	<i>extended release 10 meq</i>	72
<i>perphenazine-amitriptyline oral tablet 2-10</i>		<i>pimtrea</i>	116	<i>potassium chloride crys er oral tablet</i>	
<i>mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	25	<i>pindolol</i>	52	<i>extended release 20 meq</i>	72
<i>perphenazine-amitriptyline oral tablet 2-25</i>		<i>pink bismuth maximum strength</i>	98	<i>potassium chloride er oral capsule</i>	
<i>mg</i>	25	<i>pink bismuth oral suspension 262 mg/15ml</i>	98	<i>extended release 10 meq</i>	72
PERSERIS.....	38	<i>pink bismuth oral suspension 525 mg/15ml</i>	98	<i>potassium chloride er oral tablet extended</i>	
PFIZER COVID-19 VAC-TRIS 5-11Y.....	136	<i>pink bismuth oral tablet 262 mg</i>	99	<i>release 10 meq</i>	72
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	136	<i>pink bismuth oral tablet chewable 262 mg</i> ...	99	<i>potassium chloride er oral tablet extended</i>	
<i>pharbedryl</i>	151	<i>pink bismuth ultra str</i>	99	<i>release 20 meq</i>	72
PHARBETOL.....	14	<i>pioglitazone hcl</i>	45	<i>potassium chloride er oral tablet extended</i>	
PHARBETOL EXTRA STRENGTH.....	14	PIP GLUCOSE CONTROL SOLUTION.....	71	<i>release 8 meq</i>	72
<i>pharbinex</i>	157	PIQRAY (200 MG DAILY DOSE).....	34	<i>potassium chloride oral</i>	72

<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	72	PREMARIN VAGINAL.....	116	<i>probenecid</i>	30
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	72	PREMPHASE.....	116	<i>probiotic acidophilus oral capsule</i>	99
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	72	PREMPRO.....	116	<i>probiotic blend</i>	99
<i>potassium citrate-citric acid</i>	78	<i>prenatal 19 oral tablet</i>	83	<i>probiotic colon care</i>	99
<i>povidone iodine</i>	21	<i>prenatal formula</i>	83	<i>probiotic complex</i>	99
<i>povidone-iodine external solution</i>	21	<i>prenatal formula oral tablet 28-0.8 mg</i>	83	<i>probiotic digestive support</i>	136
PRADAXA ORAL CAPSULE.....	48	<i>prenatal gummy oral tablet chewable 0.4 mg</i>	180	<i>probiotic maximum strength</i>	99
PRALUENT.....	55	<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	178	<i>probiotic oral capsule</i>	99
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> ...	37	<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	83	<i>probiotic oral capsule 250 mg</i>	99
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	37	<i>prenatal multi+dha</i>	83	<i>probiotic pearls ex st</i>	99
<i>prasugrel hcl</i>	49	<i>prenatal multivitamin</i>	83	<i>prochlorperazine</i>	27
<i>pravastatin sodium</i>	55	<i>prenatal multivitamins</i>	83	<i>prochlorperazine maleate oral</i>	27
<i>praziquantel oral</i>	35	<i>prenatal oral tablet 27-0.8 mg</i>	83	PROCRIT.....	49
<i>prazosin hcl oral</i>	50	<i>prenatal oral tablet 27-1 mg</i>	83	PROCTOFOAM HC.....	64
PRECISION GLUCOSE KETONE CONTR.....	71	<i>prenatal oral tablet 28-0.8 mg</i>	83	<i>procto-med hc</i>	126
PRECISION XTRA BLOOD GLUCOSE.....	71	<i>prenatal vitamins oral tablet 28-0.8 mg</i>	83	<i>progesterone oral</i>	119
<i>prednisolone acetate ophthalmic</i>	141	<i>prenatal/iron</i>	83	PROLENSA.....	141
PREDNISOLONE ACETATE P-F.....	141	PREPARATION H EXTERNAL CREAM 1 %.....	126	PROMACTA ORAL PACKET 12.5 MG.....	49
<i>prednisolone oral solution</i>	110	PREPARATION H SOOTHING RELIEF EXTERNAL CREAM.....	126	PROMACTA ORAL TABLET.....	49
<i>prednisolone sodium phosphate ophthalmic</i>	141	PREVACID 24HR.....	90	<i>promethazine hcl oral solution 6.25 mg/5ml</i>	27
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	110	<i>prevalite oral powder</i>	55	<i>promethazine hcl oral tablet</i>	27
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	110	PREVIDENT.....	72	<i>promethazine hcl rectal</i>	27
<i>prednisone oral solution</i>	110	PREVIDENT 5000 DRY MOUTH.....	73	<i>promethazine vc</i>	154
<i>prednisone oral tablet</i>	110	PREVIDENT 5000 PLUS.....	73	<i>promethazine-codeine oral solution</i>	172
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	110	PREVNAR 20.....	125	<i>promethazine-dm</i>	172
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	110	PREZCOBIX.....	42	<i>promethazine-phenylephrine</i>	154
<i>pregabalin oral</i>	59	PREZISTA ORAL SUSPENSION.....	136	PROMETHEGAN RECTAL SUPPOSITORY 50 MG.....	27
PREGNYL.....	110	PREZISTA ORAL TABLET 150 MG, 75 MG.....	136	PRONUTRIENTS VITAMIN D3.....	83
PREMARIN ORAL.....	116	PRIFTIN.....	32	<i>propafenone hcl</i>	51
		<i>primaquine phosphate</i>	36	<i>propranolol hcl er</i>	52
		<i>primidone oral tablet 250 mg, 50 mg</i>	23	<i>propranolol hcl oral solution 20 mg/5ml</i>	52
		PRIORIX.....	125	<i>propranolol hcl oral solution 40 mg/5ml</i>	52
		PROAIR RESPICLICK.....	152	<i>propranolol hcl oral tablet</i>	52
				<i>propylthiouracil oral</i>	121
				PROQUAD.....	125
				<i>prucalopride succinate</i>	87
				<i>pseudoephedrine hcl 12 hr</i>	172
				<i>pseudoephedrine hcl er</i>	172

<i>pseudoephedrine hcl oral tablet 30 mg</i>	172	QVAR REDHALER.....	151	RETACRIT INJECTION SOLUTION 10000	
<i>pseudoephedrine-bromphen-dm</i>	157	<i>radiance platinum vitamin d3</i>	83	UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML,	
<i>pseudoephedrine-guaifenesin er</i>	172	RADICAVA ORS.....	59	4000 UNIT/ML, 40000 UNIT/ML.....	49
<i>psyldex</i>	103	RADICAVA ORS STARTER KIT.....	59	RETACRIT INJECTION SOLUTION 20000	
PULMICORT FLEXHALER.....	151	<i>raloxifene hcl</i>	119	UNIT/ML.....	49
PULMOSAL.....	172	<i>ramipril</i>	51	RETIN-A MICRO PUMP EXTERNAL GEL	
PULMOZYME.....	152	<i>ranolazine er</i>	54	0.06 %.....	60
PURE & GENTLE LUBRICANT.....	145	RASUVO.....	123	RETIN-A MICRO PUMP EXTERNAL GEL	
PURE COMFORT FLOW METER ADULT..	68	RAVICTI.....	108	0.08 %.....	60
PURE COMFORT FLOW METER CHILD...	68	RAYALDEE.....	126	REVLIMID.....	33
<i>purelax oral powder</i>	103	<i>react</i>	119	REXTOVY.....	16
PYLERA.....	88	<i>ready-to-use enema rectal enema</i>	99	REXULTI.....	39
<i>pyrazinamide oral</i>	32	<i>reclipsen</i>	117	REYATAZ ORAL PACKET.....	42
<i>pyridostigmine bromide er</i>	31	RECOMBIVAX HB.....	125	REZVOGLAR KWIKPEN.....	47
<i>pyridostigmine bromide oral solution</i>	31	<i>refenesen 400</i>	157	RHOPRESSA.....	142
<i>pyridostigmine bromide oral tablet 60 mg</i> ...	31	REFRESH LACRI-LUBE.....	145	<i>ribavirin oral</i>	40
<i>pyridoxine hcl oral</i>	180	REFRESH PLUS.....	145	<i>rifabutin</i>	32
<i>pyrimethamine oral</i>	36	REFRESH TEARS.....	145	<i>rifampin oral</i>	32
QBREXZA.....	64	<i>reguloid oral powder 43 %</i>	103	<i>riluzole</i>	59
QELBREE.....	43	REHYDRALYTE.....	78	<i>rimantadine hcl</i>	42
QNASL.....	151	RELENZA DISKHALER.....	42	RINVOQ.....	122
QNASL CHILDRENS.....	151	RELEUKO.....	49	RISAQUAD.....	99
QTERN.....	45	RELEXXII ORAL TABLET EXTENDED		RISAQUAD-2.....	99
QUADRACEL INTRAMUSCULAR		RELEASE 45 MG, 63 MG.....	57	<i>risperidone microspheres er</i>	39
SUSPENSION.....	125	RELEXXII ORAL TABLET EXTENDED		<i>risperidone oral solution</i>	39
<i>quetiapine fumarate</i>	38	RELEASE 72 MG.....	57	<i>risperidone oral tablet</i>	39
<i>quetiapine fumarate er</i>	38	<i>relief eye drops</i>	145	<i>ritonavir</i>	42
QUFLORA PEDIATRIC ORAL SOLUTION		RELION TRUE METRIX TEST STRIPS.....	71	<i>rivastigmine</i>	24
0.5 MG/ML.....	83	RELISTOR SUBCUTANEOUS.....	87	<i>rivastigmine tartrate</i>	24
QUICKVUE AT-HOME COVID-19 TEST...	136	RENAL.....	83	<i>rizatriptan benzoate</i>	31
<i>quinapril hcl</i>	51	<i>rena-vite</i>	83	ROBAFEN CF MULTI-SYMPATOM COLD..	159
<i>quinapril-hydrochlorothiazide</i>	54	<i>renewal soothing bath</i>	66	ROBITUSSIN 12 HOUR COUGH.....	172
<i>quinidine gluconate er</i>	51	<i>repaglinide</i>	45	ROBITUSSIN 12 HOUR COUGH CHILD..	172
<i>quinidine sulfate</i>	51	REPATHA.....	55	ROBITUSSIN CHILD COUGH/COLD LA...	157
QUINTET CONTROL HIGH/NORMAL.....	71	RESTASIS.....	140	ROBITUSSIN CHILDRENS COUGH LA....	157
<i>quit2</i>	18	RESTASIS MULTIDOSE.....	140	ROBITUSSIN COUGH+CHEST CONG	
<i>quit4</i>	18	RESTORA.....	99	DM ORAL LIQUID 20-400 MG/20ML.....	172
QULIPTA.....	30	<i>restore plus lubricant eye</i>	145	ROBITUSSIN NIGHTTIME COUGH.....	157
QUVIVIQ.....	136	<i>restore pm</i>	145	ROBITUSSIN PEAK COLD MULTI-SYM...	160

ROCKLATAN.....	140	<i>sb lice killing max st</i>	36	<i>sf 5000 plus</i>	73
<i>roflumilast</i>	153	<i>sb mucus relief</i>	157	<i>sf gel 1.1%</i>	73
<i>ropinirole hcl</i>	37	<i>sb pain reliever childrens</i>	14	SFROWASA.....	126
<i>rosuvastatin calcium oral</i>	55	<i>scalp relief external liquid 3 %</i>	136	<i>sharobel</i>	119
ROTARIX.....	125	SCEMBLIX ORAL TABLET 20 MG, 40 MG.....	35	SHINGRIX.....	125
ROTATEQ.....	125	SCRUB CARE POVIDONE-IODINE.....	21	SIGNIFOR.....	121
<i>roweepra</i>	22	SEGLUROMET.....	45	<i>sildenafil citrate oral suspension</i>	
ROXYBOND ORAL TABLET ABUSE-		<i>selegiline hcl oral</i>	37	<i>reconstituted</i>	153
DETERRENT 15 MG, 30 MG, 5 MG.....	6	<i>selenium sulfide external lotion</i>	63	<i>sildenafil citrate oral tablet 20 mg</i>	153
ROZLYTREK ORAL CAPSULE.....	34	SELZENTRY ORAL SOLUTION.....	42	<i>silver sulfadiazine external</i>	64
ROZLYTREK ORAL PACKET.....	34	SEMGLEE (YFGN).....	46	SIMBRINZA.....	142
RUBRACA.....	34	SE-NATAL 19 ORAL TABLET.....	83	SIMEPED.....	99
RUCONEST.....	121	<i>senexon-s</i>	106	<i>simethicone drops infants</i>	99
<i>rufinamide</i>	24	<i>senior probiotic</i>	99	<i>simethicone oral</i>	99
RUKOBIA.....	42	<i>senna lax</i>	106	<i>simethicone ultra strength</i>	99
RYALTRIS.....	136	<i>senna laxative</i>	106	SIMLANDI (1 PEN).....	123
RYBELSUS.....	45	<i>senna oral liquid 8.8 mg/5ml</i>	106	SIMLANDI (1 SYRINGE).....	123
RYBELSUS (FORMULATION R2).....	45	<i>senna oral syrup 176 mg/5ml</i>	106	SIMLANDI (2 PEN).....	124
RYDAPT.....	34	<i>senna oral syrup 8.8 mg/5ml</i>	106	SIMLANDI (2 SYRINGE).....	124
RYKINDO.....	39	<i>senna oral tablet 8.6 mg</i>	106	<i>simliya</i>	117
RYNEX DM.....	172	<i>senna plus oral tablet</i>	106	<i>simpesse</i>	117
RYNEX PE.....	172	<i>senna s</i>	106	<i>simvastatin oral</i>	55
<i>rynex pse</i>	172	<i>senna smooth</i>	106	<i>sinus & congestion max str</i>	172
RYTARY ORAL CAPSULE EXTENDED		<i>senna-docusate sodium</i>	106	<i>sinus 12-hour</i>	172
RELEASE 23.75-95 MG, 36.25-145 MG,		<i>senna-lax</i>	106	<i>sinus nasal spray</i>	172
61.25-245 MG.....	37	<i>senna-plus</i>	106	<i>sinus pe decongestant</i>	157
RYTARY ORAL CAPSULE EXTENDED		<i>senna-s oral tablet</i>	106	<i>sinus relief extra strength</i>	157
RELEASE 48.75-195 MG.....	37	<i>senna-tabs</i>	106	<i>sinus/congestion relief pe</i>	157
<i>saccharomyces boulardii</i>	99	<i>senna-time</i>	107	<i>sirolimus oral solution</i>	124
SAFYRAL.....	117	<i>senna-time s</i>	107	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	124
<i>saline enema</i>	99	SENNAZON.....	107	<i>sirolimus oral tablet 2 mg</i>	124
<i>saline mist spray</i>	157	<i>sennosides-docusate sodium</i>	107	SIRTURO.....	32
<i>saline nasal spray</i>	157	SENOKOT.....	107	SKYRIZI PEN.....	122
<i>salsalate oral</i>	14	SENOKOT S.....	107	SKYRIZI SUBCUTANEOUS SOLUTION	
SANCUSO.....	27	SEREVENT DISKUS.....	152	CARTRIDGE.....	136
<i>sapropterin dihydrochloride</i>	108	<i>sertraline hcl oral concentrate</i>	25	SKYRIZI SUBCUTANEOUS SOLUTION	
<i>saxagliptin hcl</i>	45	<i>sertraline hcl oral tablet</i>	25	PREFILLED SYRINGE.....	122
<i>sb arthritis pain relief</i>	14	<i>setlakin</i>	117	SKYTROFA.....	111
<i>sb docusate sodium/senna</i>	106	<i>sevelamer carbonate oral tablet</i>	79	SLO-NIACIN.....	84

<i>smooth antacid ex st oral tablet chewable 750 mg</i>	100	SOMAVERT.....	121	<i>stomach relief oral tablet chewable 262 mg</i>	100
<i>smooth antacid extra st</i>	100	SOOLANTRA.....	64	<i>stomach relief plus</i>	100
<i>smooth antacid extra strength</i>	100	<i>soothe maximum strength</i>	100	<i>stomach relief ultra</i>	100
<i>smooth lax oral powder</i>	103	<i>soothe oral suspension</i>	100	<i>stool softener extra str</i>	107
SOAAZ ORAL TABLET 20 MG.....	54	<i>soothe oral tablet chewable</i>	100	<i>stool softener laxative oral capsule</i>	107
<i>sod chloride hypertonicity</i>	145	<i>sorafenib tosylate</i>	34	<i>stool softener oral capsule 100 mg</i>	107
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	78	<i>sorbitol oral</i>	103	<i>stool softener oral capsule 240 mg</i>	107
<i>sodium bicarbonate oral tablet</i>	100	<i>sotalol hcl (af)</i>	51	<i>stool softener oral capsule 250 mg</i>	107
<i>sodium chloride (hypertonic) ophthalmic ointment</i>	145	<i>sotalol hcl oral</i>	51	<i>stool softener oral capsule 50 mg</i>	107
<i>sodium chloride (hypertonic) ophthalmic solution</i>	145	SOTYKTU.....	136	<i>stool softener pls laxative</i>	107
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>	173	SOVALDI ORAL TABLET.....	40	<i>stool softener plus laxative</i>	107
<i>sodium chloride inhalation nebulization solution 3 %</i>	173	SOVUNA ORAL TABLET 200 MG.....	36	<i>stool softener/laxative</i>	107
<i>sodium chloride inhalation nebulization solution 7 %</i>	173	SPEEDY SWAB COVID-19 ANTIGEN.....	136	<i>stool softener/laxative oral tablet</i>	107
<i>sodium chloride ophthalmic ointment 5 %</i> ..	145	SPIKEVAX.....	136	STRENSIQ.....	108
<i>sodium chloride ophthalmic solution 5 %</i> ...	145	<i>spinosad</i>	64	<i>stress formula</i>	84
<i>sodium fluoride 5000 plus</i>	73	SPIRIVA HANDIHALER.....	152	<i>stress formula/iron</i>	178
<i>sodium fluoride 5000 ppm dental cream</i>	73	SPIRIVA RESPIMAT.....	152	<i>stress formula/zinc/energy</i>	84
<i>sodium fluoride 5000 ppm dental gel</i>	73	<i>spironolactone oral tablet</i>	54	STRIVE DUAL ZONE PEAK FLOW MTR..	136
<i>sodium fluoride dental cream</i>	73	<i>spironolactone-hctz</i>	54	STRIVERDI RESPIMAT.....	152
<i>sodium fluoride dental gel</i>	73	<i>sprintec 28</i>	117	STUART ONE.....	84
<i>sodium fluoride mouth/throat</i>	73	SPS (SODIUM POLYSTYRENE SULF).....	79	SUBOXONE.....	15
<i>sodium fluoride oral solution</i>	73	<i>sronyx</i>	117	<i>subvenite</i>	22
<i>sodium fluoride oral tablet chewable</i>	73	<i>ssd</i>	64	<i>subvenite starter kit-blue</i>	22
SODIUM OXYBATE.....	175	<i>sss 10-5 external cream</i>	66	<i>subvenite starter kit-green</i>	22
<i>sodium phenylbutyrate oral powder</i>	108	ST JOSEPH LOW DOSE.....	136	<i>subvenite starter kit-orange</i>	22
<i>sodium sulfacetamide wash</i>	136	STEGLATRO.....	45	<i>sucralfate oral suspension</i>	89
SOFOSBUVIR-VELPATASVIR.....	40	STEGLUJAN.....	45	<i>sucralfate oral tablet</i>	89
<i>soft glucose</i>	47	<i>stimulant lax plus</i>	107	SUDAFED.....	173
<i>solifenacin succinate</i>	108	<i>stimulant laxative</i>	107	SUDAFED CHILDRENS.....	173
SOLQUA.....	45	STIOLTO RESPIMAT.....	163	SUDAFED PE CONGESTION ORAL TABLET 10 MG.....	158
SOLOSEC.....	19	STIVARGA.....	34	SUDAFED PE SINUS CONGESTION.....	158
<i>soluble fiber therapy</i>	107	<i>stomach relief extra strength</i>	100	SUDAFED SINUS CONGESTION.....	173
		<i>stomach relief max st oral suspension 525 mg/15ml</i>	100	SUDAFED SINUS CONGESTION 12HR...	173
		<i>stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml</i>	100	<i>sudogest maximum strength</i>	173
		<i>stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	100	<i>sudogest oral tablet 30 mg</i>	173
		<i>stomach relief oral tablet 262 mg</i>	100	<i>sulfacetamide sodium external</i>	136
				<i>sulfacetamide sodium ophthalmic</i>	141

<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	66	SYMFI LO.....	41	<i>tamoxifen citrate oral</i>	33
<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>	66	SYMLINPEN 120.....	45	<i>tamsulosin hcl</i>	108
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	67	SYMLINPEN 60.....	45	<i>tarina 24 fe</i>	117
<i>sulfacetamide-prednisolone</i>	140	SYMPAZAN.....	23	<i>tarina fe 1/20 eq</i>	117
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	20	SYMPROIC.....	87	TASIGNA.....	139
<i>sulfamethoxazole-trimethoprim oral tablet</i> ... 20		SYMTUZA.....	42	TAVALISSE.....	49
<i>sulfamez wash</i>	67	SYNAGIS.....	122	TDVAX.....	125
<i>sulfasalazine oral</i>	126	SYNJARDY.....	45	TEENY TUMMY GAS RELIEF DROPS....	101
<i>sulfatrim pediatric</i>	20	SYNJARDY XR.....	45	TEKURNA.....	54
<i>sulindac oral</i>	5	SYSTANE.....	145	<i>telmisartan</i>	50
SUMADAN WASH.....	67	SYSTANE BALANCE.....	145	<i>temazepam oral capsule 15 mg, 30 mg</i>	174
<i>sumatriptan nasal</i>	31	SYSTANE COMPLETE.....	145	<i>temozolomide</i>	32
<i>sumatriptan succinate oral</i>	31	SYSTANE CONTACTS.....	145	TENCON.....	7
<i>sumatriptan succinate refill</i>	31	SYSTANE HYDRATION PF.....	145	TENIVAC.....	125
<i>sumatriptan succinate subcutaneous</i>	31	SYSTANE NIGHT.....	145	<i>tenofovir disoproxil fumarate</i>	41
<i>sunitinib malate</i>	34	SYSTANE NIGHTTIME.....	145	<i>terazosin hcl</i>	108
SUNLENCA ORAL.....	136	SYSTANE PRESERVATIVE FREE.....	146	<i>terbinafine hcl external</i>	30
SUNOSI.....	175	SYSTANE ULTRA.....	146	<i>terbinafine hcl oral</i>	28
<i>suphedrine 12hour</i>	173	SYSTANE ULTRA PF.....	146	<i>terbinafine hydrochloride external cream 1 %</i>	30
<i>suphedrine maximum strength</i>	173	<i>tab tussin</i>	158	<i>terconazole vaginal cream</i>	28
<i>suphedrine oral tablet 30 mg</i>	173	<i>tab-a-vite/beta carotene</i>	84	<i>teriflunomide</i>	59
<i>suphedrine oral tablet extended release 12 hour 120 mg</i>	173	TABLOID.....	33	TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML.....	126
SUPPORT.....	178	TABRECTA.....	139	TESTIM.....	111
SUPREP BOWEL PREP KIT.....	88	TACLONEX.....	64	<i>testosterone cypionate intramuscular</i>	111
<i>sure result sr relief</i>	137	<i>tacrolimus external ointment 0.03 %</i>	63	<i>testosterone enanthate intramuscular</i>	111
SUTAB.....	21	<i>tacrolimus external ointment 0.1 %</i>	63	<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%)</i>	111
<i>sv vitamin d3 oral capsule 25 mcg</i>	84	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	124	<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	111
<i>sv vitamin d3 oral capsule 50 mcg (2000 ut)</i>	84	<i>tacrolimus oral capsule 1 mg</i>	124	<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i>	111
<i>syeda</i>	117	<i>tadalafil (pah)</i>	153	<i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%)</i>	111
SYMBICORT.....	163	TADLIQ.....	153	TETANUS-DIPHThERIA TOXOIDS TD....	125
SYMDEKO.....	152	TAFINLAR.....	34	<i>tetrabenazine</i>	59
SYMFI.....	41	TAGAMET HB 200.....	89		
		TAGRISSO.....	139		
		<i>take action</i>	119		
		TALICIA.....	88		
		TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	122		
		TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML.....	122		

TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	154	TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG.....	120	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg.....</i>	25
<i>tgt clotrimazole external cream 1 %.....</i>	65	TIROSINT-SOL.....	120	TRECTOR.....	32
THALOMID.....	33	TIVICAY.....	40	TRELEGY ELLIPTA.....	163
<i>the magic bullet.....</i>	137	TIVICAY PD.....	40	TRESIBA.....	47
THEO-24.....	153	<i>tizanidine hcl oral tablet.....</i>	39	TRESIBA FLEXTOUCH.....	47
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg.....</i>	153	TOBI PODHALER.....	152	<i>tretinoin external cream.....</i>	60
<i>theophylline er oral tablet extended release 12 hour 450 mg.....</i>	153	TOBRADEX.....	140	<i>tretinoin oral.....</i>	35
<i>theophylline er oral tablet extended release 24 hour 400 mg.....</i>	153	TOBRADEX ST.....	140	TREXALL.....	124
<i>theophylline er oral tablet extended release 24 hour 600 mg.....</i>	153	<i>tobramycin inhalation nebulization solution 300 mg/4ml.....</i>	152	TREZIX.....	7
<i>theophylline oral.....</i>	153	<i>tobramycin ophthalmic.....</i>	141	<i>triamcinolone acetonide external cream.....</i>	63
THERA.....	84	<i>tobramycin-dexamethasone.....</i>	140	<i>triamcinolone acetonide external lotion 0.025 %.....</i>	63
<i>thera-tabs.....</i>	84	<i>tolcapone.....</i>	37	<i>triamcinolone acetonide external lotion 0.1 %.....</i>	63
<i>thiamine hcl oral.....</i>	180	<i>tolnaftate antifungal external cream.....</i>	137	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....</i>	63
<i>thiamine mononitrate oral.....</i>	84	<i>tolnaftate external cream.....</i>	137	<i>triamcinolone acetonide mouth/throat.....</i>	60
THIOLA.....	109	<i>tolnaftate external powder.....</i>	137	<i>triamcinolone acetonide nasal.....</i>	163
THIOLA EC.....	109	<i>tolterodine tartrate.....</i>	108	TRIAMINIC ALLERCHEWS.....	162
<i>thioridazine hcl oral.....</i>	38	<i>tolterodine tartrate er.....</i>	108	<i>triamterene-hctz.....</i>	54
<i>thiothixene.....</i>	38	<i>topiramate oral capsule sprinkle 15 mg, 25 mg.....</i>	22	<i>triazolam.....</i>	174
THRIVE.....	18	<i>topiramate oral capsule sprinkle 50 mg.....</i>	22	TRICON.....	78
THRIVITE RX.....	84	<i>topiramate oral tablet.....</i>	22	<i>triderm.....</i>	63
<i>tiadylt er.....</i>	53	<i>toremifene citrate.....</i>	33	<i>trientine hcl oral capsule 250 mg.....</i>	78
<i>tiagabine hcl.....</i>	23	<i>torsemide.....</i>	54	<i>tri-estarylla.....</i>	117
TIBSOVO.....	34	<i>total allergy.....</i>	151	<i>trifluoperazine hcl.....</i>	38
TIGLUTIK.....	59	<i>total allergy medicine.....</i>	151	<i>trifluridine.....</i>	141
<i>tilia fe.....</i>	117	TOUJEO MAX SOLOSTAR.....	46	<i>trihexyphenidyl hcl oral tablet.....</i>	37
<i>timolol maleate ophthalmic solution.....</i>	142	TOUJEO SOLOSTAR.....	47	TRIJARDY XR.....	45
TIMOPTIC OCUDOSE.....	142	TRACLEER 32 MG.....	153	TRIKAFTA ORAL TABLET THERAPY PACK.....	152
TINACTIN EXTERNAL CREAM.....	137	TRADJENTA.....	45	TRIKAFTA ORAL THERAPY PACK.....	152
<i>tinidazole oral tablet 250 mg.....</i>	19	<i>tramadol hcl oral tablet 50 mg.....</i>	7	<i>tri-legest fe.....</i>	117
<i>tinidazole oral tablet 500 mg.....</i>	19	<i>trandolapril.....</i>	51	<i>tri-linyah.....</i>	117
<i>tiotropium bromide monohydrate.....</i>	152	<i>tranexamic acid oral.....</i>	49	<i>tri-lo-estarylla.....</i>	117
		<i>tranylcypromine sulfate.....</i>	25	<i>tri-lo-marzia.....</i>	117
		<i>travel ease.....</i>	27	<i>trimethobenzamide hcl oral.....</i>	27
				<i>trimethoprim oral.....</i>	19

<i>tri-mili</i>	117	TRUE VITAMIN B3 ORAL TABLET 250		<i>tusnel-ex</i>	158
TRINTELLIX.....	25	MG, 50 MG.....	84	<i>tussin adult chest congest</i>	158
<i>triphrocaps</i>	84	TRUE VITAMIN B6 ORAL TABLET 100		<i>tussin adult oral liquid 200 mg/10ml</i>	158
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	21	MG, 25 MG, 50 MG.....	180	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	173
TRIPTODUR.....	121	TRUE VITAMIN C.....	178	<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	160
<i>tri-sprintec</i>	117	TRUE VITAMIN D3 ORAL CAPSULE 1.25		<i>tussin chest congestion oral liquid 100 mg/5ml</i>	158
TRITOLNACIDE C.....	137	MG (50000 UT).....	84	<i>tussin cough dm sugar free</i>	173
TRIUMEQ.....	41	TRUE VITAMIN D3 ORAL CAPSULE 10		<i>tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	173
TRIUMEQ PD.....	41	MCG (400 UNIT), 50 MCG (2000 UT).....	84	<i>tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	173
<i>tri-vite pediatric</i>	84	TRUE VITAMIN D3 ORAL CAPSULE 125		<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	173
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	178	MCG (5000 UT), 25 MCG (1000 UT).....	84	<i>tussin dm max adult</i>	174
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	178	TRUE VITAMIN D3 ORAL CAPSULE 250		<i>tussin dm max daytime</i>	174
<i>trivora (28)</i>	117	MCG (10000 UT).....	85	<i>tussin dm max oral liquid 20-400 mg/20ml</i>	174
<i>tri-vyllibra</i>	117	TRUE VITAMIN D3 ORAL TABLET 10		<i>tussin dm max st</i>	174
<i>tri-vyllibra lo</i>	117	MCG (400 UNIT).....	85	<i>tussin dm oral syrup 100-10 mg/5ml</i>	174
TROJAN MAGNUM.....	137	TRUE VITAMIN D3 ORAL TABLET 125		<i>tussin maximum strength oral syrup 15 mg/5ml</i>	158
TROJAN ULTRA RIBBED LUBRICATED..	137	MCG (5000 UT).....	85	<i>tussin mucus & chest congest</i>	158
TROJAN ULTRA THIN.....	137	TRUE VITAMIN D3 ORAL TABLET 25		<i>tussin oral liquid 100 mg/5ml</i>	158
TROJAN ULTRA THIN/SPERMICIDAL.....	137	MCG (1000 UT).....	85	TWINRIX.....	125
TROJAN-ENZ LUBRICATED.....	137	TRUE VITAMIN E ORAL CAPSULE 180		TYBLUME.....	117
TROJAN-ENZ/SPERMICIDAL.....	137	MG.....	180	TYBOST.....	42
TROKENDI XR.....	22	TRUE VITAMIN E ORAL CAPSULE 450		TYENNE SUBCUTANEOUS.....	137
<i>tropium chloride</i>	108	MG, 90 MG.....	180	TYLENOL FOR CHILDREN + ADULTS.....	14
TRUE COVER.....	137	TRUEPLUS GLUCOSE ORAL TABLET		TYLENOL ORAL SUSPENSION 160	
TRUE DAILY VITE.....	84	CHEWABLE.....	47	MG/5ML.....	14
TRUE FERROUS SULFATE.....	78	TRULANCE.....	87	TYLENOL ORAL TABLET 325 MG, 500	
TRUE FOLIC ACID ORAL TABLET 1 MG.	137	TRUMENBA.....	125	MG.....	14
TRUE FOLIC ACID ORAL TABLET 400		TUMS.....	101	TYLENOL ORAL TABLET CHEWABLE	
MCG.....	137	TUMS CHEWY BITES.....	101	160 MG.....	14
<i>true laxative</i>	103	TUMS CHEWY BITES ULTRA STR.....	101	TYLENOL ORAL TABLET EXTENDED	
TRUE MAGNESIUM OXIDE.....	78	TUMS E-X 750.....	101	RELEASE 650 MG.....	14
TRUE MULTIVITAMIN.....	84	TUMS EXTRA STRENGTH.....	101	TYMLOS.....	126
TRUE NASAL MOISTURIZING.....	158	TUMS EXTRA STRENGTH 750.....	101	TYRVAYA.....	140
<i>true oyster shell calcium</i>	178	TUMS LASTING EFFECTS.....	101	TYVASO DPI MAINTENANCE KIT.....	153
TRUE VITAMIN A.....	84	TUMS SMOOTHIES.....	101		
TRUE VITAMIN B1 ORAL TABLET 100		TUMS ULTRA 1000.....	101		
MG.....	84	TUMS ULTRA STRENGTH.....	101		
		TURALIO.....	139		
		<i>turqoz</i>	117		

TYVASO DPI TITRATION KIT.....	153	<i>vancomycin hcl oral solution reconstituted</i>		<i>vic-forte</i>	178
UBRELVY.....	31	25 mg/ml.....	19	VICTOZA.....	45
UCERIS.....	126	VANDAZOLE.....	19	<i>vienna</i>	117
UDENYCA SUBCUTANEOUS SOLUTION		VANQUISH EXTRA STRENGTH.....	14	<i>vigabatrin oral packet</i>	23
AUTO-INJECTOR.....	49	VAPORIZER WARM STEAM.....	137	<i>vigpoder</i>	23
UDENYCA SUBCUTANEOUS SOLUTION		VAQTA.....	125	<i>viorele</i>	117
PREFILLED SYRINGE.....	49	<i>varenicline tartrate</i>	16	VIRACEPT.....	42
<i>ultra calcium + vitamin d3</i>	78	<i>varenicline tartrate (starter)</i>	16	VIREAD ORAL POWDER.....	41
<i>ultra fresh</i>	146	<i>varenicline tartrate(continue)</i>	16	VIREAD ORAL TABLET 150 MG, 200 MG,	
<i>ultra fresh pm</i>	146	VARIVAX.....	125	250 MG.....	41
ULTRA LIDO EXTERNAL CREAM.....	15	VASCEPA.....	55	VISINE.....	146
<i>ultra lubricant drop</i>	146	VASOCLEAR-A.....	146	<i>vit c/rose hips</i>	178
<i>ultra lubricating eye drops</i>	146	VAXELIS.....	137	<i>vitachew vitamin d3</i>	85
<i>ultra lubricating eye drops pf</i>	146	VAXNEUVANCE.....	125	<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>	
<i>unithroid</i>	120	<i>v-c forte</i>	178	3 mg, 3 mg (10000 ut).....	85
<i>urea 20 intensive hydrating</i>	67	VECTICAL.....	64	<i>vitamin b complex oral capsule</i>	85
<i>urea external cream 20 %</i>	67	<i>vegetable lax+stool softener</i>	107	<i>vitamin b complex w/b-12</i>	85
<i>urea external lotion</i>	67	<i>vegetable laxative</i>	107	<i>vitamin b1</i>	180
<i>ureacin-10</i>	67	<i>velivet</i>	117	<i>vitamin b-1 oral tablet 100 mg</i>	85
<i>ureacin-20</i>	67	VELTASSA ORAL PACKET 1 GM.....	79	<i>vitamin b-1 oral tablet 250 mg</i>	180
<i>urinary pain relief oral tablet 95 mg</i>	109	VELTASSA ORAL PACKET 16.8 GM, 25.2		<i>vitamin b-12 er oral tablet extended</i>	
<i>ursodiol oral capsule 300 mg</i>	88	GM, 8.4 GM.....	79	<i>release 1000 mcg</i>	180
<i>ursodiol oral tablet</i>	88	VENCLEXTA.....	34	<i>vitamin b12 oral tablet extended release</i>	
UZEDY SUBCUTANEOUS SUSPENSION		VENCLEXTA STARTING PACK.....	34	1000 mcg.....	180
PREFILLED SYRINGE 100 MG/0.28ML.....	39	<i>venlafaxine hcl</i>	25	<i>vitamin b-12 tr oral tablet extended release</i>	
<i>valacyclovir hcl oral</i>	40	<i>venlafaxine hcl er oral capsule extended</i>		1000 mcg.....	180
<i>valganciclovir hcl oral tablet</i>	39	<i>release 24 hour</i>	25	<i>vitamin b-6</i>	180
<i>valproic acid oral capsule</i>	22	VENTOLIN HFA.....	152	<i>vitamin b-6 er</i>	180
<i>valproic acid oral solution 250 mg/5ml</i>	22	<i>verapamil hcl er oral capsule extended</i>		<i>vitamin c cr oral tablet extended release</i>	
<i>valsartan oral tablet</i>	50	<i>release 24 hour 120 mg, 180 mg, 240 mg,</i>		500 mg.....	178
<i>valsartan-hydrochlorothiazide</i>	54	360 mg.....	53	<i>vitamin c er oral tablet extended release</i>	
VALTOCO 10 MG DOSE.....	23	<i>verapamil hcl er oral tablet extended</i>		1500 mg.....	178
VALTOCO 15 MG DOSE NASAL LIQUID		<i>release</i>	53	<i>vitamin c oral liquid 500 mg/5ml</i>	178
THERAPY PACK 7.5 MG/0.1ML.....	23	<i>verapamil hcl oral</i>	53	<i>vitamin c oral tablet 1000 mg, 250 mg</i>	179
VALTOCO 20 MG DOSE NASAL LIQUID		VERKAZIA.....	140	<i>vitamin c oral tablet 500 mg</i>	179
THERAPY PACK 10 MG/0.1ML.....	23	VERQUVO.....	56	<i>vitamin c oral tablet chewable 100 mg, 250</i>	
VALTOCO 5 MG DOSE.....	23	VERZENIO.....	34	mg.....	179
<i>valtya 1/50</i>	117	<i>vestura</i>	117	<i>vitamin c oral tablet chewable 500 mg</i>	179
<i>vancomycin hcl oral capsule</i>	19	VIBERZI.....	87	<i>vitamin c/acerola</i>	179

<i>vitamin c</i> rose hips oral tablet 1000 mg.....	179	<i>vitamin-b complex</i>	86	<i>wes-phos 250 neutral</i>	78
<i>vitamin c</i> rose hips oral tablet 500 mg.....	179	<i>vitamins complete childrens</i>	179	WESTAB PLUS.....	86
<i>vitamin c</i> -rose hips.....	179	VITRAKVI.....	34	WIDE-SEAL DIAPHRAGM 60.....	138
<i>vitamin c</i> -rose hips oral tablet.....	179	VIVAGUARD INO CONTROL SOLUTION... ..	71	WIDE-SEAL DIAPHRAGM 65.....	138
<i>vitamin d</i> (cholecalciferol) oral tablet 10 mcg (400 unit).....	85	VIVELLE-DOT.....	117	WIDE-SEAL DIAPHRAGM 70.....	138
<i>vitamin d</i> (cholecalciferol) oral tablet 25 mcg (1000 ut).....	85	VIVITROL.....	15	WIDE-SEAL DIAPHRAGM 75.....	138
<i>vitamin d</i> (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	179	VIVJOA.....	137	WIDE-SEAL DIAPHRAGM 80.....	138
<i>vitamin d</i> oral capsule 25 mcg (1000 ut).....	85	<i>volnea</i>	117	WIDE-SEAL DIAPHRAGM 85.....	138
<i>vitamin d</i> oral liquid.....	85	VOQUEZNA DUAL PAK.....	137	WIDE-SEAL DIAPHRAGM 90.....	138
<i>vitamin d</i> oral tablet chewable 10 mcg (400 unit).....	85	VOQUEZNA TRIPLE PAK.....	87	WIDE-SEAL DIAPHRAGM 95.....	138
<i>vitamin d3</i> oral capsule 1.25 mg (50000 ut).....	85	<i>voriconazole oral tablet</i>	28	WINLEVI.....	138
<i>vitamin d3</i> oral capsule 125 mcg (5000 ut).....	85	VOSEVI.....	40	<i>wixela inhub</i>	163
<i>vitamin d-3</i> oral capsule 125 mcg (5000 ut).....	85	VRAYLAR.....	39	<i>womans laxative</i>	138
<i>vitamin d3</i> oral capsule 25 mcg, 25 mcg (1000 ut).....	85	VTAMA.....	137	<i>womens gentle laxative</i>	138
<i>vitamin d3</i> oral capsule 250 mcg (10000 ut).....	86	VUMERITY.....	59	<i>womens laxative oral tablet delayed release 5 mg</i>	138
<i>vitamin d3</i> oral capsule 50 mcg (2000 ut).....	86	<i>vyfemla</i>	118	<i>womens prenatal+dha</i>	86
<i>vitamin d-3</i> oral capsule 50 mcg (2000 ut).....	86	<i>vylibra</i>	118	<i>wymzya fe</i>	118
<i>vitamin d3</i> oral liquid 10 mcg/ml.....	86	VYNDAMAX.....	108	XACIATO.....	19
<i>vitamin d3</i> oral tablet 10 mcg (400 unit).....	86	VYNDAQEL.....	108	XALKORI.....	139
<i>vitamin d3</i> oral tablet 125 mcg (5000 ut).....	86	VYVANSE ORAL CAPSULE.....	58	XCOPRI (250 MG DAILY DOSE).....	22
<i>vitamin d3</i> oral tablet 25 mcg (1000 ut).....	86	VYZULTA.....	139	XCOPRI (350 MG DAILY DOSE).....	22
<i>vitamin d-3</i> oral tablet 25 mcg (1000 ut).....	86	WAKIX.....	175	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG.....	22
<i>vitamin d3</i> oral tablet 50 mcg (2000 ut).....	86	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	48	XCOPRI ORAL TABLET THERAPY PACK.....	22
<i>vitamin d3</i> oral tablet chewable 10 mcg (400 unit).....	86	<i>warfarin sodium oral tablet 6 mg</i>	48	XELJANZ.....	122
<i>vitamin d3</i> oral tablet chewable 25 mcg (1000 ut).....	86	<i>wart remover external liquid 17 %</i>	137	XELJANZ XR.....	122
<i>vitamin d-400</i> oral tablet 10 mcg (400 unit).....	86	<i>wart remover maximum strength external liquid</i>	137	XERAC AC.....	67
<i>vitamin e natural</i>	180	<i>weekly-d</i>	86	XHANCE.....	151
<i>vitamin e</i> oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit).....	180	WEGOVI.....	35	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG.....	45
<i>vitamin e</i> oral capsule 180 mg (400 unit), 268 mg (400 unit).....	180	WELL MAGNESIUM OXIDE.....	78	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 5-500 MG.....	45
		WELL VITAMIN C.....	179	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG.....	45
		WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT).....	86	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG.....	45
		WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT).....	86	XIIDRA.....	140
		<i>wera</i>	118		
		<i>wescaps</i>	86		
		WESNATAL DHA COMPLETE.....	86		

XOFLUZA (40 MG DOSE).....	42	<i>zinc gluconate oral tablet 50 mg</i>	78
XOFLUZA (80 MG DOSE).....	42	<i>zinc oral tablet 50 mg</i>	78, 179
XOLAIR.....	122	<i>zinc oxide external ointment 40 %</i>	67
XOPENEX HFA.....	152	ZIOPTAN.....	139
XPECT.....	158	<i>ziprasidone hcl</i>	39
XTAMPZA ER.....	6	ZOLINZA.....	33
XTANDI.....	32	<i>zolmitriptan oral tablet</i>	31
<i>xulane</i>	118	<i>zolpidem tartrate er</i>	174
XULTOPHY.....	45	<i>zolpidem tartrate oral tablet</i>	174
XYOSTED.....	111	ZOMIG NASAL.....	31
XYREM.....	175	ZONEGRAN.....	24
XYWAV.....	174	<i>zonisamide oral</i>	24
YONSA.....	138	ZORYVE EXTERNAL CREAM 0.3 %.....	138
YUPELRI.....	152	<i>zovia 1/35 (28)</i>	118
<i>yuvafem</i>	118	ZUBSOLV.....	15
ZADITOR.....	146	<i>zumandimine</i>	118
<i>zafemy</i>	118	ZYDELIG.....	34
<i>zaleplon</i>	174	ZYFLO.....	151
ZARXIO.....	49	ZYKADIA.....	35
ZEASORB-AF.....	30	ZYLET.....	140
ZEGALOGUE.....	109	ZYRTEC ALLERGY ORAL TABLET.....	151
ZEJULA.....	34	ZYRTEC-D ALLERGY & CONGESTION...	160
ZELAC.....	101	ZYRTEC-D ALLERGY & SINUS.....	160
ZELBORAF.....	34		
<i>zenatane</i>	60		
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.....	108		
ZEPATIER.....	40		
ZEPOSIA.....	59		
ZEPOSIA 7-DAY STARTER PACK.....	59		
<i>zidovudine</i>	41		
ZIEXTENZO.....	49		
ZILXI.....	67		
ZIMHI.....	16		
<i>zinc gluconate</i>	78		