



Preferred Drug List (PDL)

**New York
Essential Plan**

Effective Date: 4/1/2025



**United
Healthcare
Community Plan**



NOTICE OF NON-DISCRIMINATION

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

UnitedHealthcare Community Plan provides the following:

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

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

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

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

Email: **UHC_Civil_Rights@uhc.com**

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

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

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

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

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



NOTIFICACIÓN DE LA NO-DISCRIMINACIÓN

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

UnitedHealthcare Community Plan provee lo siguiente:

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

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

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

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

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

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

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

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

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

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

LANGUAGE ASSISTANCE

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

English

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



Preferred Drug List

INTRODUCTION

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

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

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

NOTICE

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

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

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

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

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

PRODUCT SELECTION CRITERIA

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

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

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

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

PDL PRODUCT DESCRIPTIONS

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin Hydrocortisone

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

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

citalopram 40 mg tabs Celexa tabs

DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

GENERIC SUBSTITUTION

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

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

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

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

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

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

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

PLAN EXCLUSIONS

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

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

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

DAYS SUPPLY DISPENSING LIMITATIONS

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

MANDATORY GENERIC SUBSTITUTION

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

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

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

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

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

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

QUANTITY LIMITATIONS (QL)

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

Quantity limits based on Efficient Medication Dosing

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

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

Specialty Pharmaceutical Management Program

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

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

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

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

MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

STEP THERAPY (ST)

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

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily
Breo Ellipta	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR 2) 30 day trial of a longacting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta)..
calcipotriene	Trial of two medium to high potency

cream & oint 0.005%	corticosteroids
calcitriol 3mcg/gm	Trial of two medium to high potency corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucria	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
GLP-1 Agonists (Adlyxin, Trulicity)	At least a 90 day trial of 1500mg/day of metformin
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
Optivar	14 day trial of ketotifen within previous 90 days required first.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
Renvela	8 week trial of calcium acetate
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid
tolterodine	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
tretinoin Cream (tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)	Trial of Differin OTC Gel 0.1%.
trospium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.

Uloric 8 week trial of up to 600mg of allopurinol required first.

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

PDL SUGGESTIONS

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

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

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

EDITOR

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

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

LEGEND

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

NOTICE

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

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

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

Table of copays for Essential Plans

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

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

New York – Essential Plan

Table of Contents

Analgesics	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	8
Anesthetics	16
Anti-Addiction/Substance Abuse Treatment Agents	16
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	18
Antiandrogens - Hormone Suppressants	19
Antibacterials	19
Antibacterials - Drugs to Treat Bacterial Infections	22
Anticonvulsants	23
Antidementia Agents	25
Antidepressants	26
Antidepressants - Drugs to Treat Depression	27
Antiemetics	28
Antiemetics - Drugs to Treat Nausea and Vomiting	29
Antifungals	29
Antifungals - Drugs to Treat Fungal Infections	30
Antigout Agents	32
Antimigraine Agents	32
Antimigraine Agents - Drugs to Treat Migraines	33
Antimyasthenic Agents	33
Antimycobacterials	33
Antineoplastics	34
Antineoplastics - Drugs to Treat Cancer	37
Antineoplastics, Other - Chemotherapy Agents	38
Antiparasitics	38
Antiparasitics - Drugs to Treat Parasitic Infections	39
Antiparkinson Agents	39
Antipsychotics	40
Antispasticity Agents	41
Antivirals	42
Antivirals - Drugs to Treat Viral Infections	45
Anxiolytics	45
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	46
Bipolar Agents	46
Blood Glucose Regulators	47
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	49
Blood Products and Modifiers	50

Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders.....	52
Cardiovascular Agents.....	52
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	57
Central Nervous System Agents.....	58
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis.....	60
Dental and Oral Agents.....	60
Dermatological Agents.....	61
Dermatological Agents - Drugs to Treat Skin Conditions.....	66
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.....	91
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	109
Genitourinary Agents.....	110
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions.....	111
Glycemic Agents - Diabetic Drugs.....	111
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	111
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	112
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones.....	112
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	112
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones.....	113
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	113
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones.....	121
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	122
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones.....	122
Hormonal Agents, Suppressant (Adrenal).....	122
Hormonal Agents, Suppressant (Pituitary).....	123
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones.....	123
Hormonal Agents, Suppressant (Thyroid).....	124
Immune Suppressants - Immune System Drugs.....	124
Immunological Agents.....	124
Immunological Agents - Drugs that Stimulate or Suppress the Immune System.....	129
Inflammatory Bowel Disease Agents.....	129
Metabolic Bone Disease Agents.....	130
Miscellaneous Therapeutic Agents.....	130
Molecular Target Inhibitors - Chemotherapy Agents.....	143
Monoclonal Antibodies - Chemotherapy Agents.....	144
Ophthalmic Agents.....	144

Ophthalmic Agents - Drugs to Treat Eye Conditions.....	147
Otic Agents.....	151
Otic Agents - Drugs to Treat Ear Conditions.....	152
Respiratory Tract/Pulmonary Agents.....	153
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	160
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	180
Skeletal Muscle Relaxants.....	181
Sleep Disorder Agents.....	181
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	182

Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

addaprin (generic for ADDAPRIN) - Tier 1; OTC; QL
ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; OTC; QL
ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; OTC; QL
all day pain relief (generic for MEDIPROXEN) - Tier 1; OTC; QL
all day relief (generic for MEDIPROXEN) - Tier 1; OTC; 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; OTC; QL
ft all day pain relief (generic for MEDIPROXEN) - Tier 1; OTC; QL
ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL
ft ibuprofen infants (generic for INFANTS ADVIL) - Tier 1; OTC; QL
ft ibuprofen oral tablet (generic for ADDAPRIN) - Tier 1; OTC; QL
ft pain relief oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; OTC; QL
ibuprofen (generic for IBU) - Tier 1; QL
ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL
ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; OTC; 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; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; OTC; QL
ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL
ibuprofen junior strength oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL
ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; OTC; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin oral capsule - Tier 1; QL
INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; OTC; QL
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; OTC; QL
ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; OTC; QL
mediproxen (generic for MEDIPROXEN) - Tier 1; OTC; QL
meloxicam oral tablet - Tier 1; QL
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; OTC; QL
MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; OTC; QL
MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; OTC; QL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p><i>nabumetone oral - Tier 1; QL</i> <i>naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL</i> <i>naproxen oral (generic for EC-NAPROSYN) - Tier 1; QL</i> <i>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; OTC; QL</i> <i>oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL</i> <i>piroxicam oral - Tier 1; QL</i> <i>sulindac oral - Tier 1; QL</i></p>	
Opioid Analgesics, Long-acting	
<p><i>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</i> <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</i> <i>morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL</i> <i>oxymorphone hcl er - Tier 1; PA; QL</i></p>	<p><i>BELBUCA - Tier 2; PA; QL</i> <i>HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL</i> <i>NUCYNTA ER - Tier 2; PA; QL</i> <i>OXYCONTIN - Tier 2; PA; QL</i> <i>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL</i> <i>XTAMPZA ER - Tier 2; PA; QL</i></p>
Opioid Analgesics, Short-acting	
<p><i>acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL</i> <i>acetaminophen-codeine oral tablet - Tier 1; QL</i> <i>ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i> <i>bac (generic for BAC) - Tier 1; QL</i> <i>butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL</i> <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL</i> <i>butalbital-apap-caffeine oral capsule 50-325-40 mg - Tier 1; QL</i> <i>butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL</i> <i>butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i> <i>butalbital-aspirin-caffeine - Tier 1; QL</i> <i>butorphanol tartrate nasal - Tier 1; QL</i> <i>codeine sulfate - Tier 1; QL</i></p>	<p><i>apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL</i> <i>NUCYNTA - Tier 2; PA; QL</i> <i>TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL</i></p>

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

Preferred Agents**Non-Preferred Agents**

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

Opioid Dependence Treatments -
 Antidotes/Deterrents/Protectants

buprenorphine hcl sublingual - Tier 1; DX2RX; QL

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

Preferred Agents

Non-Preferred Agents

Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

Analgesics - Miscellaneous Analgesics

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

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

*arthritis pain relief oral tablet extended release 650 mg (generic for
 TYLENOL 8 HOUR) - Tier 1; OTC; QL*
*arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1;
 OTC; QL*
*betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER)
 - Tier 1; OTC; QL*
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
*childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; OTC;
 QL*
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
CURANOL (brand for acetaminophen) - Tier 2; OTC; QL
*ed-apap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1;
 OTC; QL*
*EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier
 2; OTC*
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2; OTC
*EXCEDRIN MIGRAINE RELIEF (brand for cvs headache relief) - Tier
 2; OTC*
*fever reducer/pain reliever (generic for MAX RELIEF JR CHILD
 PAIN/FEVER) - Tier 1; OTC; QL*
*fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier
 1; OTC; QL*
*feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; OTC;
 QL*
FEVERALL INFANTS - Tier 2; OTC; QL
FEVERALL JUNIOR STRENGTH - Tier 2; OTC; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

mapap oral capsule - Tier 1; OTC; QL

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

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

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

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

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

mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL

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

m-pap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; OTC; QL

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

non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

pain and fever relief kids (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; OTC; QL

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

pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; OTC; QL

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

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

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

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

Preferred Agents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Non-Preferred Agents

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

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

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

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

Anesthetics	
-------------	--

Local Anesthetics	
-------------------	--

ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; OTC; QL
ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; OTC; QL
lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; OTC; QL
lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL
lidocaine hcl external cream 3 % - Tier 1; QL
lidocaine viscous hcl - Tier 1; QL
lidocaine-prilocaine external cream - Tier 1; QL
LIDOCAN (brand for lidocaine) - Tier 2; DX2RX; QL
LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL
LIDOZALL (brand for lidocaine) - Tier 2; OTC; QL
LIDOZALL PLUS (brand for lidocaine) - Tier 2; OTC; QL
LMX 4 (brand for lidocaine) - Tier 2; OTC; QL
PROXIVOL (brand for burn gel) - Tier 2; QL
ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; OTC; QL

Anti-Addiction/Substance Abuse Treatment Agents	
---	--

Alcohol Deterrents/Anti-craving	
---------------------------------	--

acamprosate calcium - Tier 1; CH; QL
disulfiram oral tablet 250 mg - Tier 1; CH; QL
disulfiram oral tablet 500 mg - Tier 1; CH
naltrexone hcl oral - Tier 1

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

Preferred Agents	Non-Preferred Agents
Opioid Dependence	
<p><i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg (generic for SUBOXONE) - Tier 1; QL</i></p> <p><i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg (generic for SUBOXONE) - Tier 1; DX2RX; QL</i></p> <p><i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; DX2RX; QL</i></p>	<p><i>SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL</i></p> <p><i>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG (brand for buprenorphine hcl-naloxone hcl) - Tier 2; DX2RX; QL</i></p> <p><i>ZUBSOLV - Tier 2; PA; QL</i></p>
Opioid Reversal Agents	
<p><i>naloxone hcl injection solution - Tier 1; QL</i></p> <p><i>naloxone hcl injection solution cartridge - Tier 1; QL</i></p> <p><i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i></p> <p><i>naloxone hcl solution prefilled syringe 2 mg/2ml injection - Tier 1; QL</i></p> <p><i>NARCAN (brand for naloxone hcl) - Tier 2; QL</i></p> <p><i>REXTOVY - Tier 2; PA; QL</i></p>	<p><i>KLOXXADO - Tier 2; PA; QL</i></p> <p><i>ZIMHI - Tier 2; PA; QL</i></p>
Smoking Cessation Agents	
<p><i>ft nicotine transdermal (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>habitrol (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>NICODERM CQ (brand for cvs nicotine) - Tier 2; OTC; PD; QL</i></p> <p><i>nicotine step 1 (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine step 2 (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine step 3 (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>nicotine transdermal system (generic for HABITROL) - Tier 1; OTC; PD; QL</i></p> <p><i>varenicline tartrate (generic for CHANTIX) - Tier 1; PA; PD; CH; QL</i></p> <p><i>varenicline tartrate (starter) - Tier 1; PA; PD; CH; QL</i></p> <p><i>varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; PA; PD; CH; QL</i></p>	

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

Preferred Agents**Non-Preferred Agents**

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

Smoking Cessation Agents - Deterrents

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

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

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

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

Preferred Agents	Non-Preferred Agents
<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 (generic for FIRVANQ) - Tier 1; 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; AL: Limited to members of a certain age; CH: Oral Chemotherapy Drug; DME: Durable Medical Equipment; DX2RX: Diagnosis Required; GE: Gender Limit; OTC: Over-the-Counter; PA: Prior Auth Required; PD: Preventative Drug; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Macrolides	
<p><i>azithromycin oral (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> DIFICID - Tier 2; PA; QL <i>e.e.s. 400 (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i> <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i></p>	
Quinolones	
<p>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></p>	
Sulfonamides	
<p><i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i> <i>sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL</i> <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i></p>	
Tetracyclines	
<p><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</p>	<p>ORACEA (brand for doxycycline) - Tier 2; PA</p>

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

Preferred Agents

Non-Preferred Agents

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

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

SUTAB - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

Anticonvulsants

Anticonvulsants, Other

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

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

Preferred Agents

Non-Preferred Agents

Calcium Channel Modifying Agents

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

Gamma-aminobutyric Acid (GABA) Augmenting Agents

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

SYMPAZAN - Tier 2; PA; QL

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

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

Sodium Channel Agents

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

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

Antidementia Agents

Antidementia Agents, Other

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

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

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

Cholinesterase Inhibitors

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

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

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

Antidepressants

Antidepressants, Other

<p>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; PD; QL bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL bupropion hcl oral - Tier 1; QL mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1; CH perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; CH; QL</p>	<p>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</p>
--	--

Monoamine Oxidase Inhibitors

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

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

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

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

<p><i>citalopram hydrobromide oral solution - Tier 1; QL</i> <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL</i> <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL</i> <i>fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL</i> <i>fluoxetine hcl oral solution - Tier 1; QL</i> <i>fluvoxamine maleate - Tier 1; QL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i> <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL</i> <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL</i> <i>venlafaxine hcl - Tier 1; QL</i> <i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</i></p>	<p>TRINTELLIX - Tier 2; PA; QL</p>
---	------------------------------------

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

LYBALVI - Tier 2; PA; CH; QL; AL

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

Preferred Agents

Non-Preferred Agents

Antiemetics

Antiemetics, Other

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

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

Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts	
<pre> aprepitant (generic for EMEND) - Tier 1; QL dronabinol (generic for MARINOL) - Tier 1; PA; QL ondansetron hcl oral solution - Tier 1; QL ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL </pre>	<pre> SANCUSO - Tier 2; PA; QL </pre>
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<pre> anti-nausea (generic for EMETROL) - Tier 1; OTC anti-nausea relief (generic for EMETROL) - Tier 1; OTC EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2; OTC nausea control (generic for EMETROL) - Tier 1; OTC nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1; OTC </pre>	
Antifungals	
<pre> 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; OTC; QL ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; 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; OTC; QL </pre>	<pre> GYNAZOLE-1 - Tier 2; PA; QL </pre>

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

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

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

<p><i>3 day vaginal - Tier 1; OTC</i></p> <p><i>antifungal external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1; OTC</i></p> <p><i>antifungal external powder (generic for DESENEX) - Tier 1; OTC; QL</i></p> <p><i>antifungal foot care (generic for LAMISIL AT) - Tier 1; OTC; QL</i></p> <p><i>athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; OTC</i></p> <p><i>athlete's foot (terbinafine) (generic for LAMISIL AT) - Tier 1; OTC; QL</i></p> <p><i>athlete's foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; OTC</i></p> <p><i>athlete's foot external cream 1 % (generic for LAMISIL AT) - Tier 1; OTC; QL</i></p> <p><i>athlete's foot external powder 2 % (generic for DESENEX) - Tier 1; OTC; QL</i></p>	
---	--

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2; OTC micaderm (generic for MEDPURA ANTIFUNGAL) - Tier 1; OTC MICATIN (brand for antifungal) - Tier 2; OTC miconazole antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1; OTC miconazole nitrate external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1; OTC miconazorb af (generic for DESENEXT) - Tier 1; OTC; QL MICRO GUARD (brand for antifungal) - Tier 2; OTC; QL terbinafine hcl external (generic for LAMISIL AT) - Tier 1; OTC; QL terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; OTC; QL ZEASORB-AF (brand for antifungal) - Tier 2; OTC; QL</p>	
Antigout Agents	
<p>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL colchicine oral tablet - Tier 1; QL febuxostat (generic for ULORIC) - Tier 1; ST; QL probenecid - Tier 1; QL</p>	<p>MITIGARE (brand for colchicine) - Tier 2; PA; QL</p>
Antimigraine Agents	
Ergot Alkaloids	
<p>dihydroergotamine mesylate injection - Tier 1; QL MIGERGOT - Tier 2; QL</p>	<p>QULIPTA - Tier 2; PA; QL</p>
Prophylactic	
<p>AIMOVIG - Tier 2; PA; QL AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL</p>	

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

Preferred Agents	Non-Preferred Agents
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>	
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin - Tier 1; QL</i>	

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

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

Antituberculars

cycloserine oral - Tier 1; QL
ethambutol hcl oral tablet 100 mg - Tier 1
ethambutol hcl oral tablet 400 mg - Tier 1; QL
isoniazid oral - Tier 1; QL
 PRIFTIN - Tier 2; QL
pyrazinamide oral - Tier 1; QL
rifampin oral - Tier 1; QL
 SIRTURO - Tier 2; QL
 TRECATOR - Tier 2; QL

Antineoplastics

Alkylating Agents

cyclophosphamide oral capsule - Tier 1; PD; CH
 CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2; PD; CH
 LEUKERAN - Tier 2; PD; CH
 MATULANE - Tier 2; SP; PD; CH
 MYLERAN - Tier 2; PD; CH
temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP; PD; CH
temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; PD; CH; QL

Antiandrogens

abiraterone acetate oral tablet 250 mg (generic for ZYTIGA) - Tier 1; PA; SP; PD; CH; QL
bicalutamide (generic for CASODEX) - Tier 1; PD; CH; QL
 ERLEADA ORAL TABLET 240 MG - Tier 2; SP; PD; CH; QL
 ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; PD; CH; QL
 EULEXIN - Tier 2; PD; CH; QL
 NUBEQA - Tier 2; PA; SP; PD; CH; QL

XTANDI - Tier 2; PA; SP; PD; CH; QL

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

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

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

Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; PD; CH; QL
 COTELLIC - Tier 2; PA; SP; PD; CH; QL
 DAURISMO - Tier 2; PA; SP; PD; CH; QL
 ERIVEDGE - Tier 2; PA; SP; PD; CH; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for TORPENZ) - Tier 1; PA; SP; PD; CH; QL
everolimus oral tablet 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP; PD; CH
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; PD; CH; QL
 IBRANCE - Tier 2; PA; SP; PD; CH; QL
 JAKAFI - Tier 2; PA; SP; PD; CH; QL
 LYNPARZA - Tier 2; PA; SP; PD; CH; QL
 MEKINIST ORAL SOLUTION RECONSTITUTED - Tier 2; SP; PD; CH; QL
 MEKINIST ORAL TABLET - Tier 2; PA; SP; PD; CH; QL
 ODOMZO - Tier 2; PA; SP; PD; CH; QL
 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL
 ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; PD; CH; QL
 ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; PD; CH; QL
 ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; PD; CH; QL;
 AL
 RUBRACA - Tier 2; PA; SP; PD; CH; QL
 RYDAPT - Tier 2; PA; SP; PD; CH; QL

KISQALI (200 MG DOSE) - Tier 2; PA; SP; PD; CH; QL
 KISQALI (400 MG DOSE) - Tier 2; PA; SP; PD; CH; QL
 KISQALI (600 MG DOSE) - Tier 2; PA; SP; PD; CH; QL
 KOSELUGO - Tier 2; PA; PD; CH; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; PD; CH; QL</i></p> <p>STIVARGA - Tier 2; PA; SP; PD; CH; QL</p> <p><i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; PD; CH; QL</i></p> <p><i>sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP; PD; CH</i></p> <p>TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; PD; CH; QL</p> <p>TAFINLAR ORAL TABLET SOLUBLE - Tier 2; SP; PD; CH; QL</p> <p>TIBSOVO - Tier 2; PA; SP; PD; CH; QL</p> <p><i>torpenz (generic for TORPENZ) - Tier 1; PA; SP; PD; CH; QL</i></p> <p>VENCLEXTA - Tier 2; PA; SP; PD; CH; QL</p> <p>VENCLEXTA STARTING PACK - Tier 2; PA; SP; PD; CH; QL</p> <p>VERZENIO - Tier 2; PA; SP; PD; CH; QL</p> <p>VITRAKVI - Tier 2; PA; SP; PD; CH; QL</p> <p>ZEJULA - Tier 2; PA; SP; PD; CH; QL; AL</p> <p>ZELBORAF - Tier 2; PA; SP; PD; CH; QL</p> <p>ZYDELIG - Tier 2; PA; SP; PD; CH; QL</p>	
Retinoids	
<p><i>bexarotene external (generic for TARGRETIN) - Tier 1; PA; SP</i></p> <p><i>bexarotene oral (generic for TARGRETIN) - Tier 1; PA; SP; PD; CH</i></p> <p><i>tretinoin oral - Tier 1; SP; PD; CH</i></p>	
Treatment Adjuncts	
<p><i>leucovorin calcium oral tablet 10 mg - Tier 1; PD; CH</i></p> <p><i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; PD; CH; QL</i></p> <p><i>mesna oral (generic for MESNEX) - Tier 1; SP; PD; CH</i></p>	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
<p><i>capecitabine (generic for XELODA) - Tier 1; SP; PD; CH</i></p>	
Molecular Target Inhibitors - Chemotherapy Agents	
	<p>SCSEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; PD; CH; QL</p>

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

Preferred Agents	Non-Preferred Agents
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; PD; CH; QL	LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; PD; CH; 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 STROMEKTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL
Antiprotozoals	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> BENZNIDAZOLE - Tier 2; DX2RX; QL <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral - Tier 1; DX2RX; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i> <i>SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<i>ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i> <i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i> <i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i> <i>lice killing maximum strength external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i> <i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	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>	

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

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

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

<p><i>carbidopa-levodopa er</i> - Tier 1; QL <i>carbidopa-levodopa oral tablet (generic for DHIVY)</i> - Tier 1; QL <i>DHIVY (brand for carbidopa-levodopa)</i> - Tier 2; QL</p>	<p>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</p>
--	--

Monoamine Oxidase B (MAO-B) Inhibitors

<p><i>selegiline hcl oral</i> - Tier 1; QL</p>	
--	--

Antipsychotics

1st Generation/Typical

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

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

Preferred Agents	Non-Preferred Agents
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; QL; AL INVEGA SUSTENNA - Tier 2; DX2RX; ST; QL; AL INVEGA TRINZA - Tier 2; DX2RX; 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> <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; AL 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></p>	<p>ARISTADA INITIO - Tier 2; PA; QL; AL REXULTI - Tier 2; PA; QL; AL VRAYLAR - Tier 2; PA; QL; AL</p>
Treatment-Resistant	
<p><i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL</i></p>	
Antispasticity Agents	
<p><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></p>	

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

Preferred Agents	Non-Preferred Agents
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>	
Anti-hepatitis C (HCV) Agents	
<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> MAVYRET ORAL PACKET - Tier 2; PA; SP; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL <i>ribavirin oral - Tier 1; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> VOSEVI - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL	SOVALDI ORAL TABLET - Tier 2; PA; SP; QL
Antitherpetic Agents	
<i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i> <i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	

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

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

Anti-HIV Agents, Integrase Inhibitors (INSTI)

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

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

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

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

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

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

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

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

CIMDUO - Tier 2; PA; QL

Anti-HIV Agents, Other

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

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

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS - Tier 2; DX2RX; QL <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; DX2RX; QL</i> EVOTAZ - Tier 2; DX2RX; QL <i>fosamprenavir calcium - Tier 1; DX2RX; QL</i> <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; DX2RX; QL</i> NORVIR ORAL PACKET - Tier 2; DX2RX; QL PREZCOBIX - Tier 2; DX2RX; QL REYATAZ ORAL PACKET - Tier 2; DX2RX; Members >= 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR) - Tier 1; DX2RX; QL</i> VIRACEPT - Tier 2; DX2RX; QL	
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	
Anxiolytics	
Anxiolytics, Other	
<i>bupirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral - Tier 1; QL</i>	

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

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

Benzodiazepines

<p><i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i></p>	<p>LOREEV XR - Tier 2; PA; QL</p>
--	-----------------------------------

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

Central Nervous System Agents - Drugs to Treat Nerve Conditions

	<p>QELBREE - Tier 2; PA; QL; AL</p>
--	-------------------------------------

Bipolar Agents

Mood Stabilizers

<p><i>divalproex sodium er oral tablet extended release 24 hour 500 mg (generic for DEPAKOTE ER) - Tier 1; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i></p>	
---	--

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

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

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

Preferred Agents	Non-Preferred Agents
SOLIQUA - Tier 2; ST; QL SYNJARDY - Tier 2; DX2RX; QL SYNJARDY XR - Tier 2; DX2RX; QL TRULICITY - Tier 2; PA; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; ST; QL	
Glycemic Agents	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL <i>glucagon emergency injection kit</i> - Tier 1; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL	
Insulins	
<i>ADMELOG (brand for insulin lispro)</i> - Tier 2; QL <i>BASAGLAR KWIKPEN (brand for insulin glargine solostar)</i> - Tier 2; QL <i>HUMALOG INJECTION (brand for insulin lispro)</i> - Tier 2; QL <i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen)</i> - Tier 2; QL <i>HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial))</i> - Tier 2; QL HUMALOG MIX 75/25 - Tier 2; QL <i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro)</i> - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; OTC; QL HUMULIN N VIAL - Tier 2; OTC; QL HUMULIN R VIAL - Tier 2; OTC; QL <i>INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart)</i> - Tier 2; QL	<i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial))</i> - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL HUMULIN 70/30 KWIKPEN - Tier 2; PA; OTC; QL HUMULIN N KWIKPEN - Tier 2; PA; OTC; QL <i>INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn)</i> - Tier 2; PA; QL LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; OTC; QL

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

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

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

Glycemic Agents - Diabetic Drugs

<p><i>GLUCO TO GO (brand for cvs glucose) - Tier 2; OTC; QL</i> <i>GLUCO TO GO 15 (brand for cvs glucose) - Tier 2; OTC</i> <i>glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; OTC; QL</i> <i>GLUTOSE 5 (brand for cvs glucose) - Tier 2; OTC</i> <i>soft glucose (generic for GLUCO TO GO) - Tier 1; OTC; QL</i> TRUEPLUS GLUCOSE ORAL GEL - Tier 2; OTC TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; OTC; QL</p>	
---	--

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

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

Insulins - Diabetic Drugs

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

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

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

Blood Products and Modifiers, Other

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

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

Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA - Tier 2; PA; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine 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
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i> <i>trandolapril - Tier 1; QL</i>	

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

Preferred Agents

Non-Preferred Agents

Antiarrhythmics

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

Beta-adrenergic Blocking Agents

<p><i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i></p> <p><i>betaxolol hcl oral - Tier 1; QL</i></p> <p><i>bisoprolol fumarate oral - Tier 1; QL</i></p> <p><i>carvedilol (generic for COREG) - Tier 1; QL</i></p> <p><i>labetalol hcl oral - Tier 1; QL</i></p> <p><i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 25 mg - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1</i></p> <p><i>nadolol oral - Tier 1; QL</i></p> <p><i>nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL</i></p> <p><i>pindolol - Tier 1; QL</i></p> <p><i>propranolol hcl er (generic for INDERAL LA) - Tier 1; QL</i></p> <p><i>propranolol hcl oral solution 20 mg/5ml - Tier 1; QL</i></p> <p><i>propranolol hcl oral solution 40 mg/5ml - Tier 1</i></p> <p><i>propranolol hcl oral tablet - Tier 1; QL</i></p>	<p>HEMANGEOL - Tier 2; PA; QL</p>
--	-----------------------------------

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

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

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

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

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

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

Cardiovascular Agents, Other

acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL
amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1
amlodipine-olmesartan (generic for AZOR) - Tier 1
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide - Tier 1; QL
captopril-hydrochlorothiazide - Tier 1; QL
digoxin oral solution - Tier 1
digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL
ENTRESTO ORAL TABLET - Tier 2; PA; QL
fosinopril sodium-hctz - Tier 1; QL
irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL
lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL
losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL
olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL
pentoxifylline er - Tier 1; QL
quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL
ranolazine er - Tier 1; QL
spironolactone-hctz - Tier 1; QL
triamterene-hctz - Tier 1; QL
valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL

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

Diuretics, Loop

bumetanide oral (generic for BUMEX) - Tier 1; QL
furosemide oral solution 10 mg/ml - Tier 1; QL
furosemide oral tablet (generic for LASIX) - Tier 1; QL
SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL
torsemide (generic for SOAANZ) - Tier 1; QL

FUROSCIX - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Diuretics, Potassium-sparing	
<i>amiloride hcl oral - Tier 1; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i>	
Diuretics, Thiazide	
<i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i>	
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized oral capsule 130 mg - Tier 1</i> <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet (generic for TRICOR) - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; PD; QL</i> <i>lovastatin oral - Tier 1; PD; QL; AL</i> <i>pravastatin sodium - Tier 1; PD; QL</i> <i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; PD; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; PD; QL</i>	ATORVALIQ - Tier 2; PA; QL LIVALO (brand for pitavastatin calcium) - Tier 2; PA; PD; QL

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

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1</i>	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; 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>	
Vasodilators, Direct-acting Arterial/Venous	
<i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i>	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
clonidine hcl er - Tier 1; QL; AL
dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
methylphenidate hcl er - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

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

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

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

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; QL; AL
amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL
dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; 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; QL; AL
lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL
VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL

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

Central Nervous System, Other

AUSTEDO - Tier 2; PA; SP; CH; QL
caffeine citrate oral - Tier 1; QL; AL
 INGREZZA ORAL CAPSULE - Tier 2; PA; SP; CH; QL
 INGREZZA ORAL CAPSULE THERAPY PACK - Tier 2; PA; SP; CH; QL
 NUEDEXTA - Tier 2; DX2RX; CH; QL
riluzole - Tier 1; QL
tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; CH; QL

GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; CH; QL
 HORIZANT - Tier 2; PA; CH; QL
 RADICAVA ORS - Tier 2; PA; SP; QL
 RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL
 TIGLUTIK - Tier 2; PA; QL

Fibromyalgia Agents

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

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

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

Multiple Sclerosis Agents

<p><i>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; CH; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; CH; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; SP; CH; QL</i> <i> fingolimod hcl (generic for GILENYA) - Tier 1; SP; CH; QL</i> GILENYA ORAL CAPSULE 0.25 MG - Tier 2; SP; CH; QL <i>glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> <i>glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> MAYZENT - Tier 2; PA; SP; CH; QL MAYZENT STARTER PACK - Tier 2; PA; SP; CH; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL <i>teriflunomide (generic for AUBAGIO) - Tier 1; SP; CH; QL</i></p>	<p>AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; CH; QL BETASERON - Tier 2; PA; SP COPAXONE 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; CH; QL ZEPOSIA - Tier 2; PA; SP; CH; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; CH; QL</p>
--	---

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

chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL
periogard (generic for PERIOGARD) - Tier 1; QL
pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL
pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1
triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL

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

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

Dermatological Agents	
-----------------------	--

Acne and Rosacea Agents

<p><i>acitretin</i> - Tier 1; PA; QL <i>amnesteem</i> (generic for AMNESTEEM) - Tier 1; PA; QL <i>azelaic acid external</i> (generic for FINACEA) - Tier 1; QL <i>claravis</i> (generic for AMNESTEEM) - Tier 1; PA; QL <i>DIFFERIN EXTERNAL GEL 0.1 %</i> (brand for adapalene) - Tier 2; OTC; QL <i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (generic for AMNESTEEM) - Tier 1; PA; QL <i>isotretinoin oral capsule 30 mg</i> (generic for CLARAVIS) - Tier 1; PA; QL <i>tretinoin external cream</i> (generic for RETIN-A) - Tier 1; ST; QL; AL <i>zenatane</i> (generic for AMNESTEEM) - Tier 1; PA; QL</p>	<p><i>ABSORICA</i> (brand for isotretinoin) - Tier 2; PA; QL <i>ABSORICA LD</i> - Tier 2; PA; QL <i>EPIDUO FORTE</i> (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL <i>FINACEA EXTERNAL FOAM</i> - Tier 2; PA; QL <i>MIRVASO</i> (brand for brimonidine tartrate) - Tier 2; PA; QL <i>ONEXTON</i> (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %</i> - Tier 2; PA; QL; AL <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %</i> (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</p>
---	---

Dermatitis and Pruitus Agents

<p><i>ala-cort</i> (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL <i>alclometasone dipropionate external ointment</i> - Tier 1; QL <i>ammonium lactate external</i> (generic for AL12) - Tier 1; QL <i>anti-itch aloe</i> (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL <i>anti-itch intensive heal</i> (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL <i>anti-itch max str external cream 1 %</i> (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL <i>anti-itch maximum strength external cream 1 %</i> (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL <i>betamethasone dipropionate aug</i> (generic for DIPROLENE) - Tier 1; QL <i>betamethasone dipropionate external lotion</i> - Tier 1</p>	<p><i>BRYHALI</i> - Tier 2; PA; QL <i>CLOBEX</i> (brand for clobetasol propionate) - Tier 2; PA; QL <i>CLOBEX SPRAY</i> (brand for clobetasol propionate) - Tier 2; PA; QL</p>
--	--

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

Preferred Agents

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; OTC; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external solution - Tier 1; QL
fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; QL
fluocinonide emulsified base - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

ft itch relief/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL
halobetasol propionate external cream - Tier 1; QL
hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone cream 1 % external (otc) (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone cream 1 % external (rx) (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone external cream 0.5 % - Tier 1; OTC; QL
hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone external cream 2.5 % - Tier 1; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL
hydrocortisone external ointment 0.5 % - Tier 1; OTC
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL
hydrocortisone external ointment 2.5 % - Tier 1; QL
hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone/aloë (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL

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

Preferred Agents	Non-Preferred Agents
<p>hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL instacort 5 - Tier 1; OTC; QL LAC-HYDRIN FIVE - Tier 2; OTC; QL medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL mometasone furoate external - Tier 1; QL pimecrolimus (generic for ELIDEL) - Tier 1; Minimum age of 2 years; QL; AL selenium sulfide external lotion - Tier 1; QL tacrolimus external ointment 0.03 % - Tier 1; Minimum age of 2 years; QL; AL tacrolimus external ointment 0.1 % - Tier 1; Minimum age of 16 years; QL; AL triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL triamcinolone acetonide external lotion 0.025 % - Tier 1 triamcinolone acetonide external lotion 0.1 % - Tier 1; QL triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL triderm (generic for TRIDERM) - Tier 1; QL</p>	
Dermatological Agents, Other	
<p>calcipotriene external cream - Tier 1; QL calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL calcipotriene external solution - Tier 1; QL clotrimazole-betamethasone - Tier 1; QL fluorouracil external cream - Tier 1; QL fluorouracil external solution - Tier 1 imiquimod external cream 5 % - Tier 1; QL methoxsalen rapid - Tier 1 podofilox external solution - Tier 1; QL SANTYL - Tier 2; QL silver sulfadiazine external (generic for SSD) - Tier 1; QL ssd (generic for SSD) - Tier 1; QL</p>	<p>ENSTILAR - Tier 2; PA; QL PROCTOFOAM HC - Tier 2; PA TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL VECTICAL (brand for calcitriol) - Tier 2; PA; QL</p>

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

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

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

Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

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

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

Preferred Agents	Non-Preferred Agents
<p><i>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; OTC; QL</i></p>	
Dermatological Agents - Skin Agents	
<p><i>ABREVA (brand for docosanol) - Tier 2; OTC; QL</i></p> <p><i>calamine external - Tier 1; OTC</i></p> <p><i>calamine-zinc oxide external lotion - Tier 1; OTC</i></p> <p><i>docosanol external (generic for ABREVA) - Tier 1; OTC; QL</i></p> <p><i>ft docosanol (generic for ABREVA) - Tier 1; OTC; QL</i></p> <p><i>gormel - Tier 1; OTC; QL</i></p> <p><i>gormel 10 (generic for NUTRAPLUS) - Tier 1; OTC; QL</i></p> <p><i>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1; OTC</i></p> <p><i>NUTRAPLUS (brand for gormel 10) - Tier 2; OTC; QL</i></p> <p><i>urea 20 intensive hydrating - Tier 1; OTC; 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; OTC; QL</i></p> <p><i>ureacin-20 - Tier 1; OTC; 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>

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

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL</p> <p>BD PEN NEEDLE MICRO UIF 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; QL</p> <p>BD PEN NEEDLE MICRO UIF 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; OTC; QL; DME</p> <p>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; OTC; QL; DME</p> <p>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>CHEMSTRIP 10 MD - Tier 2; OTC; DME</p> <p>CHEMSTRIP 10/SG - Tier 2; OTC; DME</p> <p>CHEMSTRIP 2 GP - Tier 2; OTC; DME</p> <p>CHEMSTRIP 5 OB - Tier 2; OTC; DME</p> <p>CHEMSTRIP 7 - Tier 2; OTC; DME</p> <p>CHEMSTRIP 9 - Tier 2; OTC; DME</p> <p>CHEMSTRIP K (brand for ketone test) - Tier 2; OTC; QL; DME</p>	<p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; OTC; QL; DME</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME</p>

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

Preferred Agents	Non-Preferred Agents
<p>CHEMSTRIP UGK - Tier 2; OTC; QL; DME DEXCOM G6 RECEIVER - Tier 2; PA; QL; DME DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME DEXCOM G7 RECEIVER - Tier 2; PA; QL; DME DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; OTC; QL; DME EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p>	<p>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL; DME GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL; DME INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p>
<p>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; OTC; QL; DME FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL; DME FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME FREESTYLE LIBRE 2 READER - Tier 2; PA; QL; DME FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME FREESTYLE LIBRE READER - Tier 2; PA; QL; DME IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; OTC; QL; DME KETO-DIASTIX - Tier 2; OTC; QL; DME KETONE CARE - Tier 2; OTC; QL; DME KETONE TEST (brand for ketone test) - Tier 2; OTC; QL; DME</p>	<p>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p>

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

Preferred Agents**Non-Preferred Agents**

KETOSTIX (brand for ketone test) - Tier 2; OTC; QL; DME
LANCETS (brand for cvs lancets original) - Tier 2; OTC; QL; DME
LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; OTC; QL; DME
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; OTC; QL; DME
MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME
NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME
ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; OTC; QL; DME
ONETOUCH ULTRA BLUE TEST (brand for blood glucose test) - Tier 2; ST; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME
ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME
ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; OTC; QL; DME
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; OTC; QL; DME
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; ST; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME

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

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

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

Preferred Agents	Non-Preferred Agents
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<p><i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; CH</i></p> <p><i>DETA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i></p> <p><i>DENTAGEL (brand for sf) - Tier 2</i></p> <p><i>EASYGEL - Tier 2</i></p> <p><i>FLUORIDEX DAILY RENEWAL - Tier 2</i></p> <p><i>FRAICHE 5000 DENTAL (brand for sf) - Tier 2</i></p> <p><i>klor-con (generic for KLOR-CON) - Tier 1; QL</i></p> <p><i>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</i></p> <p><i>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</i></p> <p><i>klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL</i></p> <p><i>potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL</i></p> <p><i>potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL</i></p> <p><i>potassium chloride er oral capsule extended release 10 meq - Tier 1; QL</i></p> <p><i>potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL</i></p> <p><i>potassium chloride er oral tablet extended release 20 meq - Tier 1; QL</i></p> <p><i>potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL</i></p> <p><i>potassium chloride oral (generic for KLOR-CON) - Tier 1; QL</i></p> <p><i>potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL</i></p> <p><i>potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1</i></p> <p><i>potassium citrate er oral tablet extended release 5 meq (540 mg) - Tier 1</i></p>	<p><i>ENDARI (brand for l-glutamine) - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p><i>PREVIDENT (brand for sf) - Tier 2</i> <i>PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2</i> <i>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>sf gel 1.1% (generic for DENTAGEL) - Tier 1</i> <i>sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 ppm dental gel (generic for DENTAGEL) - Tier 1</i> <i>sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride dental gel (generic for DENTAGEL) - Tier 1</i> <i>sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1</i> <i>sodium fluoride oral solution (generic for SOLUVITA) - Tier 1; PD; QL</i> <i>sodium fluoride oral tablet chewable - Tier 1; PD; QL</i></p>	
<p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p><i>BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; OTC; PD; QL</i> <i>cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; OTC; QL</i> <i>calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; OTC; QL</i> <i>calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; OTC; QL</i> <i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; OTC; QL</i> <i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1; OTC</i> <i>calcium 600/vitamin d (generic for ONE VITE CALCIUM + D3) - Tier 1; OTC; QL</i></p>	

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

calcium plus vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; OTC; QL
calcium/minerals/vitamin d - Tier 1; OTC
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1; OTC
electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL
electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL
electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; OTC; QL
EZFE 200 - Tier 2; OTC; PD
ferate (generic for FERATE) - Tier 1; OTC; PD
FER-IN-SOL (brand for fe-vite iron) - Tier 2; OTC; PD; QL
ferosul (generic for FEROSUL) - Tier 1; OTC; PD; QL
ferretts - Tier 1; OTC; PD
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1; OTC; PD
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2; OTC; PD
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2; OTC; PD
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1; OTC; PD
ferrous gluconate - Tier 1; OTC; PD
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1; OTC; PD

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

Preferred Agents

ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1; OTC; PD
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; OTC; PD; QL
ferrous sulfate (generic for FEROSUL) - Tier 1; OTC; PD; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; OTC; PD; QL
ferrous sulfate oral tablet delayed release - Tier 1; OTC; PD; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL
ft calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; OTC; QL
ft calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1; OTC
ft calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1; OTC
ft electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL
ft iron (generic for FEROSUL) - Tier 1; OTC; PD; QL
ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1; OTC
hi cal (generic for OYSCO 500+D) - Tier 1; OTC; QL
iferex 150 (generic for FERREX 150) - Tier 1; OTC; PD
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1; OTC; PD
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; OTC; PD; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1; OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg
(generic for MAGNESIUM-OXIDE) - Tier 1; OTC
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1; OTC
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1; OTC
NU-IRON (brand for polysaccharide iron complex) - Tier 2; OTC; PD
ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2;
OTC; QL
oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2;
OTC; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; OTC; QL
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; OTC;
QL
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; OTC; QL
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; OTC;
QL
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for
OYSCO 500+D) - Tier 1; OTC; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for
OYSCO 500+D) - Tier 1; OTC; QL
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1;
OTC; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) -
Tier 2; OTC; QL

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

Preferred Agents**Non-Preferred Agents**

PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; OTC; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; OTC; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; OTC; QL
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL
phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
PHOSPHO-TRIN K500 - Tier 2; QL
poly-iron 150 (generic for FERREX 150) - Tier 1; OTC; PD
polysaccharide iron complex (generic for FERREX 150) - Tier 1; OTC; PD
polysaccharide-iron complex (generic for FERREX 150) - Tier 1; OTC; PD
potassium citrate-citric acid - Tier 1
REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; OTC; QL
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
TRUE FERROUS SULFATE - Tier 2; OTC; PD; QL
TRUE MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2; OTC
ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; OTC; QL
WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2; OTC
wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL

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

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - Tier 2; QL <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</i> <i>trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP</i></p>	
Phosphate Binders	
<p><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></p>	<p>AURYXIA - Tier 2; PA; QL</p>
Potassium Binders	
<p>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</p>	

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

Preferred Agents

Non-Preferred Agents

Vitamins

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

ENFAMIL EXPECTA - Tier 2; OTC; QL

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

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

FOLCYTEINE (brand for daily multiple vitamins) - Tier 2

ft prenatal - Tier 1; OTC; QL

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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; OTC

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

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

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

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

NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2; OTC

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

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

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

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

niacin er oral capsule extended release 500 mg - Tier 1; OTC

niacin er oral tablet extended release 1000 mg - Tier 1; OTC

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

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

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

Preferred Agents**Non-Preferred Agents**

NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; OTC; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; OTC
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; OTC
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2; OTC
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2; OTC
ONE VITE WOMENS - Tier 2; OTC; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; OTC
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; OTC
phytonadione oral - Tier 1; QL
prenatal formula - Tier 1; OTC
prenatal formula oral tablet 28-0.8 mg - Tier 1; OTC; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; OTC; QL
prenatal multi+dha - Tier 1; OTC; QL
prenatal multivitamin - Tier 1; OTC; QL
prenatal multivitamins - Tier 1; OTC; QL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; OTC; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; OTC; QL
prenatal vitamins oral tablet 28-0.8 mg - Tier 1; OTC; QL

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

Preferred Agents**Non-Preferred Agents**

prenatal/iron - Tier 1; OTC; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2; OTC
radiance platinum vitamin d3 (generic for *RADIANCE PLATINUM VITAMIN D3*) - Tier 1; OTC
rena-vite (generic for *DIALYVITE 800*) - Tier 1; OTC; QL
SLO-NIACIN (brand for *niacin er*) - Tier 2; OTC
stress formula (generic for *TAB-A-VITE/BETA CAROTENE*) - Tier 1; OTC
stress formula/zinc/energy (generic for *TAB-A-VITE/BETA CAROTENE*) - Tier 1; OTC
sv vitamin d3 oral capsule 25 mcg (generic for *PRONUTRIENTS VITAMIN D3*) - Tier 1; OTC
sv vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; OTC; QL
sv vitamin d3 oral tablet chewable (generic for *KIDS FIRST VITAMIN D3 GUMMIES*) - Tier 1; OTC
tab-a-vite/beta carotene (generic for *TAB-A-VITE/BETA CAROTENE*) - Tier 1; OTC
THERA (brand for daily multiple vitamins) - Tier 2; OTC
thera-tabs (generic for *TAB-A-VITE/BETA CAROTENE*) - Tier 1; OTC
thiamine mononitrate oral - Tier 1; OTC; QL
tri-vite pediatric - Tier 1; OTC; QL
TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2; OTC
TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2; OTC
TRUE VITAMIN A - Tier 2; OTC; QL
TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; OTC; QL
TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - Tier 2; OTC

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

Preferred Agents**Non-Preferred Agents**

TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; OTC; QL

TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) - Tier 2; OTC; QL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL
vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1; OTC
vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; OTC; QL
vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC
vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC
vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC
vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1; OTC
vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; OTC; QL
vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; OTC; QL
vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL
vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL
vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; OTC
vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; OTC
vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; OTC
vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; OTC; QL
vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1; OTC

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

Preferred Agents	Non-Preferred Agents
vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; OTC vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL vitamin-b complex - Tier 1; OTC weekly-d (generic for D3-50) - Tier 1; OTC; QL WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2; OTC WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; OTC; QL WESTAB PLUS (brand for prenatal) - Tier 2; QL womens prenatal+dha - Tier 1; OTC; QL	
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; PD; QL
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL
Anti-Constipation Agents	
constulose - Tier 1; QL enulose - Tier 1; QL generlac - Tier 1; QL lactulose encephalopathy - Tier 1; QL lactulose oral solution - Tier 1; QL LINZESS - Tier 2; DX2RX; QL SYMPROIC - Tier 2; DX2RX; QL	MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; QL MOVANTIK - Tier 2; PA; QL RELISTOR SUBCUTANEOUS - Tier 2; PA; QL TRULANCE - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Anti-Diarrheal Agents	
<i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>diamode (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2; OTC</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1; OTC</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1; OTC</i> MYTESI - Tier 2; DX2RX; QL	VIBERZI - Tier 2; PA; QL
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral solution - Tier 1</i> <i>dicyclomine hcl oral tablet - Tier 1; QL</i> <i>glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1</i>	
Gastrointestinal Agents, Other	
GATTEX - Tier 2; PA; SP; QL <i>gavilyte-c - Tier 1; PD; QL</i> <i>gavilyte-g (generic for GAVILYTE-G) - Tier 1; PD; QL</i> <i>gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; PD; QL</i> <i>peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; PD; QL</i> <i>peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; PD; QL</i> <i>ursodiol oral capsule 300 mg - Tier 1; QL</i> <i>ursodiol oral tablet (generic for URSO FORTE) - Tier 1</i>	CLENPIQ - Tier 2; PA; QL PLENVU - Tier 2; PA; QL <i>PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA</i> <i>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL</i> TALICIA - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Histamine2 (H2) Receptor Antagonists

acid controller oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
 acid reducer oral tablet (generic for PEPCID AC) - Tier 1; OTC; QL
 acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC
 cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
 famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
 famotidine oral suspension reconstituted - Tier 1; QL; AL
 famotidine oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
 famotidine oral tablet 20 mg (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL
 famotidine oral tablet 40 mg (generic for PEPCID) - Tier 1; QL
 famotidine orig st (generic for PEPCID AC) - Tier 1; OTC; QL
 ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; OTC; QL
 heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
 heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
 heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC
 PEPCID AC (brand for acid controller) - Tier 2; OTC; QL
 TAGAMET HB 200 (brand for cimetidine) - Tier 2; OTC

Irritable Bowel Syndrome Agents

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

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

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

Protectants

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

Proton Pump Inhibitors

acid reducer oral capsule delayed release - Tier 1; OTC; QL
esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL
esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL
ft acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; OTC; QL
lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; OTC; QL
lansoprazole capsule delayed release 15 mg oral (rx) (generic for PREVACID 24HR) - Tier 1; QL
lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; OTC; QL
lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL
omeprazole magnesium - Tier 1; OTC; QL
omeprazole magnesium oral capsule delayed release - Tier 1; OTC; QL
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg - Tier 1; QL
omeprazole oral capsule delayed release 20.6 (20 base) mg - Tier 1; OTC; QL
pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL
PREVACID 24HR (brand for eq lansoprazole) - Tier 2; OTC; QL

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

Preferred Agents

Non-Preferred Agents

Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

ABATINEX (brand for acidophilus) - Tier 2; OTC
acid gone (generic for ACID GONE) - Tier 1; OTC
acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1; OTC
acidophilus oral capsule , 10 mg (generic for INTESTINEX) - Tier 1; OTC
acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1; OTC
acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1; OTC
adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL
adult probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL
advanced antacid (generic for MINTOX) - Tier 1; OTC; QL
almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; OTC; QL
antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; OTC; QL
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid advanced (generic for MINTOX) - Tier 1; OTC; QL
antacid anti-gas (generic for MINTOX) - Tier 1; OTC; QL

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2; OTC

BIOTINEX (brand for acidophilus) - Tier 2; OTC

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

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

BOLSITOL (brand for acidophilus) - Tier 2; OTC

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

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

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

calcium carbonate antacid oral tablet - Tier 1; OTC

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

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

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

childrens soothe - Tier 1; OTC

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

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

CULTURELLE WOMENS 4 IN 1 (brand for acidophilus) - Tier 2; OTC

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

Preferred Agents

diarrhea (generic for SOOTHE) - Tier 1; OTC
diarrhea relief (generic for SOOTHE) - Tier 1; OTC
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; OTC; QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1; OTC
enema (generic for FLEET ENEMA) - Tier 1; OTC
enema disposable (generic for FLEET ENEMA) - Tier 1; OTC
enema ready-to-use (generic for FLEET ENEMA) - Tier 1; OTC
enema rectal enema 16-6 gml/133ml (generic for FLEET ENEMA) - Tier 1; OTC
FLEET ENEMA (brand for cvs enema disposable) - Tier 2; OTC
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2; OTC
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL
floranex tablet oral (generic for FLORANEX) - Tier 1; OTC
FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2; OTC
FLORASTART - Tier 2; OTC
foaming antacid oral tablet chewable 80-20 mg - Tier 1; OTC
FREE + PURE DAILY PROBIOTIC - Tier 2; OTC
freeze dried acidophilus (generic for INTESTINEX) - Tier 1; OTC
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1; OTC

Non-Preferred Agents

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

Preferred Agents

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

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

ft gas relief - Tier 1; OTC

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

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

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

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

ft probiotic (generic for FLORASTOR) - Tier 1; OTC

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

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

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

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

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

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

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

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

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

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

GAVISCAN EXTRA STRENGTH (brand for antacid extra strength) - Tier 2; OTC

GELUSIL - Tier 2; OTC

gentle laxative oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1; OTC

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

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

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

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

GUTVITE IMMUNE SUPPORT (brand for acidophilus) - Tier 2; OTC

heartburn antacid (generic for ACID GONE) - Tier 1; OTC

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

Preferred Agents

heartburn antacid ex st (generic for ACID GONE) - Tier 1; OTC
heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1; OTC
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1; OTC
heartland gas relief - Tier 1; OTC
IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - Tier 2; OTC
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; OTC
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; OTC
intestinex (generic for INTESTINEX) - Tier 1; OTC
KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2; OTC
LACTEOL DIARRHEASE (brand for acidophilus) - Tier 2; OTC
lactobacillus oral tablet (generic for FLORANEX) - Tier 1; OTC
lacto-pectin (generic for FLORA VANCE) - Tier 1; OTC; QL
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1; OTC
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2; OTC
MAALOX MAX ORAL SUSPENSION (brand for antacid & anti-gas max str) - Tier 2; OTC; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & anti-gas max str) - Tier 2; OTC; QL
mag-al plus (generic for MINTOX) - Tier 1; OTC; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

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

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

milk of magnesia (generic for DULCOLAX) - Tier 1; OTC

milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1; OTC

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

mintox plus - Tier 1; OTC

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

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

PAXOTIN (brand for acidophilus) - Tier 2

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

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

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

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

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

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

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

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents

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

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

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

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

sodium bicarbonate oral tablet - Tier 1; OTC

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

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

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

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

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

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

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

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

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

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

Non-Preferred Agents

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

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

stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2; OTC
TUMS (brand for antacid) - Tier 2; OTC
TUMS CHEWY BITES (brand for antacid) - Tier 2; OTC
TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2; OTC
TUMS E-X 750 (brand for antacid) - Tier 2; OTC
TUMS EXTRA STRENGTH (brand for antacid) - Tier 2; OTC
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2; OTC
TUMS LASTING EFFECTS (brand for antacid) - Tier 2; OTC
TUMS SMOOTHIES (brand for antacid) - Tier 2; OTC
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2; OTC
TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2; OTC
VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Laxatives - Bowel Treatment Drugs

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

ft mineral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1; OTC

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

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

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

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

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

mineral oil heavy oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1

mineral oil heavy oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1; OTC

mineral oil oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1; OTC

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

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

Preferred Agents**Non-Preferred Agents**

MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; OTC; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC
natural fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC; QL
natural fiber supplement (generic for EVAC) - Tier 1; OTC
natural vegetable (generic for HYDROCIL) - Tier 1; OTC
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL
sorbitol oral - Tier 1; OTC
true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; OTC; QL

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

Preferred Agents

Non-Preferred Agents

Laxatives - Drugs to treat Constipation

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

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC

laxative regular strength (generic for SENNA SMOOTH) - Tier 1; OTC

magnesium citrate oral solution (generic for CITROMA) - Tier 1; OTC; PD; QL

mm stool softener (generic for COLACE) - Tier 1; OTC; QL

mm stool softener laxative (generic for COLACE) - Tier 1; OTC; QL

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

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

ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; OTC; PD; QL

ONELAX SENNA (brand for senna) - Tier 2; OTC

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

PEDIA-LAX ORAL LIQUID - Tier 2; OTC

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

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

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

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

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

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

senna oral syrup 176 mg/5ml - Tier 1; OTC

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

Preferred Agents**Non-Preferred Agents**

senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1; OTC
senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; OTC; QL
senna plus oral tablet (generic for SENOKOT S) - Tier 1; OTC
senna s (generic for SENOKOT S) - Tier 1; OTC
senna smooth (generic for SENNA SMOOTH) - Tier 1; OTC
senna-docusate sodium (generic for SENOKOT S) - Tier 1; OTC
senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; OTC; QL
senna-plus (generic for SENOKOT S) - Tier 1; OTC
senna-s oral tablet (generic for SENOKOT S) - Tier 1; OTC
senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; OTC; QL
senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; OTC; QL
senna-time s (generic for SENOKOT S) - Tier 1; OTC
SENNAZON (brand for senna) - Tier 2; OTC
sennosides-docusate sodium (generic for SENOKOT S) - Tier 1; OTC
SENOKOT (brand for cvs senna) - Tier 2; OTC; QL
SENOKOT S (brand for cvs senna plus) - Tier 2; OTC
soluble fiber therapy - Tier 1; OTC
stimulant lax plus (generic for SENOKOT S) - Tier 1; OTC
stimulant laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener extra str - Tier 1; OTC; QL
stool softener laxative oral capsule (generic for COLACE) - Tier 1; OTC; QL

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

Preferred Agents

stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; OTC; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1; OTC
stool softener oral capsule 250 mg - Tier 1; OTC; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1; OTC
stool softener pls laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener plus laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener/laxative (generic for SENOKOT S) - Tier 1; OTC
stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1; OTC
vegetable lax+stool softener (generic for SENOKOT S) - Tier 1; OTC
vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; OTC; QL

Non-Preferred Agents

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

CHOLBAM - Tier 2; PA; SP; QL
 CREON - Tier 2
 CYSTAGON - Tier 2; SP; QL
 NITYR - Tier 2; DX2RX; SP; CH; QL
 RAVICTI - Tier 2; PA; SP; CH; QL
sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; CH; QL
sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; CH; QL
 STRENSIQ - Tier 2; PA; SP
 VYNDAMAX - Tier 2; PA; SP; QL
 VYNDAQEL - Tier 2; PA; SP; QL
 ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2

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

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

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

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

Preferred Agents	Non-Preferred Agents
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<p><i>azo (generic for PHENAZO) - Tier 1; OTC</i> <i>ft urinary pain relief (generic for PHENAZO) - Tier 1; OTC</i> <i>phenazo (generic for PHENAZO) - Tier 1; OTC</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; OTC</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1; OTC</i></p>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i> <i>dexamethasone oral elixir - Tier 1; QL</i> <i>dexamethasone oral solution - Tier 1; QL</i> <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i> <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i> <i>fludrocortisone acetate oral - Tier 1; QL</i> <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL</i> 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></p>	<p>ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p><i>prednisone oral solution - Tier 1; QL</i> <i>prednisone oral tablet - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</p>	
<p><i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; CH; QL</i> <i>desmopressin acetate spray - Tier 1; QL</i> EGRIFTA SV - Tier 2; DX2RX; SP; QL INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NOVAREL - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA; SP</i></p>	<p>GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP NORDITROPIN FLEXPPO - Tier 2; PA; SP NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP</p>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones</p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs</p>	
<p>FOLLISTIM AQ - Tier 2; PA; SP</p>	<p>SKYTROFA - Tier 2; PA; SP; QL</p>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</p>	
<p><i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; Coverage based on benefit; CH; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1; QL</i></p> <p><i>DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; PA; QL</i></p> <p><i>NATESTO - Tier 2; PA; QL</i></p> <p><i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA</i></p> <p><i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i></p>	<p><i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i></p> <p><i>XYOSTED - Tier 2; PA; QL</i></p>

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

Preferred Agents

Non-Preferred Agents

Estrogens

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

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

blisovi fe 1/20 - Tier 1; PD; QL; GE
briellyn (generic for BALZIVA) - Tier 1; PD; QL; GE
camrese (generic for ASHLYNA) - Tier 1; PD; QL
camrese lo (generic for CAMRESE LO) - Tier 1; PD; QL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; PD; QL; GE

ANNOVERA - Tier 2; PA; PD; QL
BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; PD; QL
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL
BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL
CLIMARA (brand for estradiol) - Tier 2; PA; QL
CLIMARA PRO - Tier 2; PA
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA
ELESTRIN - Tier 2; PA
EVAMIST - Tier 2; PA
LO LOESTRIN FE - Tier 2; PA; PD; QL

NATAZIA - Tier 2; PA; PD; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; PD; QL; GE

SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

cryselle-28 - Tier 1; PD; QL; GE
cyred eq - Tier 1; PD; QL; GE
dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; PD; QL; GE
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
daysee (generic for ASHLYNA) - Tier 1; PD; QL
delyla (generic for AFIRMELLE) - Tier 1; PD; QL; GE
 DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; PD; QL; GE
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; PD; QL
 DUAVEE - Tier 2; QL
elinest - Tier 1; PD; QL; GE
eluryng (generic for ELURYNG) - Tier 1; PD; QL; GE
enilloring (generic for ELURYNG) - Tier 1; PD; QL; GE
enpresse-28 (generic for ENPRESSE-28) - Tier 1; PD; QL; GE
enskyce - Tier 1; PD; QL; GE
estarylla (generic for ESTARYLLA) - Tier 1; PD; QL; GE
estradiol oral (generic for ESTRACE) - Tier 1; QL
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; PD; QL; GE
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; PD; QL; GE

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
microgestin fe 1/20 - Tier 1; PD; QL; GE
mili (generic for ESTARYLLA) - Tier 1; PD; QL; GE
mono-linyah (generic for ESTARYLLA) - Tier 1; PD; QL; GE
necon 0.5/35 (28) - Tier 1; PD; QL; GE
nikki (generic for JASMIEL) - Tier 1; PD; QL
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; PD; QL; GE
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg (generic for TILIA FE) - Tier 1; PD; QL; GE
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; PD; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - Tier 1; PD; QL; GE
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
nortrel 0.5/35 (28) - Tier 1; PD; QL; GE
nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - Tier 1; PD; QL; GE
nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; PD; QL; GE
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p> <i>tri-vylibra</i> (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE <i>tri-vylibra lo</i> (generic for TRI-LO-ESTARYLLA) - Tier 1; PD; QL; GE <i>turqoz</i> - Tier 1; PD; QL; GE TYBLUME - Tier 2; PD; QL; GE <i>valtya 1/50</i> (generic for KELNOR 1/50) - Tier 1; PD; QL; GE <i>velivet</i> - Tier 1; PD; QL <i>vestura</i> (generic for JASMIEL) - Tier 1; PD; QL <i>vienva</i> (generic for AFIRMELLE) - Tier 1; PD; QL; GE <i>viorele</i> (generic for AZURETTE) - Tier 1; PD; QL; GE <i>volnea</i> (generic for AZURETTE) - Tier 1; PD; QL; GE <i>vyfemla</i> (generic for BALZIVA) - Tier 1; PD; QL; GE <i>vylibra</i> (generic for ESTARYLLA) - Tier 1; PD; QL; GE <i>wera</i> - Tier 1; PD; QL; GE <i>wymzya fe</i> (generic for WYMZYA FE) - Tier 1; PD; QL <i>xulane</i> (generic for XULANE) - Tier 1; PD; QL; GE <i>yuvaferm</i> (generic for YUVAFEM) - Tier 1; QL <i>zafemy</i> (generic for XULANE) - Tier 1; PD; QL; GE <i>zovia 1/35 (28)</i> (generic for KELNOR 1/35) - Tier 1; PD; QL; GE <i>zumandimine</i> (generic for OCELLA) - Tier 1; PD; QL </p>	
<p>Progestins</p>	
<p> <i>camila</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>deblitane</i> (generic for CAMILA) - Tier 1; PD; QL; GE ELLA - Tier 2; PD; QL <i>emzahh</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>errin</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>gallifrey</i> (generic for GALLIFREY) - Tier 1; QL <i>heather</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>incassia</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>jencycla</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>lyleq</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>lyza</i> (generic for CAMILA) - Tier 1; PD; QL; GE <i>medroxyprogesterone acetate intramuscular</i> (generic for DEPO-PROVERA) - Tier 1; PD; QL; GE </p>	<p>ENDOMETRIN - Tier 2; PA</p>

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

Preferred Agents	Non-Preferred Agents
<p><i>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i></p> <p><i>megestrol acetate oral suspension 40 mg/ml - Tier 1; PD; CH; QL</i></p> <p><i>megestrol acetate oral tablet 20 mg - Tier 1; PD; CH</i></p> <p><i>megestrol acetate oral tablet 40 mg - Tier 1; PD; CH; QL</i></p> <p><i>nora-be (generic for CAMILA) - Tier 1; PD; 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; PD; QL; GE</i></p> <p><i>norlyroc (generic for CAMILA) - Tier 1; PD; 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; PD; QL; GE</i></p>	
<p>Selective Estrogen Receptor Modifying Agents</p>	
<p><i>raloxifene hcl (generic for EVISTA) - Tier 1; PD; CH; QL</i></p>	<p>OSPHENA - Tier 2; PA; CH; 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; OTC; PD; QL; GE</i></p> <p><i>curae oral tablet 1.5 mg (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>econtra one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>her style (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>levonorgestrel (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>my choice (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>my way (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>new day (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>opcicon one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>option 2 (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; OTC; PD; QL; GE</i></p> <p><i>react (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p> <p><i>take action (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p>	

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

Preferred Agents	Non-Preferred Agents
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
<i>clomiphene citrate oral (generic for CLOMID) - Tier 1; CH</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	ERMEZA - Tier 2; PA; QL TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL TIROSINT-SOL - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; PD; CH; QL	

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

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

Hormonal Agents, Suppressant (Pituitary)	
--	--

cabergoline - Tier 1; CH; QL
 FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL
leuprolide acetate injection - Tier 1; PA; SP; PD
 LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; PD; QL
 LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; PD; QL
 LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; PD; QL
 LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; PD; QL
 LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL
 LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP
octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL
octreotide acetate injection solution 200 mcg/ml - Tier 1; SP
octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; SP
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; SP; QL
 ORLISSA - Tier 2; PA; CH; QL
 SIGNIFOR - Tier 2; PA; SP; QL
 SOMAVERT - Tier 2; PA; SP; QL

ORIAHNN - Tier 2; PA; QL
 TRIPTODUR - Tier 2; PA; SP; QL

Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
---	--

Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
---	--

MENOPUR - Tier 2; PA; SP

ganirelix acetate (generic for FYREMADEL) - Tier 1; PA; SP

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, 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	
Immunological Agents, Other	
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL DUPIXENT - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL OTEZLA ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL	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 TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
<p>OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL RINVOQ LQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP; QL TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML - Tier 2; PA; SP; QL TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL XOLAIR - Tier 2; PA; SP; QL</p>	
Immunostimulants	
<p>ACTIMMUNE - Tier 2; PA; SP; PD PEGASYS - Tier 2; PA; SP; QL</p>	

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

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

Immunosuppressants

<p>ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-ADAZ (brand for adalimumab-adaz) - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-ADB (2 PEN) - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-ADB (2 SYRINGE) - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-ADB(CD/UC/HS STRT) - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-ADB(PS/UV STARTER) - Tier 2; PA; SP; QL</p> <p>AMJEVITA - Tier 2; PA; SP; QL</p> <p>AMJEVITA-PED 15KG TO <30KG - Tier 2; PA; SP; QL</p> <p>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</p> <p>cyclosporine modified (generic for GENGRAF) - Tier 1; QL</p> <p>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</p> <p>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1</p> <p>gengraf oral capsule (generic for GENGRAF) - Tier 1; QL</p> <p>HADLIMA - Tier 2; PA; SP; QL</p> <p>HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL</p> <p>HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL</p> <p>HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML - Tier 2; PA; SP; QL</p> <p>HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL</p>	<p>ENBREL - Tier 2; PA; SP; QL</p> <p>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL</p> <p>OTREXUP - Tier 2; PA; QL</p> <p>RASUVO - Tier 2; PA; QL</p> <p>STELARA INJ - Tier 2; PA; SP; QL, AL</p> <p>TREXALL - Tier 2; PA; PD; CH</p>
---	---

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

Preferred Agents**Non-Preferred Agents**

HYRIMOZ-CROHNS/UC STARTER (brand for adalimumab-adaz) - Tier 2; PA; SP; QL
HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; SP; QL
HYRIMOZ-PED>=40KG CROHN START - Tier 2; PA; SP; QL
HYRIMOZ-PLAQ PSOR/UEVIT START - Tier 2; PA; SP; QL
HYRIMOZ-PLAQUE PSORIASIS START - Tier 2; PA; SP; QL
leflunomide oral (generic for ARAVA) - Tier 1; QL
methotrexate sodium (pf) - Tier 1; PD
methotrexate sodium injection - Tier 1; PD
methotrexate sodium oral - Tier 1; PD; CH
mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL
mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL
mycophenolic acid (generic for MYFORTIC) - Tier 1; QL
OTULFI INJ - Tier 2; PA; SP; QL, AL
SIMLANDI (1 SYRINGE) - Tier 2; PA; SP; QL
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML - Tier 2; PA; SP; QL
SIMPONI - 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
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL

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

Preferred Agents

Non-Preferred Agents

Vaccines

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

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

Preferred Agents	Non-Preferred Agents
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
DENGVAXIA - Tier 2; PD; QL HEPLISAV-B - Tier 2; PD; QL; AL HYPERTET - Tier 2; QL PNEUMOVAX 23 - Tier 2; PD; QL PREVNAR 20 - Tier 2; PD; QL	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>LIALDA (brand for mesalamine) - Tier 2; QL</i> <i>mesalamine er (generic for APRISO) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> SFROWASA - Tier 2; QL <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL PENTASA - Tier 2; PA; QL
Glucocorticoids	
<i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i>	CORTIFOAM - Tier 2; PA; QL <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents	
<p><i>alendronate sodium oral solution - Tier 1; CH; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; CH; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; CH; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; CH; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; CH; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; CH; QL</i> <i>TYMLOS - Tier 2; PA; SP; QL</i></p>	<p>RAYALDEE - Tier 2; PA; CH; QL TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</p>
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; PD; QL <i>acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1; OTC</i> <i>acne medication 10 external lotion - Tier 1; OTC; QL</i> <i>acne medication 5 external lotion - Tier 1; OTC</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1; OTC</i> <i>adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1; OTC</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1; OTC</i> AFLURIA - Tier 2; PD; QL AFLURIA PRESERVATIVE FREE - Tier 2; PD; QL</p>	<p>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; DME GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL; DME HYFTOR - Tier 2; PA; QL INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; OTC; QL; DME INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; OTC; QL; DME</p>

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

Preferred Agents	Non-Preferred Agents
ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; OTC; QL; DME	INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; OTC; QL; DME
ALCOHOL SWABS (brand for alcohol prep) - Tier 2; OTC; QL; DME	INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; OTC; QL; DME
ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL	INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; OTC; QL; DME
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL	INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; OTC; QL; DME
antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; OTC; QL	OMNIPOD 5 DEXG7G6 INTRO GEN 5 - Tier 2; PA; QL; DME
AREXVY - Tier 2; PD; QL; AL	OMNIPOD 5 DEXG7G6 PODS GEN 5 - Tier 2; PA; QL; DME
arthritis pain relieving - Tier 1; OTC; QL	ORLADEYO - Tier 2; PA; SP; QL
aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL	QUVIVIQ - Tier 2; PA; QL
aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL	RYALTRIS - Tier 2; PA; QL; DME
aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL	SOTYKTU - Tier 2; PA; SP; QL
aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL	VIVJOA - Tier 2; PA; QL
aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL	VOQUEZNA DUAL PAK - Tier 2; PA; QL
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL	VTAMA - Tier 2; PA; QL
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL	WINLEVI - Tier 2; PA; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL	YONSA - Tier 2; PA; SP; PD; CH; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL	ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL

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

Preferred Agents**Non-Preferred Agents**

ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; OTC; PD; QL
aspirin rectal suppository 300 mg - Tier 1; OTC; PD
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL
athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; OTC; QL
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
athletes foot relief (generic for TINACTIN) - Tier 1; OTC
AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; OTC; QL; DME
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL
bacitracin zinc external - Tier 1; OTC; QL
bacitracin zinc first aid - Tier 1; OTC; QL
bacitracin zinc-aloe - Tier 1; OTC; QL
BAYER ASPIRIN (brand for aspirin) - Tier 2; OTC; PD; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; OTC; PD; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; OTC; QL; DME

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

Preferred Agents**Non-Preferred Agents**

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; OTC; QL; DME

BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; OTC; QL; DME

BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL; DME

BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; OTC; QL; DME

BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; OTC; QL; DME

BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL

benzoyl peroxide external gel 2.5 % - Tier 1; OTC; QL

benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; OTC; QL

benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; OTC; QL

bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; OTC; QL

BLUESTAR DEVICE (OTC) - Tier 2; OTC; DME

BLUESTAR DEVICE (RX) - Tier 2; DME

bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1; OTC

BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; OTC; QL; DME

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

Preferred Agents

calamine external lotion - Tier 1; OTC
CALQUENCE - Tier 2; SP; PD; CH; QL
capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; OTC; QL
capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; OTC; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; OTC; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; OTC; QL
CAPSAID ES ARTHRITIS RELIEF - Tier 2; OTC; QL
CAPVAXIVE - Tier 2; PD; QL; AL
capzix (generic for CAPZASIN-HP) - Tier 1; OTC; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL; DME
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL; DME
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME
CASTIVA WARMING - Tier 2; OTC; QL
CAYA - Tier 2; PD; QL; DME
CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; OTC; QL
CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; OTC; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2; OTC

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

clearskin (generic for CLEARSKIN) - Tier 1; OTC
COMIRNATY - Tier 2; PD; QL
CONDOMS - Tier 2; OTC; PD; QL; DME
CONTOUR CONTROL SOLUTION (brand for easy plus ii control) - Tier 2; OTC; DME
COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; OTC; QL; DME
corn & callus remover (generic for COMPOUND W) - Tier 1; OTC
corn and callus remover (generic for COMPOUND W) - Tier 1; OTC
CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2; OTC
CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2; OTC
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2; OTC
CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2; OTC
CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2; OTC
daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1; OTC
darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL
DERMELEVE ADVANCED FORMULA - Tier 2; OTC
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL; DME
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1; OTC

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

Preferred Agents**Non-Preferred Agents**

DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; OTC; QL; DME
DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; OTC; PD; QL; DME
DUREX TROPICAL (brand for true cover) - Tier 2; OTC; PD; QL; DME
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
EASYMAX CONTROL (brand for easy talk control) - Tier 2; OTC; DME
EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - Tier 2; OTC; QL
EMERGEN-C KIDZ ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; OTC; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL
EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; OTC; PD; QL
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
FC2 FEMALE CONDOM - Tier 2; OTC; PD; QL; DME
FEMCAP - Tier 2; PD; QL; DME
FLEET BISACODYL - Tier 2; OTC; QL
FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; OTC; PD; QL
FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; OTC; QL

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

Preferred Agents

Non-Preferred Agents

FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; OTC; QL
FLOWFLEX COVID-19 AG HOME TEST (brand for advin covid-19 antigen test) - Tier 2; OTC; QL; DME
FLUAD - Tier 2; PD; QL
FLUARIX - Tier 2; PD; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; PD
FLULAVAL - Tier 2; PD; QL
FLUZONE HIGH-DOSE - Tier 2; PD; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; PD; QL
folic acid oral tablet 1 mg - Tier 1; PD; QL
folic acid oral tablet 1 mg - Tier 1; OTC; PD; QL
folic acid oral tablet 400 mcg, 800 mcg - Tier 1; OTC; PD
foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
ft antibiotic - Tier 1; OTC; QL
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; OTC; QL
ft aspirin (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL
ft childrens multi (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL
ft double antibiotic (generic for POLYSPORIN) - Tier 1; OTC
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL

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

Preferred Agents

Non-Preferred Agents

ft folic acid - Tier 1; OTC; PD
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
fungi-guard (generic for TINACTIN) - Tier 1; OTC; QL
gentle laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
gentle laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL
GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW (brand for easy plus ii control) - Tier 2; OTC; DME
GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION NORMAL (brand for easy talk control) - Tier 2; OTC; DME
gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL
gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate 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

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

Preferred Agents**Non-Preferred Agents**

hyosyne - Tier 1; QL
INFINITY CONTROL IN VITRO SOLUTION HIGH , LOW (brand for easy plus ii control) - Tier 2; OTC; DME
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL; DME
INSPIREASE RESERVOIR BAGS - Tier 2; QL; DME
INSULIN SYRINGES 32G X 5/16" 1 ML - Tier 2; OTC; QL; DME
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1; OTC
liquid wart remover (generic for COMPOUND W) - Tier 1; OTC
liquid wart remover max st (generic for COMPOUND W) - Tier 1; OTC
magnesium oxide oral tablet 400 mg - Tier 1; OTC
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1; OTC
MAOX (brand for magnesium oxide) - Tier 2; OTC
MASK VORTEX/CHILD/FROG - Tier 2; OTC; QL; DME
MASK VORTEX/TODDLER/LADYBUG - Tier 2; OTC; QL; DME
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1; OTC
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL

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

Preferred Agents

MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; OTC; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL
MODERNA COVID-19 VAC 6M-11Y - Tier 2; PD; QL
MOUNJARO - Tier 2; PA; QL
NEODOT THERMOMETER - Tier 2; OTC; QL; DME
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2; OTC
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OMNIFLEX DIAPHRAGM - Tier 2; PD; QL; DME; GE
ONELAX (brand for bisacodyl) - Tier 2; OTC; QL
ONETOUCH VERIO IN VITRO LIQUID HIGH (brand for easy plus ii control) - Tier 2; OTC; DME
OPILL - Tier 2; OTC; PD; QL
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2
PANOXYL (brand for bp wash) - Tier 2; OTC
PENBRAYA - Tier 2; PD; QL
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; PD; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; PD; QL
PILOT COVID-19 AT-HOME TEST (brand for advin covid-19 antigen test) - Tier 2; OTC; DME
poly bacitracin (generic for POLYSPORIN) - Tier 1; OTC
POLYSPORIN (brand for double antibiotic) - Tier 2; OTC
PREZISTA ORAL SUSPENSION - Tier 2; DX2RX; QL
PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; DX2RX; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1; OTC
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1; OTC
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1
SPEEDY SWAB COVID-19 ANTIGEN (brand for advin covid-19 antigen test) - Tier 2; OTC; DME
SPIKEVAX - Tier 2; PD; QL
ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; OTC; PD; QL
STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL; DME
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1
SUNLENCA ORAL - Tier 2; QL; AL
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; OTC; QL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; OTC; QL
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; OTC; QL
tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; OTC; QL
tolnaftate external cream (generic for TINACTIN) - Tier 1; OTC; QL
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1; OTC
TRITOLNACIDE C (brand for antifungal (tolnaftate)) - Tier 2; OTC; QL
TROJAN MAGNUM (brand for true cover) - Tier 2; OTC; PD; QL; DME
TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; OTC; PD; QL; DME

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

Preferred Agents**Non-Preferred Agents**

TROJAN ULTRA THIN (brand for true cover) - Tier 2; OTC; PD; QL; DME

TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; OTC; PD; QL; DME

TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; OTC; PD; QL; DME

TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; OTC; PD; QL; DME

TRUE COVER (brand for true cover) - Tier 2; OTC; PD; QL; DME

TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; OTC; PD; QL

TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2; OTC; PD

TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL

UNISTRIP CONTROL (brand for easy plus ii control) - Tier 2; OTC; DME

VAPORIZER WARM STEAM - Tier 2; OTC; QL; DME

VAXELIS - Tier 2; QL

vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL

wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1; OTC

wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1; OTC

WIDE-SEAL DIAPHRAGM 60 - Tier 2; PD; QL; DME

WIDE-SEAL DIAPHRAGM 65 - Tier 2; PD; QL; DME

WIDE-SEAL DIAPHRAGM 70 - Tier 2; PD; QL; DME

WIDE-SEAL DIAPHRAGM 75 - Tier 2; PD; QL; DME

WIDE-SEAL DIAPHRAGM 80 - Tier 2; PD; QL; DME

WIDE-SEAL DIAPHRAGM 85 - Tier 2; PD; QL; DME

WIDE-SEAL DIAPHRAGM 90 - Tier 2; PD; QL; DME

WIDE-SEAL DIAPHRAGM 95 - Tier 2; PD; QL; DME

womans laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

womens laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL

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

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

Molecular Target Inhibitors - Chemotherapy Agents	
---	--

Antineoplastics - Drugs to Treat Cancer	
---	--

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

GAVRETO - Tier 2; PA; SP; PD; CH; QL
 TABRECTA - Tier 2; PA; SP; PD; CH; QL
 TAGRISSO - Tier 2; PA; SP; PD; CH; QL

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

Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA; PD
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL
Ophthalmic Agents, Other	
<i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i> <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> <i>cyclosporine ophthalmic (generic for RESTASIS) - Tier 1; PA; QL</i> 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-POLYCIN 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; QL</i>	CEQUA - Tier 2; PA; QL COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA RESTASIS (brand for cyclosporine) - Tier 2; PA; QL RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL XIIDRA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

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

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

Ophthalmic Anti-allergy Agents

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

Ophthalmic Anti-Infectives

bacitracin ophthalmic - Tier 1; QL
bacitracin-polymyxin b (generic for POLYCYN) - Tier 1; QL
ciprofloxacin hcl ophthalmic - Tier 1; QL
erythromycin ophthalmic - Tier 1; PD; QL
gentamicin sulfate ophthalmic - Tier 1; QL
moxifloxacin hcl (2x day) - Tier 1; QL
moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL
neomycin-bacitracin zn-polymyx (generic for NEO-POLYCYN) - Tier 1
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

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

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

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

Preferred Agents

Non-Preferred Agents

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

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

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

Preferred Agents**Non-Preferred Agents**

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

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

GENTEAL SEVERE - Tier 2; OTC; QL

GENTEAL TEARS MODERATE PF (brand for artificial tears pf) - Tier 2; OTC

GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL

GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2; OTC

GENTEAL TEARS PF (brand for artificial tears pf) - Tier 2; OTC

GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; OTC; QL

HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL

lubricant drops fast act (generic for SYSTANE) - Tier 1; OTC; QL

lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; OTC; QL

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
<i>NAPHCON-A (brand for allergy eye) - Tier 2; OTC</i> <i>VISINE (brand for allergy eye) - Tier 2; OTC</i>	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
<i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; OTC; QL</i> <i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; OTC; QL</i> <i>allergy eye drops (generic for ALAWAY) - Tier 1; OTC; QL</i> <i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; OTC; QL</i> <i>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; OTC; QL</i> <i>ZADITOR (brand for cvs allergy eye drops) - Tier 2; OTC; QL</i>	
Otic Agents	
<i>acetic acid otic - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL</i> <i>hydrocortisone-acetic acid - Tier 1; QL</i> <i>neomycin-polymyxin-hc otic - Tier 1; QL</i> <i>ofloxacin otic - Tier 1; QL</i>	

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

Preferred Agents**Non-Preferred Agents****Otic Agents - Drugs to Treat Ear Conditions****Otic Agents - Drugs for the Ear**

CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2; OTC

CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2; OTC

ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

earwax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC

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

Preferred Agents

Non-Preferred Agents

Respiratory Tract/Pulmonary Agents

Antihistamines

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents**Non-Preferred Agents**

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL
clemastine fumarate oral - Tier 1; QL
complete allergy (generic for BANOPHEN) - Tier 1; OTC; QL
complete allergy medicine (generic for BANOPHEN) - Tier 1; OTC; QL
complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL
complete allergy relief (generic for BANOPHEN) - Tier 1; OTC; QL
CURELIEF (brand for allergy childrens) - Tier 2; OTC; QL
cyproheptadine hcl oral - Tier 1; QL
DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; OTC; QL
DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; OTC; QL
diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL
diphen (generic for BANOPHEN) - Tier 1; OTC; QL
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL
diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL
diphenhydramine hcl oral elixir - Tier 1; QL
diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL
diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; OTC; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

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

Preferred Agents**Non-Preferred Agents**

ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

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

ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

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

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

geri-dryl (generic for BANOPHEN) - Tier 1; OTC; QL

h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL

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

MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; OTC; QL

m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

MM ALLER-BEN (brand for allergy relief) - Tier 2; OTC; QL

NARAMIN (brand for allergy childrens) - Tier 2; OTC; QL

pharbedryl (generic for BANOPHEN) - Tier 1; OTC; QL

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

total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; OTC; QL

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

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

Anti-inflammatories, Inhaled Corticosteroids

<p>ARNUIITY ELLIPTA - Tier 2; QL ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA; QL <i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL</i> FLUTICASONE PROPIONATE HFA - Tier 2; QL <i>fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL; DME</i> <i>mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL; DME</i></p>	<p>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA OMNARIS - Tier 2; PA; QL; DME PULMICORT FLEXHALER - Tier 2; PA; QL QNASL - Tier 2; PA; QL; DME QNASL CHILDRENS - Tier 2; PA; QL; DME QVAR REDIHALER - Tier 2; PA; QL XHANCE - Tier 2; PA; QL; DME</p>
--	--

Antileukotrienes

<p><i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i></p>	<p>ZYFLO - Tier 2; PA</p>
--	---------------------------

Bronchodilators, Anticholinergic

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

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

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

Bronchodilators, Sympathomimetic

albuterol sulfate hfa (generic for VENTOLIN HFA) - Tier 1; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL
 ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL
albuterol sulfate oral syrup - Tier 1; QL
epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL
levalbuterol hcl inhalation - Tier 1; ST; QL
 STRIVERDI RESPIMAT - Tier 2; QL
VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; QL

AUVI-Q (brand for epinephrine) - Tier 2; PA; QL
EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL
EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL
PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL
 PROAIR RESPICLICK - Tier 2; PA; QL
 SEREVENT DISKUS - Tier 2; PA; QL
XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL

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
tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL
 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

Mast Cell Stabilizers

cromolyn sodium inhalation - Tier 1; QL

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

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

Phosphodiesterase Inhibitors, Airways Disease

elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL
roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL
 THEO-24 - Tier 2
theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL
theophylline er oral tablet extended release 12 hour 450 mg - Tier 1
theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL
theophylline er oral tablet extended release 24 hour 600 mg - Tier 1
theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL

Pulmonary Antihypertensives

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

ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL
 ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP
 ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL
 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
pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL
pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL

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

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

Respiratory Tract Agents, Other

acetylcysteine inhalation solution 10 % - Tier 1; QL
acetylcysteine inhalation solution 20 % - Tier 1
 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
promethazine vc - Tier 1; QL; AL
promethazine-phenylephrine - Tier 1; QL; AL

TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2;
 PA; SP; QL

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

4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2; OTC; DME
altamist spray (generic for AYR) - Tier 1; OTC; DME
altarussin (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL
AYR (brand for altamist spray) - Tier 2; OTC; DME
 AYR SALINE NASAL DROPS - Tier 2; OTC; DME
BABY AYR SALINE (brand for altamist spray) - Tier 2; OTC; DME
bromphen-pseudoeph-dm - Tier 1; QL; AL
BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2;
OTC; QL; AL
chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1;
OTC; QL; AL
chest congestion relief oral tablet (generic for XPECT) - Tier 1; OTC
cough & cold (generic for CORICIDIN HBP COUGHICOLD) - Tier 1;
OTC; AL

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

ed bron gp - Tier 1; OTC; AL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; OTC; QL; AL
mucus & chest congestion (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL
mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1; OTC
mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL
mucus relief er (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus relief oral tablet (generic for XPECT) - Tier 1; OTC
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; OTC; DME
nasal four (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME

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

Preferred Agents**Non-Preferred Agents**

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

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

nasal moisturizing spray (generic for AYR) - Tier 1; OTC; DME

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

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

nasal spray saline (generic for AYR) - Tier 1; OTC; DME

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

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

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

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

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

pharbinex (generic for XPECT) - Tier 1; OTC

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

pseudoephedrine-bromphen-dm - Tier 1; QL; AL

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

saline mist spray (generic for AYR) - Tier 1; OTC; DME

saline nasal spray (generic for AYR) - Tier 1; OTC; DME

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2; OTC; DME

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

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

tussin adult oral liquid 200 mg/10ml (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

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

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

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

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

XPECT (brand for chest congestion relief) - Tier 2; OTC

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

Preferred Agents

Non-Preferred Agents

Antihistamines - Allergy Drugs

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

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

Preferred Agents

Non-Preferred Agents

ft all day allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL
ft tussin cf adult (generic for DESGEN DM) - Tier 1; OTC; AL
nohist-lq (generic for ED A-HIST) - Tier 1; OTC; QL; AL
ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; OTC; AL
ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; OTC; AL
tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; OTC; AL
ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; OTC; QL; AL
ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; OTC; QL; AL

Antihistamines - Drugs to Treat Allergies

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents

Non-Preferred Agents

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; QL
FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL
ipratropium-albuterol - Tier 1; QL
STIOLTO RESPIMAT - Tier 2; QL
wixela inhub (generic for WIXELA INHUB) - Tier 1; QL

ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL
ANORO ELLIPTA - Tier 2; PA; QL
BEVESPI AEROSPHERE - Tier 2; PA; QL
BREZTRI AEROSPHERE - Tier 2; PA; QL
COMBIVENT RESPIMAT - Tier 2; PA; QL
DULERA - Tier 2; PA; QL
SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL; AL
TRELEGY ELLIPTA - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Mast Cell Stabilizers - Drugs for the Lungs

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

Respiratory Tract Agents, Other - Asthma/Lung Drugs

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

APRODINE (brand for cold & allergy d max strength) - Tier 2; OTC; 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; OTC; QL; AL

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

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

Preferred Agents**Non-Preferred Agents**

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

cold & allergy - Tier 1; OTC; AL

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

cold & allergy d max strength (generic for APRODINE) - Tier 1; OTC; AL

cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL

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

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

cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL

cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL

cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL

cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL

cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC

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

cough dm childrens oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; OTC; QL; AL

cough dm er (generic for DELSYM) - Tier 1; OTC; QL; AL

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

Preferred Agents**Non-Preferred Agents**

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

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

Preferred Agents

ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL
ft cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; OTC; AL
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; OTC; QL; AL
ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; OTC; QL; DME
ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME
ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
ft tussin dm max adult (generic for DELSYM CGHICHEST CONG DM CHILD) - Tier 1; OTC
g tussin ac - Tier 1; OTC; QL; AL
geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
guaifenesin-codeine - Tier 1; OTC; QL; AL
guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2
ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; OTC; AL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

maxi-tuss ac - Tier 1; OTC; QL; AL

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2; OTC; DME

mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC

mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; OTC; AL

mucus d extended release (generic for MUCINEX D) - Tier 1; OTC; AL

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

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

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

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

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

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

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

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

Preferred Agents

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

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

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

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

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

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

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

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

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

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

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

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

nasal relief nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

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

NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2

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

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

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

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

promethazine-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; OTC; DME

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

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

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

PULMOSAL (brand for sodium chloride) - Tier 2

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

(This column is currently empty)

Sedatives/Hypnotics - Drugs for Sedation and Sleep

Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs

(This column is currently empty)

XYWAV - Tier 2; PA; CH; QL

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

Preferred Agents	Non-Preferred Agents
Skeletal Muscle Relaxants	
<i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i> <i>orphenadrine citrate er - Tier 1; QL</i>	
Sleep Disorder Agents	
Sleep Promoting Agents	
<i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i>	BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA; QL
Wakefulness Promoting Agents	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	<i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; CH; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; CH; QL</i>

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

Preferred Agents

Non-Preferred Agents

Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

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

animal shapes complete (generic for CEROVITE JR) - Tier 1; OTC; QL
ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; OTC; QL
ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL
b-plex plus (generic for ALIVE CALCIUM BONE SUPPORT) - Tier 1; QL
BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; OTC; QL
BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; OTC; QL
BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; OTC; QL
c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL
calcium 600 - Tier 1; OTC; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; OTC; QL
calcium 600-vitamin d3 - Tier 1; OTC; QL
calcium carbonate - Tier 1; OTC; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; OTC; QL
calcium fast dissolution - Tier 1; OTC; QL
calcium high potency - Tier 1; OTC; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; OTC; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1; OTC
cerovite jr (generic for CEROVITE JR) - Tier 1; OTC; QL

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

Preferred Agents**Non-Preferred Agents**

chewable c (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; OTC; QL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; OTC; QL
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; OTC; QL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; OTC; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; OTC; QL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
DEPLIN MA (brand for v-c forte) - Tier 2
EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; OTC; QL
effer-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL
FOLAGENT DHA (brand for v-c forte) - Tier 2
FOLAMED DHA (brand for v-c forte) - Tier 2
fruity c - Tier 1; OTC; QL
ft calcium - Tier 1; OTC; QL
ft vitamin c (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
ft vitamin c/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL
ft zinc chelated (generic for IS-ZC 50) - Tier 1; OTC; QL
klor-con/ef - Tier 1; QL
K-PRIME - Tier 2; QL

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

Preferred Agents**Non-Preferred Agents**

LIVITA ADULTS (brand for support) - Tier 2; QL
MENATROL (brand for v-c forte) - Tier 2
multiple vitamins/iron oral tablet (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
MULTIPRO (brand for v-c forte) - Tier 2
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; OTC; QL
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
OBTREX - Tier 2; OTC
OCUVEL (brand for v-c forte) - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg - Tier 1; OTC; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; OTC; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; OTC; QL
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; OTC; QL
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; OTC; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1; OTC
stress formulal/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL

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

Preferred Agents**Non-Preferred Agents**

SUPPORT (brand for support) - Tier 2; QL
true oyster shell calcium - Tier 1; OTC; QL
TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; OTC; QL
v-c forte (generic for VIC-FORTE) - Tier 1
vic-forte (generic for VIC-FORTE) - Tier 1
vit c/rose hips - Tier 1; OTC; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; OTC; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; OTC; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; OTC; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; OTC; QL
vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; OTC; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; OTC; QL
vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL
vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL
vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; OTC; QL
WELL VITAMIN C (brand for ascorbic acid) - Tier 2; OTC; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; OTC; QL

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

Preferred Agents

Non-Preferred Agents

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

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

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

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

Prior Authorization / Class Criteria

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

Index of Drugs

12 hour allergy-d.....	165	ACCU-CHEK GUIDE KIT W/DEVICE.....	68	acid controller oral tablet 10 mg.....	89
12 hour decongestant.....	170	ACCU-CHEK GUIDE TEST STRIPS.....	68	acid gone.....	91
12 hour nasal decongestant.....	170	ACCU-CHEK SMARTVIEW.....	68	acid reducer oral capsule delayed release...90	
12 hour nasal relief spray.....	170	ACCU-CHEK SMARTVIEW CONTROL.....	68	acid reducer oral tablet.....	89
12 hour nasal spray.....	170	ACCU-CHEK SOFTCLIX LANCET		acid reducer oral tablet 200 mg.....	89
12hr allergy relief.....	166	DEVICE KIT.....	68	acidophilus lactobacillus oral.....	91
24 hour nasal allergy nasal aerosol 55		ACCUTREND GLUCOSE CONTROL.....	68	acidophilus oral capsule , 10 mg.....	91
mcglact.....	169	acetaminophen 8 hour.....	8	acidophilus probiotic oral capsule 10 mg....	91
24hr allergy relief.....	166	acetaminophen 8 hours.....	8	acidophilus probiotic oral tablet , 0.5 mg....	91
3 day vaginal.....	30	acetaminophen 8hr arth pain.....	8	acitretin.....	61
4-WAY FAST ACTING.....	160	acetaminophen 8hr musc ache.....	8	acne control cleanser.....	130
8 hour arthritis pain.....	8	acetaminophen childrens.....	8	acne medication 10 external lotion.....	130
8 hour arthritis relief.....	8	acetaminophen er.....	8	acne medication 5 external lotion.....	130
8 hour pain relief oral tablet extended		acetaminophen ex st oral liquid 500		acne treatment external cream 10 %.....	130
release 650 mg.....	8	mg/15ml.....	8	ACTEMRA ACTPEN.....	124
8 hour pain reliever.....	8	acetaminophen ex st oral tablet 500 mg.....	8	ACTEMRA SUBCUTANEOUS.....	124
8 hr arthritis pain relief.....	8	acetaminophen extra strength oral liquid.....	9	ACTHAR.....	111
8hr arthritis pain relief.....	8	acetaminophen extra strength oral tablet.....	9	ACTHIB.....	128
8hr muscle aches & pain.....	8	acetaminophen infants.....	9	ACTIMMUNE.....	125
8hr muscle aches & pain relief.....	8	acetaminophen oral liquid 160 mg/5ml.....	9	acyclovir external ointment.....	42
a-25.....	80	acetaminophen oral solution 160 mg/5ml,		acyclovir oral.....	42
abacavir sulfate.....	44	325 mg/10.15ml, 650 mg/20.3ml.....	9	ADACEL.....	128
abacavir sulfate-lamivudine.....	44	acetaminophen oral suspension 160		ADALIMUMAB-AATY (2 SYRINGE)	
ABATINEX.....	91	mg/5ml, 650 mg/20.3ml.....	9	SUBCUTANEOUS PREFILLED SYRINGE	
ABILIFY ASIMTUFII.....	41	acetaminophen oral tablet 325 mg.....	9	KIT 40 MG/0.4ML.....	126
ABILIFY MAINTENA.....	41	acetaminophen oral tablet 500 mg.....	9	ADALIMUMAB-ADAZ.....	126
abiraterone acetate oral tablet 250 mg.....	34	acetaminophen oral tablet chewable 160		ADALIMUMAB-ADBM (2 PEN).....	126
ABREVA.....	67	mg.....	9	ADALIMUMAB-ADBM (2 SYRINGE).....	126
ABRYSVO.....	130	acetaminophen rectal suppository 120 mg....	9	ADALIMUMAB-ADBM(CD/UC/HS STRT)..	126
ABSORICA.....	61	acetaminophen rectal suppository 650 mg....	9	ADALIMUMAB-ADBM(PS/UV STARTER).126	
ABSORICA LD.....	61	acetaminophen-codeine oral solution 120-		ADBRY SUBCUTANEOUS SOLUTION	
acamprosate calcium.....	16	12 mg/5ml.....	6	PREFILLED SYRINGE.....	124
acarbose oral.....	47	acetaminophen-codeine oral tablet.....	6	addaprin.....	4
ACCRUFER.....	71	acetaminophen-codeine oral tablet.....	55	ADDERALL XR.....	59
ACCU-CHEK AVIVA DEVICE.....	68	acetazolamide er.....	55	ADEMPAS.....	159
ACCU-CHEK AVIVA PLUS TEST STRIPS..	68	acetazolamide oral.....	55	ADMELOG.....	48
ACCU-CHEK FASTCLIX LANCET KIT.....	68	acetic acid otic.....	151	ADMELOG SOLOSTAR.....	48
ACCU-CHEK GUIDE CONTROL.....	68	acetylcysteine inhalation solution 10 %.....	160	adult 50+ probiotic.....	91
		acetylcysteine inhalation solution 20 %.....	160		

<i>adult probiotic</i>	91	<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	130	<i>allergy relief cetirizine</i>	153
<i>adv acne spot treatment</i>	130	<i>alendronate sodium oral tablet 70 mg</i>	130	<i>allergy relief child</i>	167
ADVAIR HFA.....	169	<i>alfuzosin hcl er</i>	110	<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	153
<i>advanced acne spot treat</i>	130	<i>all day allergy d</i>	165	<i>allergy relief childrens oral solution 5 mg/5ml</i>	167
<i>advanced antacid</i>	91	<i>all day allergy oral tablet 10 mg</i>	153	<i>allergy relief childrens oral tablet chewable 12.5 mg</i>	153
<i>advanced healing external ointment</i>	66	<i>all day allergy relief oral tablet 10 mg</i>	166	<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	165
ADVIL COLD/SINUS.....	170	<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	165	<i>allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	170
ADVIL JUNIOR STRENGTH.....	4	<i>all day pain relief</i>	4	<i>allergy relief d-12</i>	170
ADVIL ORAL TABLET.....	4	<i>all day relief</i>	4	<i>allergy relief d-24</i>	170
ADZENYS XR-ODT.....	59	ALLEGRA ALLERGY.....	166	<i>allergy relief max st</i>	153
<i>afirmelle</i>	114	ALLEGRA HIVES 24HR.....	166	<i>allergy relief nasal decong oral tablet extended release 12 hour</i>	165
AFLURIA.....	130	<i>allerclear</i>	166	<i>allergy relief nasal decong oral tablet extended release 24 hour</i>	170
AFLURIA PRESERVATIVE FREE.....	130	<i>allerclear d-12hr</i>	170	<i>allergy relief oral capsule 25 mg</i>	153
<i>aftera</i>	121	<i>allerclear d-24hr</i>	170	<i>allergy relief oral liquid 25 mg/10ml</i>	153
AIMOVIG.....	32	<i>aller-ease oral tablet 180 mg</i>	166	<i>allergy relief oral tablet 10 mg</i>	167
AJOVY.....	32	<i>aller-fex</i>	166	<i>allergy relief oral tablet 180 mg</i>	167
<i>ala-cort</i>	61	<i>allerg rel child (lorat)</i>	166	<i>allergy relief oral tablet 25 mg</i>	154
ALAWAY.....	151	<i>allerg relief child (lorat)</i>	166	<i>allergy relief oral tablet 60 mg</i>	167
ALAWAY CHILDRENS ALLERGY.....	151	<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	170	<i>allergy relief oral tablet chewable 12.5 mg</i> ..	154
<i>albendazole oral</i>	38	<i>allergy & congestion relief</i>	170	<i>allergy relief oral tablet dispersible 10 mg</i> ..	167
<i>albuterol sulfate hfa</i>	158	<i>allergy (cetirizine)</i>	153	<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	165
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>	158	<i>allergy 24hour indoor/outdoor</i>	153	<i>allergy relief(cetirizine)</i>	154
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	158	<i>allergy 24-hr</i>	167	<i>allergy relief indoor/outdoor oral tablet 180 mg</i>	167
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	158	<i>allergy childrens oral liquid</i>	153	<i>allergy relief nasal decong</i>	171
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION.....	158	<i>allergy childrens oral solution</i>	167	<i>allergy relief nasal decongest oral tablet extended release 12 hour</i>	165
<i>albuterol sulfate oral syrup</i>	158	<i>allergy eye drops</i>	151	<i>allergy relief nasal decongest oral tablet extended release 24 hour</i>	171
<i>alclometasone dipropionate external ointment</i>	61	<i>allergy medication</i>	153	<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	165, 171
ALCOHOL PREP PADS PAD , 70 %.....	130	<i>allergy medicine</i>	153		
ALCOHOL SWABS.....	131	<i>allergy nasal mist no drip</i>	170		
ALECENSA.....	143	<i>allergy oral capsule 25 mg</i>	153		
<i>alendronate sodium oral solution</i>	130	<i>allergy oral liquid 12.5 mg/5ml</i>	153		
		<i>allergy oral tablet 25 mg</i>	153		
		<i>allergy rel child (loratadine)</i>	167		
		<i>allergy relief (cetirizine) oral tablet 10 mg</i> ..	153		
		<i>allergy relief (loratadine) oral tablet</i>	167		
		<i>allergy relief adult</i>	153		

<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	171	<i>aminofen</i>	9	<i>antacid extra strength oral suspension</i>	92
<i>allergy relief-d12</i>	171	<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	53	<i>antacid extra strength oral tablet chewable 160-105 mg</i>	92
<i>allergy spray 24 hour nasal aerosol</i>	169	<i>amitriptyline hcl oral</i>	27	<i>antacid extra strength oral tablet chewable 750 mg</i>	92
<i>allergy/congestion relief</i>	171	AMJEVITA.....	126	<i>antacid fast relief</i>	92
<i>aller-tec</i>	154	AMJEVITA-PED 15KG TO <30KG	126	<i>antacid i</i>	92
<i>aller-tec d</i>	165	<i>amlodipine besylate oral</i>	54	<i>antacid iii</i>	92
<i>allopurinol oral tablet 100 mg, 300 mg</i>	32	<i>amlodipine besylate-benazepril hcl</i>	55	<i>antacid kids</i>	92
<i>almacone double strength</i>	91	<i>amlodipine besylate-valsartan</i>	55	<i>antacid liquid</i>	92
ALOGLIPTIN BENZOATE.....	47	<i>amlodipine-olmesartan</i>	55	<i>antacid m</i>	92
ALOGLIPTIN-METFORMIN HCL.....	47	<i>ammonium lactate external</i>	61	<i>antacid maximum</i>	92
ALOGLIPTIN-PIOGLITAZONE.....	47	<i>amnesteem</i>	61	<i>antacid maximum strength</i>	92
ALORA.....	114	<i>amoxapine</i>	27	<i>antacid maximum strength oral tablet chewable 1000 mg</i>	92
ALPHAGAN P.....	146	<i>amoxicillin</i>	20	<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	92
<i>alprazolam oral tablet</i>	46	<i>amoxicillin-potassium clavulanate</i>	20	<i>antacid oral tablet chewable 1000 mg</i>	92
<i>altachlore ophthalmic ointment</i>	147	<i>amphetamine-dextroamphetamine</i>	59	<i>antacid oral tablet chewable 500 mg</i>	93
<i>altachlore ophthalmic solution</i>	147	<i>amphetamine-dextroamphetamine er</i>	59	<i>antacid oral tablet chewable 750 mg</i>	93
<i>altafrin</i>	144	<i>ampicillin</i>	20	<i>antacid plus antigas</i>	93
<i>altalube</i>	147	<i>anagrelide hcl</i>	51	<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	93
<i>altamist spray</i>	160	ANASPAZ.....	131	<i>antacid ultra strength</i>	93
<i>altarussin</i>	160	<i>anastrozole oral</i>	35	<i>antacid ultra strength oral tablet chewable 1000 mg</i>	93
<i>altarussin dm</i>	171	ANECREAM EXTERNAL CREAM.....	16	<i>antacid/antigas</i>	93
<i>altavera</i>	114	<i>anefrin spray</i>	171	<i>antacid/anti-gas max st</i>	93
ALTRIXA.....	80	<i>animal shapes complete</i>	182	<i>antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	93
<i>alum & mag hydroxide-simeth</i>	91	ANNOVERA.....	114	<i>antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	93
ALUNBRIG.....	143	ANORO ELLIPTA.....	169	<i>antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	93
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT.....	157	<i>antacid & anti-gas max str</i>	91	<i>antacid/gas relief max st</i>	93
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT.....	157	<i>antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	91	<i>antibiotic</i>	131
<i>alyacen 1/35</i>	114	<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	91	<i>antibiotic external ointment 3.5-400-5000</i> ...	22
<i>alyacen 7/7/7</i>	114	<i>antacid & anti-gas oral suspension 400-400-40 mg/5ml</i>	91	<i>anti-diarr/ant-gas</i>	93
<i>alyq</i>	159	<i>antacid & gas relief</i>	91	<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i>	93
<i>amantadine hcl oral capsule</i>	39	<i>antacid advanced</i>	91	<i>anti-diarrheal oral suspension 262 mg/15ml</i>	93
<i>amantadine hcl oral solution</i>	39	<i>antacid anti-gas</i>	91	<i>anti-diarrheal oral tablet 2 mg</i>	88
<i>ambrisentan</i>	159	<i>antacid anti-gas max strength</i>	91		
<i>amiloride hcl oral</i>	56	<i>antacid calcium</i>	92		
<i>amiloride-hydrochlorothiazide</i>	55	<i>antacid calcium rich</i>	92		
<i>aminocaproic acid oral</i>	51	<i>antacid extra str</i>	92		

<i>anti-diarrheal/anti-gas</i>	94	ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin oral tablet 325 mg</i>	131
<i>antifungal (tolnaftate) external cream 1 %</i>	131	SOLUTION PREFILLED SYRINGE 100		<i>aspirin oral tablet chewable 81 mg</i>	131
<i>antifungal external cream</i>	30	MCG/0.5ML, 150 MCG/0.3ML, 200		<i>aspirin oral tablet delayed release 325 mg</i>	131
<i>antifungal external powder</i>	30	MCG/0.4ML, 25 MCG/0.42ML, 300		<i>aspirin oral tablet delayed release 81 mg..</i>	131
<i>antifungal foot care</i>	30	MCG/0.6ML, 40 MCG/0.4ML, 500		ASPIRIN ORAL TABLET DELAYED	
<i>anti-gas oral capsule 180 mg</i>	94	MCG/ML, 60 MCG/0.3ML.....	51	RELEASE 81 MG.....	131
<i>anti-hist allergy</i>	154	AREXVY.....	131	<i>aspirin rectal suppository 300 mg</i>	132
<i>anti-itch aloe</i>	61	<i>aripiprazole oral tablet</i>	41	<i>aspirin regimen</i>	132
<i>anti-itch intensive heal</i>	61	ARISTADA.....	41	<i>astrigent</i>	66
<i>anti-itch max str external cream 1 %</i>	61	ARISTADA INITIO.....	41	<i>astrigent eye drops</i>	147
<i>anti-itch maximum strength external cream</i>		<i>armodafinil</i>	181	<i>astrigent solution</i>	66
<i>1 %</i>	61	ARMOUR THYROID.....	122	<i>atazanavir sulfate</i>	45
<i>anti-nausea</i>	29	ARNUITY ELLIPTA.....	157	<i>atenolol oral</i>	53
<i>anti-nausea relief</i>	29	<i>arthritis pain oral tablet extended release</i>		<i>atenolol-chlorthalidone</i>	55
<i>antiseptic</i>	22	<i>650 mg</i>	9	<i>atheletes foot</i>	30
ANTIVERT ORAL TABLET CHEWABLE		<i>arthritis pain relief oral tablet extended</i>		<i>athletes foot (terbinafine)</i>	30
25 MG.....	28	<i>release 650 mg</i>	9	<i>athletes foot (tolnaftate) external aerosol</i>	
<i>apap-caff-dihydrocodeine</i>	6	<i>arthritis pain reliever oral</i>	10	<i>powder 1 %</i>	132
APIDRA SOLOSTAR.....	48	<i>arthritis pain relieving</i>	131	<i>athletes foot (tolnaftate) external cream 1</i>	
APIDRA VIAL.....	48	<i>artificial tears ophthalmic solution</i>	147	<i>%</i>	132
<i>apra</i>	9	<i>artificial tears pf</i>	147	<i>athletes foot external aerosol powder 2 %</i> ...	30
<i>apraclonidine hcl</i>	146	<i>ascomp-codeine</i>	6	<i>athletes foot external cream 1 %</i>	30
<i>aprepitant</i>	29	<i>ascorbic acid oral liquid</i>	182	<i>athletes foot external powder 2 %</i>	30
<i>apri</i>	114	<i>ascorbic acid oral tablet 500 mg</i>	182	<i>athletes foot powder spray external aerosol</i>	
APRISO.....	129	<i>ashlyna</i>	114	<i>powder 1 %</i>	132
APRODINE.....	171	ASMANEX (120 METERED DOSES).....	157	<i>athletes foot powder spray external aerosol</i>	
APTIOM.....	25	ASMANEX (14 METERED DOSES).....	157	<i>powder 2 %</i>	30
APTIVUS.....	45	ASMANEX (30 METERED DOSES).....	157	<i>athletes foot relief</i>	132
<i>aqueous vitamin d</i>	80	ASMANEX (60 METERED DOSES).....	157	<i>athletes foot spray external aerosol 2 %</i>	31
<i>aranelle</i>	114	ASMANEX HFA.....	157	<i>atomoxetine hcl</i>	58
ARANESP (ALBUMIN FREE) INJECTION		ASPERFLEX LIDOCAINE EXTERNAL		ATORVALIQ.....	56
SOLUTION.....	51	CREAM.....	16	<i>atorvastatin calcium oral</i>	56
ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin childrens</i>	131	<i>atovaquone</i>	38
SOLUTION PREFILLED SYRINGE 10		<i>aspirin ec adult low dose</i>	131	<i>atovaquone-proguanil hcl</i>	38
MCG/0.4ML.....	51	<i>aspirin ec oral tablet 325 mg</i>	131	<i>atropine sulfate ophthalmic solution 1 %</i> ...	144
		<i>aspirin ec oral tablet delayed release 325</i>		ATROVENT HFA.....	157
		<i>mg</i>	131	<i>aubra eq</i>	114
		<i>aspirin ec oral tablet delayed release 81</i>		AUM ALCOHOL PREP PADS.....	132
		<i>mg</i>	131	<i>aurovela 1.5/30</i>	114

<i>aurovela 1/20</i>	114	<i>bacitra-neomycin-polymyxin-hc</i>	144	<i>beauty 360 soothing bath</i>	66
<i>aurovela 24 fe</i>	114	<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	41	BELBUCA.....	6
<i>aurovela fe 1.5/30</i>	114	BAFIERTAM.....	60	BELSOMRA.....	181
<i>aurovela fe 1/20</i>	114	BALCOLTRA.....	114	BENADRYL ALLERGY CHILDRENS ORAL LIQUID.....	154
AURYXIA.....	79	<i>balsalazide disodium</i>	129	BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE.....	154
AUSTEDO.....	59	BALVERSA.....	36	BENADRYL ALLERGY ORAL TABLET.....	154
AUVI-Q.....	158	<i>balziva</i>	114	BENADRYL ALLERGY ULTRATABS.....	154
AVAR-E EMOLLIENT.....	66	<i>banophen oral capsule 25 mg</i>	154	<i>benazepril hcl oral</i>	52
AVEDANA GLYCERIN (ADULT).....	105	<i>banophen oral tablet</i>	154	<i>benazepril-hydrochlorothiazide</i>	55
<i>aviane</i>	114	BAQSIMI ONE PACK.....	48	BENZAC AC WASH.....	133
AVONEX PEN.....	60	BAQSIMI TWO PACK.....	48	BENZNIDAZOLE.....	38
AVONEX PREFILLED.....	60	BARACLUDGE ORAL SOLUTION.....	42	<i>benzonatate oral capsule 100 mg, 200 mg</i>	171
AYR.....	160	BASAGLAR KWIKPEN.....	48	<i>benzoyl peroxide external gel 2.5 %</i>	133
AYR SALINE NASAL DROPS.....	160	BAYER ASPIRIN.....	132	<i>benzoyl peroxide external liquid</i>	133
<i>ayuna</i>	114	BAYER LOW DOSE ORAL TABLET CHEWABLE.....	132	<i>benzoyl peroxide wash external liquid 5 %</i>	133
AZASITE.....	145	<i>baza antifungal</i>	31	<i>benztropine mesylate oral</i>	39
<i>azathioprine oral tablet 50 mg</i>	126	<i>b-complex oral tablet</i>	80	BESIVANCE.....	145
<i>azelaic acid external</i>	61	<i>b-complex with b-12</i>	80	BETADINE EXTERNAL SOLUTION 10 %...22	
<i>azelastine hcl nasal</i>	154	<i>b-complex/b-12 oral</i>	80	<i>betamethasone dipropionate aug</i>	61
<i>azelastine hcl ophthalmic</i>	145	BD AUTOSHIELD DUO PEN NEEDLES.....	68	<i>betamethasone dipropionate external lotion</i>	61
<i>azithromycin oral</i>	21	BD ECLIPSE NEEDLE 25G X 5/8".....	132	<i>betamethasone dipropionate external ointment</i>	61
<i>azo</i>	111	BD PEN NEEDLE MICRO U/F 32G X 6 MM.....	68	<i>betamethasone valerate external cream</i>	62
AZO VAGINAL HEALTH PROBIOTIC.....	94	BD ULTRA-FINE INSULIN SYRINGES68, 133		<i>betamethasone valerate external lotion</i>	62
AZSTARYS.....	59	BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML.....	132	<i>betamethasone valerate external ointment</i> ..	62
<i>azurette</i>	114	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.....	132	BETASERON.....	60
<i>b complex vitamins</i>	80	BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	133	<i>betatemp childrens</i>	10
<i>b complex-b12</i>	80	BD ULTRA-FINE PEN NEEDLES.....	68	<i>betaxolol hcl ophthalmic</i>	146
<i>b-1</i>	186	BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM.....	133	<i>betaxolol hcl oral</i>	53
<i>b-12 oral tablet extended release</i>	186	BD ULTRA-FINE PEN NEEDLES 31G X 8 MM.....	133	<i>bethanechol chloride oral</i>	110
<i>b6</i>	186	<i>beauty 360 pure glycerin</i>	66	BETIMOL.....	146
BABY AYR SALINE.....	160			BEVESPI AEROSPHERE.....	169
<i>baby basics diaper rash</i>	66			<i>bexarotene external</i>	37
<i>bac</i>	6			<i>bexarotene oral</i>	37
<i>bacitracin external</i>	132			BEXSERO.....	128
<i>bacitracin ophthalmic</i>	145			BEYAZ.....	114
<i>bacitracin zinc external</i>	132			<i>bicalutamide</i>	34
<i>bacitracin zinc first aid</i>	132				
<i>bacitracin zinc-aloe</i>	132				
<i>bacitracin-polymyxin b</i>	145				

BIJUVA ORAL CAPSULE 1-100 MG.....	114	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	169	<i>butalbital-asa-caff-codeine</i>	6
BIKTARVY ORAL TABLET 30-120-15 MG..	43	BREZTRI AEROSPHERE.....	169	<i>butalbital-aspirin-caffeine</i>	6
BIKTARVY ORAL TABLET 50-200-25 MG..	43	<i>brillyn</i>	114	<i>butorphanol tartrate nasal</i>	6
BILTRICIDE.....	38	BRILINTA.....	51	BYDUREON BCISE AUTOINJECTOR.....	47
BIOLLE TEARS.....	147	<i>brimonidine tartrate ophthalmic solution</i> 0.15 %.....	146	BYETTA 10 MCG PEN.....	47
BION TEARS PF.....	147	<i>brimonidine tartrate ophthalmic solution 0.2</i> %.....	146	BYETTA 5 MCG PEN.....	47
BIOTINEX.....	94	BRIVIACT ORAL.....	23	BYLVAY.....	89
<i>bisacodyl ec</i>	133	<i>bromphen-pseudoeph-dm</i>	160	BYLVAY (PELLETS).....	89
<i>bisacodyl laxative</i>	133	BRONCHITOL.....	60	<i>c 500/rose hips</i>	182
<i>bisacodyl oral tablet delayed release 5 mg</i>	133	BRUKINSA.....	143	<i>cabergoline</i>	123
<i>bisacodyl rectal</i>	133	BRYHALI.....	62	CABLIVI.....	51
<i>bismuth</i>	94	BUCKLEYS CHEST CONGESTION.....	160	CABOMETYX.....	143
<i>bismuth subsalicylate oral</i>	94	<i>budesonide inhalation</i>	157	<i>caffeine citrate oral</i>	59
<i>bisoprolol fumarate oral</i>	53	<i>budesonide oral</i>	129	<i>cal mag zinc +d3</i>	73
<i>bisoprolol-hydrochlorothiazide</i>	55	<i>bumetanide oral</i>	55	<i>calamine external</i>	67
BLACK-DRAUGHT LAX-SENNA.....	105	<i>buprenorphine</i>	6	<i>calamine external lotion</i>	133
<i>blisovi 24 fe</i>	114	<i>buprenorphine hcl sublingual</i>	7	<i>calamine-zinc oxide external lotion</i>	67
<i>blisovi fe 1.5/30</i>	114	<i>buprenorphine hcl naloxone hcl sublingual</i> <i>film 12-3 mg, 4-1 mg</i>	17	<i>calcipotriene external cream</i>	64
<i>blisovi fe 1/20</i>	114	<i>buprenorphine hcl naloxone hcl sublingual</i> <i>film 2-0.5 mg, 8-2 mg</i>	17	<i>calcipotriene external ointment</i>	64
BLOOD GLUCOSE TEST STRIPS.....	68	<i>buprenorphine hcl naloxone hcl sublingual</i> <i>tablet sublingual</i>	17	<i>calcipotriene external solution</i>	64
BLUESTAR DEVICE (OTC).....	133	<i>bupropion hcl er (sr)</i>	26	<i>calcitonin (salmon) nasal</i>	130
BLUESTAR DEVICE (RX).....	133	<i>bupropion hcl er (xl) oral tablet extended</i> <i>release 24 hour 150 mg, 300 mg</i>	26	<i>calcitriol oral capsule</i>	130
BOLSITOL.....	94	<i>bupropion hcl oral</i>	26	<i>calcitriol oral solution</i>	130
BONINE.....	28	<i>buspirone hcl oral</i>	45	<i>calcium + vitamin d3 oral tablet 500-5 mg-</i> <i>mcg</i>	73
BONINE.....	28	<i>butalbital-acetaminophen oral tablet 50-</i> <i>325 mg</i>	6	<i>calcium + vitamin d3 oral tablet 600-10 mg-</i> <i>mcg</i>	73
BOOSTRIX.....	128	<i>butalbital-apap-caff-cod oral capsule 50-</i> <i>325-40-30 mg</i>	6	<i>calcium 600</i>	182
<i>boro-packs</i>	66	<i>butalbital-apap-caffeine oral capsule 50-</i> <i>325-40 mg</i>	6	<i>calcium 600/vit d3 oral tablet 500-5 mg-</i> <i>mcg</i>	73
<i>bosentan</i>	159	<i>butalbital-apap-caffeine oral tablet</i>	6	<i>calcium + vitamin d3 oral tablet 600-10 mg-</i> <i>mcg</i>	73
BOSULIF.....	143			<i>calcium 600</i>	182
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 %.....	66			<i>calcium 600/vit d/minerals oral tablet 600-</i> <i>200 mg-unit</i>	73
<i>bp 10-1</i>	66			<i>calcium 600/vit d/minerals oral tablet</i> <i>chewable 600-400 mg-unit</i>	73
<i>bp wash external liquid 2.5 %</i>	133			<i>calcium 600/vitamin d</i>	73
<i>b-plex plus</i>	182			<i>calcium 600/vitamin d-3</i>	73
BPROTECTED PEDIA D-VITE.....	80			<i>calcium 600+d oral tablet 600-10 mg-mcg...</i>	74
BPROTECTED PEDIA IRON.....	73			<i>calcium 600+d oral tablet 600-5 mg-mcg...</i>	182
BPROTECTED PEDIA POLY-VITE.....	182			<i>calcium 600-vitamin d3</i>	182
BPROTECTED PEDIA POLY-VITE/FE.....	182			<i>calcium acetate (phos binder)</i>	79
BPROTECTED VITAMIN C.....	182			<i>calcium acetate oral tablet 667 mg</i>	79
BREATHE COMFORT HUMIDIFIER.....	133				

<i>calcium antacid</i>	94	<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i>	75	<i>carteolol hcl</i>	146
<i>calcium antacid extra strength</i>	94	<i>cal-gest antacid</i>	94	<i>cartia xt</i>	54
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	74	CALQUENCE.....	134	<i>carvedilol</i>	53
<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>	74	<i>camila</i>	120	CASTIVA WARMING.....	134
<i>calcium carbonate</i>	182	<i>camrese</i>	114	CAYA.....	134
<i>calcium carbonate antacid oral suspension</i>	94	<i>camrese lo</i>	114	CAYSTON.....	158
<i>calcium carbonate antacid oral tablet</i>	94	<i>capecitabine</i>	37	<i>cefaclor oral capsule</i>	20
<i>calcium carbonate antacid oral tablet chewable</i>	94	CAPRELSA.....	143	<i>cefadroxil</i>	20
<i>calcium carbonate oral tablet 1500 (600 ca) mg</i>	182	<i>capsaicin external cream 0.025 %</i>	134	<i>cefdinir</i>	20
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	182	<i>capsaicin external cream 0.1 %</i>	134	<i>cefixime oral capsule</i>	20
<i>calcium cit plus vit d-3</i>	74	<i>capsaicin hp</i>	134	<i>cefprozil</i>	20
<i>calcium citrate + d3 maximum</i>	74	<i>capsaicin pain relief</i>	134	<i>cefuroxime axetil</i>	20
<i>calcium citrate +d3</i>	74	CAPSAID ES ARTHRITIS RELIEF.....	134	<i>celecoxib oral</i>	4
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	74	<i>captopril oral</i>	52	CENTRUM FLAVOR BURST KIDS.....	134
<i>calcium citrate plus vit d</i>	74	<i>captopril-hydrochlorothiazide</i>	55	CENTRUM KIDS.....	134
<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	74	CAPVAXIVE.....	134	CENTRUM SPECIALIST PRENATAL.....	80
<i>calcium citrate+d3 oral tablet</i>	74	<i>capzix</i>	134	<i>cephalexin oral capsule 250 mg, 500 mg</i>	20
<i>calcium citrate+d3 w/magne</i>	74	<i>carbamazepine er</i>	25	<i>cephalexin oral suspension reconstituted</i>	20
<i>calcium citrate-vit d</i>	74	<i>carbamazepine oral suspension 100 mg/5ml</i>	25	CEQUA.....	144
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	74	<i>carbamazepine oral tablet</i>	25	CERDELGA.....	109
<i>calcium fast dissolution</i>	182	<i>carbamazepine oral tablet chewable 100 mg</i>	25	<i>cerovite jr</i>	182
<i>calcium high potency</i>	182	<i>carbidopa-levodopa er</i>	40	<i>cetiri-d</i>	165
<i>calcium high potency/vitamin d</i>	74	<i>carbidopa-levodopa oral tablet</i>	40	<i>cetirizine allergy relief</i>	154
<i>calcium oral tablet 1500 (600 ca) mg</i>	182	<i>carboxymethylcellulose sodium ophthalmic solution</i>	147	<i>cetirizine hcl oral solution</i>	154
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	182	CAREPOINT POLY HUB NEEDLE 18G X 1".....	50	<i>cetirizine hcl oral tablet</i>	154
<i>calcium plus vitamin d</i>	74	CAREPOINT POLY HUB NEEDLE 25G X 5/8".....	134	<i>cetirizine-pseudoephedrine er</i>	165
<i>calcium plus vitamin d3</i>	74	CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8".....	134	<i>charlotte 24 fe</i>	114
<i>calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg</i>	182	CARESENS CONTROL SOLUTION A/B.....	68	<i>chateal eq</i>	114
<i>calcium/minerals/vitamin d</i>	75	CARETOUCH CONTROL SOL LEVEL 2....	68	CHEMET.....	79
		CARETOUCH HYPODERMIC NEEDLE 25G X 5/8".....	134	CHEMSTRIP 10 MD.....	68
		<i>carglumic acid</i>	72	CHEMSTRIP 10/SG.....	68
				CHEMSTRIP 2 GP.....	68
				CHEMSTRIP 5 OB.....	68
				CHEMSTRIP 7.....	68
				CHEMSTRIP 9.....	68
				CHEMSTRIP K.....	68
				CHEMSTRIP UGK.....	68
				<i>chest congestion relief dm oral syrup</i>	171

<i>chest congestion relief oral liquid</i>	160	<i>ciprofloxacin hcl ophthalmic</i>	145	CLOBEX.....	62
<i>chest congestion relief oral tablet</i>	160	<i>ciprofloxacin hcl oral</i>	21	CLOBEX SPRAY.....	62
<i>chewable c</i>	182	<i>ciprofloxacin-dexamethasone</i>	151	<i>clomiphene citrate oral</i>	122
<i>chewable c with rose hips</i>	183	<i>citalopram hydrobromide oral solution</i>	27	<i>clomipramine hcl oral</i>	27
<i>chewable childrens vitamin</i>	183	<i>citalopram hydrobromide oral tablet</i>	27	<i>clonazepam oral tablet</i>	46
<i>chewy not chalky flavor</i>	94	<i>citroma</i>	105	<i>clonidine hcl er</i>	58
<i>childrens allergy oral liquid 12.5 mg/5ml</i>	154	CITRUCEL.....	105	<i>clonidine hcl oral</i>	52
<i>childrens animal shapes</i>	183	<i>claravis</i>	61	<i>clopidogrel bisulfate oral</i>	51
<i>childrens apap</i>	10	<i>clarithromycin er</i>	21	<i>clorazepate dipotassium</i>	46
<i>childrens aspirin oral tablet chewable 81</i>		<i>clarithromycin oral</i>	21	<i>clotrimazole 3</i>	31
<i>mg</i>	134	CLARITIN-D 12 HOUR.....	171	<i>clotrimazole 7</i>	31
<i>childrens chewables/iron</i>	183	CLARITIN-D 24 HOUR.....	171	<i>clotrimazole external cream 1 %</i>	65
<i>childrens complete oral tablet chewable 18</i>		<i>classic prenatal</i>	80	<i>clotrimazole mouth/throat troche 10 mg</i>	29
<i>mg</i>	183	<i>c-lax laxative</i>	134	<i>clotrimazole solution 1 % external (otc)</i>	65
<i>childrens loratadine oral solution 5 mg/5ml</i>	167	CLEARASIL RAPID RESCUE DEEP		<i>clotrimazole solution 1 % external (rx)</i>	65
<i>childrens non-aspirin</i>	10	EXTERNAL LIQUID.....	134	<i>clotrimazole vaginal cream 1 %</i>	31
<i>childrens soothe</i>	94	CLEARCANAL EARWAX SOFTENER.....	152	<i>clotrimazole-betamethasone</i>	64
<i>childrens vitamins/iron</i>	183	<i>clearlax oral powder 17 gm/scoop</i>	102	<i>clozapine oral tablet</i>	41
<i>childs non-aspirin</i>	10	<i>clearskin</i>	134	<i>codeine sulfate</i>	6
<i>chlordiazepoxide hcl</i>	46	<i>clemastine fumarate oral</i>	155	COLACE.....	105
<i>chlorhexidine gluconate mouth/throat</i>	60	CLENPIQ.....	88	<i>colchicine oral tablet</i>	32
<i>chloroquine phosphate oral</i>	38	CLIMARA.....	114	<i>cold & allergy</i>	172
<i>chlorpromazine hcl oral tablet</i>	40	CLIMARA PRO.....	114	<i>cold & allergy childrens oral elixir 1-15</i>	
<i>chlorthalidone</i>	56	<i>clindamycin hcl oral capsule 150 mg, 300</i>		<i>mg/5ml</i>	172
<i>chlorzoxazone oral tablet 500 mg</i>	181	<i>mg</i>	19	<i>cold & allergy d max strength</i>	172
CHOLBAM.....	109	<i>clindamycin palmitate hcl</i>	19	<i>cold & cough childrens oral liquid 1-5-2.5</i>	
<i>cholestyramine light oral powder</i>	57	<i>clindamycin phosphate external gel</i>	65	<i>mg/5ml, 2.5-1-5 mg/5ml</i>	172
<i>cholestyramine oral powder</i>	57	<i>clindamycin phosphate external lotion</i>	65	<i>cold & sinus</i>	172
CIBINQO.....	67	<i>clindamycin phosphate external solution</i>	65	<i>cold & sinus relief oral tablet 30-200 mg</i>	172
<i>ciclodan</i>	65	<i>clindamycin phosphate vaginal</i>	19	<i>cold/cough</i>	172
<i>ciclopirox external solution</i>	65	CLINDESSE.....	19	<i>cold/cough childrens</i>	172
<i>cilostazol</i>	51	CLINERE EARWAX REMOVAL KIT OTIC		<i>cold/cough dm childrens oral liquid 2.5-1-5</i>	
CIMDUO.....	44	SOLUTION.....	152	<i>mg/5ml</i>	172
<i>cimetidine oral tablet 200 mg</i>	89	<i>clobazam</i>	24	<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> ..	172
<i>cimetidine oral tablet 300 mg, 400 mg, 800</i>		<i>clobetasol propionate e</i>	62	<i>col-rite oral capsule 250 mg</i>	105
<i>mg</i>	89	<i>clobetasol propionate external cream 0.05</i>		COMBIGAN.....	144
<i>cinacalcet hcl</i>	130	<i>%</i>	62	COMBIVENT RESPIMAT.....	169
CIPRO ORAL SUSPENSION		<i>clobetasol propionate external ointment</i>	62	COMETRIQ (100 MG DAILY DOSE).....	143
RECONSTITUTED.....	21	<i>clobetasol propionate external solution</i>	62	COMETRIQ (140 MG DAILY DOSE).....	143

COMETRIQ (60 MG DAILY DOSE).....	143	COTELLIC.....	36	<i>cyclosporine ophthalmic</i>	144
<i>comfort gel</i>	94	<i>cough & chest congestion</i>	172	<i>cyclosporine oral</i>	126
<i>comfort gel antacid anti-gas oral</i>		<i>cough & cold</i>	160	<i>cyproheptadine hcl oral</i>	155
<i>suspension 400-400-40 mg/5ml</i>	94	<i>cough & cold hbp</i>	160	<i>cyred eq</i>	115
COMIRNATY.....	135	<i>cough childrens</i>	172	CYSTAGON.....	109
COMPLERA.....	43	<i>cough dm childrens oral suspension</i>		CYSTARAN.....	144
<i>complete allergy</i>	155	<i>extended release 30 mg/5ml</i>	172	<i>d3 high potency oral capsule 25 mcg, 25</i>	
<i>complete allergy medicine</i>	155	<i>cough dm er</i>	172	<i>mcg (1000 ut)</i>	80
<i>complete allergy medicine oral capsule</i>	155	<i>cough dm oral suspension extended</i>		<i>d3 high potency oral capsule 250 mcg</i>	
<i>complete allergy relief</i>	155	<i>release 30 mg/5ml</i>	172	<i>(10000 ut)</i>	80
CONDOMS.....	135	<i>cough relief oral syrup 15 mg/5ml</i>	161	<i>d3 max st</i>	80
<i>constulose</i>	87	<i>cough/cold hbp</i>	161	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg</i>	
CONTOUR CONTROL SOLUTION.....	135	CREON.....	109	<i>(2000 ut)</i>	80
CONTOUR NEXT EZ KIT W/DEVICE.....	69	CRESEMBA ORAL CAPSULE 186 MG.....	135	<i>d3 oral capsule 125 mcg (5000 ut)</i>	80
CONTOUR NEXT GEN MONITOR KIT.....	69	CRITIC-AID CLEAR AF.....	31	<i>d3 oral capsule 25 mcg (1000 ut)</i>	80
CONTOUR NEXT GEN TEST STRIPS.....	69	<i>cromolyn sodium inhalation</i>	158	<i>d3 oral capsule 250 mcg (10000 ut)</i>	80
CONTOUR NEXT MONITOR KIT		<i>cromolyn sodium nasal</i>	170	<i>d-3-5</i>	80
W/DEVICE.....	69	<i>cromolyn sodium ophthalmic</i>	145	<i>d3-50</i>	80
CONTOUR NEXT ONE KIT.....	69	CRUEX PRESCRIPTION STRENGTH.....	31	<i>dabigatran etexilate mesylate</i>	50
CONTOUR TEST STRIPS.....	69	<i>cryselle-28</i>	114	<i>daily acne wash</i>	135
COOL MIST HUMIDIFER.....	135	CULTURELLE ADULT ULT BALANCE.....	135	<i>daily fiber oral capsule 0.52 gm</i>	102
COPAXONE SUBCUTANEOUS		CULTURELLE DIGESTIVE DAILY PRO... ..	135	<i>daily multiple vitamins</i>	80
SOLUTION PREFILLED SYRINGE 40		CULTURELLE DIGESTIVE HEALTH		<i>daily multivitamins/iron</i>	183
MG/ML.....	60	ORAL CAPSULE.....	135	<i>daily vitamins</i>	81
CORLANOR.....	55	CULTURELLE HEALTH (INULIN).....	135	<i>daily vite</i>	81
<i>corn & callus remover</i>	135	CULTURELLE ULTIMATE STRENGTH....	135	<i>daily vites</i>	81
<i>corn and callus remover</i>	135	CULTURELLE WOMENS 4 IN 1.....	94	<i>daily-vite</i>	81
CORTIFOAM.....	129	<i>curae oral tablet 1.5 mg</i>	121	<i>dalfampridine er</i>	60
<i>cortisone maximum strength external</i>		CURANOL.....	10	<i>danazol oral</i>	113
<i>cream</i>	62	CURELIEF.....	155	<i>dantrolene sodium oral</i>	41
CORTROPHIN.....	111	<i>cyanocobalamin injection solution 1000</i>		DAPAGLIFLOZIN PROPANEDIOL.....	47
COSENTYX SUBCUTANEOUS		<i>mcg/ml</i>	186	<i>dapsone oral</i>	33
SOLUTION AUTO-INJECTOR 150 MG/ML		<i>cyclobenzaprine hcl oral tablet 10 mg, 5</i>		DAPTACEL.....	128
.....	124	<i>mg</i>	181	<i>darunavir</i>	135
COSENTYX SUBCUTANEOUS		<i>cyclopentolate hcl ophthalmic</i>	144	<i>dasatinib</i>	143
SOLUTION PREFILLED SYRINGE 150		<i>cyclophosphamide oral capsule</i>	34	<i>dasetta 1/35 (28)</i>	115
MG/ML, 75 MG/0.5ML.....	124	CYCLOPHOSPHAMIDE ORAL TABLET....	34	<i>dasetta 7/7/7</i>	115
COSENTYX UNOREADY.....	124	<i>cycloserine oral</i>	34	DAURISMO.....	36
COSOPT PF.....	144	<i>cyclosporine modified</i>	126	DAYHIST ALLERGY 12 HOUR RELIEF ...	155

<i>daysee</i>	115	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	111	<i>dicyclomine hcl oral solution</i>	88
DAYVIGO.....	181	<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	111	<i>dicyclomine hcl oral tablet</i>	88
<i>deblitane</i>	120	<i>dexamethasone sodium phosphate ophthalmic</i>	146	DIFFERIN EXTERNAL GEL 0.1 %.....	61
DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	81	DEXCOM G6 RECEIVER.....	69	DIFICID.....	21
DECARA ORAL CAPSULE 625 MCG (25000 UT).....	81	DEXCOM G6 SENSOR.....	69	<i>digestive probiotic oral capsule</i>	95
<i>deep sea nasal spray</i>	161	DEXCOM G6 TRANSMITTER.....	135	<i>digestive probiotic oral capsule 250 mg</i>	95
<i>deferasirox granules</i>	79	DEXCOM G7 RECEIVER.....	69	<i>digoxin oral solution</i>	55
<i>deferasirox oral packet</i>	79	DEXCOM G7 SENSOR.....	69	<i>digoxin oral tablet 125 mcg, 250 mcg</i>	55
<i>deferasirox oral tablet</i>	79	<i>dexmethylphenidate hcl</i>	58	<i>dihydroergotamine mesylate injection</i>	32
<i>deferasirox oral tablet soluble</i>	79	<i>dexmethylphenidate hcl er</i>	58	DILANTIN ORAL CAPSULE 30 MG.....	25
DELSTRIGO.....	43	<i>dextroamphetamine sulfate er</i>	59	<i>diltiazem hcl er beads</i>	54
DELSYM CGH/CHEST CONG DM CHILD.....	173	<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	59	<i>diltiazem hcl er coated beads</i>	54
DELSYM COUGH CHILDRENS.....	173	<i>dextromethorphan polistirex er</i>	173	<i>diltiazem hcl er oral capsule extended release 12 hour</i>	54
DELSYM COUGH/CHEST CONGEST DM.....	173	<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	173	<i>diltiazem hcl er oral capsule extended release 24 hour</i>	54
DELSYM ORAL SUSPENSION EXTENDED RELEASE.....	173	<i>dextromethorphan-guaifenesin oral syrup</i> ..	173	<i>diltiazem hcl oral</i>	54
<i>delyla</i>	115	DHIVY.....	40	<i>dilt-xr</i>	54
DENGVAXIA.....	129	DIALYVITE 800 ORAL TABLET.....	81	<i>dimaphen dm cold/cough</i>	173
DENTA 5000 PLUS.....	72	DIALYVITE VITAMIN D 5000.....	81	DIMETAPP COUGH & ALLERGY CHILD..	155
DENTAGEL.....	72	<i>diamode</i>	88	<i>dimethyl fumarate oral</i>	60
DEPEN TITRATABS.....	110	<i>diaper rash external ointment</i>	66	<i>dimethyl fumarate starter pack</i>	60
DEPLIN MA.....	183	<i>diarrhea</i>	94	DIPENTUM.....	129
DEPO-ESTRADIOL.....	115	<i>diarrhea relief</i>	95	<i>diphedryl allergy</i>	155
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR.....	113	<i>diazepam oral solution</i>	46	<i>diphen</i>	155
DERMELEVE ADVANCED FORMULA.....	135	<i>diazepam oral tablet</i>	46	<i>diphenhydramine hcl childrens</i>	155
DESENEX EXTERNAL POWDER.....	31	<i>diazepam rectal</i>	24	<i>diphenhydramine hcl oral capsule</i>	155
DESENEX JOCK ITCH.....	31	<i>dibromm childrens cold/cgh</i>	173	<i>diphenhydramine hcl oral elixir</i>	155
DESGEN DM ORAL LIQUID.....	165	<i>diclofenac potassium oral tablet 50 mg</i>	4	<i>diphenhydramine hcl oral liquid</i>	155
<i>desipramine hcl oral</i>	27	<i>diclofenac sodium er</i>	4	<i>diphenhydramine hcl oral tablet</i>	155
<i>desmopressin ace spray refig</i>	112	<i>diclofenac sodium external gel 1 %</i>	4	<i>diphenoxylate-atropine</i>	88
<i>desmopressin acetate oral</i>	112	<i>diclofenac sodium external solution 1.5 %</i>	4	<i>dipyridamole oral</i>	51
<i>desmopressin acetate spray</i>	112	<i>diclofenac sodium ophthalmic</i>	146	<i>disopyramide phosphate</i>	53
<i>desogestrel-ethinyl estradiol</i>	115	<i>diclofenac sodium oral</i>	4	<i>disulfiram oral tablet 250 mg</i>	16
<i>dexamethasone intensol</i>	111	<i>dicloxacillin sodium</i>	20	<i>disulfiram oral tablet 500 mg</i>	16
<i>dexamethasone oral elixir</i>	111	<i>dicyclomine hcl oral capsule</i>	88	DIURIL.....	56
<i>dexamethasone oral solution</i>	111			<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	46

<i>divalproex sodium oral capsule delayed release sprinkle</i>	46	DROPSAFE ALCOHOL PREP.....	135	<i>econtra one-step</i>	121
<i>divalproex sodium oral tablet delayed release</i>	46	<i>drosiprenone-ethinyl estradiol</i>	115	ED A-HIST ORAL LIQUID.....	165
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM.....	115	DROXIA ORAL CAPSULE 200 MG, 300 MG.....	51	<i>ed bron gp</i>	161
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM.....	115	DROXIA ORAL CAPSULE 400 MG.....	51	<i>ed chlorped jr</i>	167
<i>dm maximum adult</i>	173	<i>dry-eye relief nighttime</i>	147	<i>ed-apap</i>	10
<i>docosanol external</i>	67	<i>dss</i>	105	EDARBI.....	52
<i>docusate calcium</i>	105	DUAVEE.....	115	EDARBYCLOR.....	55
<i>docusate mini</i>	105	DULERA.....	169	EDURANT.....	43
<i>docusate sodium oral</i>	105	<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	59	<i>efavirenz</i>	43
DOCUZEN.....	105	DUPIXENT.....	124	<i>efavirenz-emtricitab-tenofo df</i>	43
<i>dofetilide</i>	53	DUREX EXTRA SENSITIVE THIN.....	136	<i>efavirenz-lamivudine-tenofovir</i>	43
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	26	DUREX TROPICAL.....	136	<i>effer-k oral tablet effervescent 25 meq</i>	183
<i>donepezil hcl oral tablet 23 mg</i>	26	D-VI-SOL.....	81	EGRIFTA SV.....	112
DOPTELET.....	51	<i>d-vite pediatric</i>	81	<i>electrolyte</i>	75
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	146	DYMISTA.....	155	<i>electrolyte adv care</i>	75
<i>dorzolamide hcl solution 2 % ophthalmic</i>	146	<i>e</i>	186	<i>electrolyte solution</i>	75
<i>dorzolamide hcl-timolol mal</i>	144	<i>e.e.s. 400</i>	21	ELESTRIN.....	115
<i>dotti</i>	115	<i>e-400-clear</i>	186	<i>eletriptan hydrobromide</i>	33
<i>double antibiotic external ointment 500-10000 unit/gm</i>	135	<i>ear drops</i>	152	<i>elinest</i>	115
DOVATO.....	43	<i>ear wax kit</i>	152	ELIQUIS.....	50
<i>doxazosin mesylate oral</i>	52	<i>ear wax removal</i>	152	ELIQUIS DVT/PE STARTER PACK.....	50
<i>doxepin hcl oral capsule</i>	27	<i>ear wax removal system</i>	152	<i>elixophyllin</i>	159
<i>doxepin hcl oral concentrate</i>	27	<i>earwax removal drops</i>	152	ELLA.....	120
<i>doxycycline hyclate oral capsule</i>	21	<i>earwax removal kit otic solution 6.5 %</i>	152	ELMIRON.....	110
<i>doxycycline hyclate oral tablet 100 mg</i>	21	<i>earwax removal otic solution 6.5 %</i>	152	<i>eluryng</i>	115
<i>doxycycline monohydrate oral capsule 100 mg</i>	21	EASIVENT.....	136	EMERGEN-C KIDZ IMMUNE+.....	136
<i>doxycycline monohydrate oral capsule 50 mg</i>	21	EASIVENT MASK LARGE.....	136	EMERGEN-C KIDZ ORAL TABLET CHEWABLE.....	136
DR SMITHS DIAPER.....	66	EASIVENT MASK MEDIUM.....	136	EMETROL ORAL SOLUTION.....	29
<i>driminate</i>	28	EASIVENT MASK SMALL.....	136	EMGALITY.....	32
<i>dronabinol</i>	29	EASY TOUCH HEALTHPRO HIGH/LOW.....	69	EMGALITY (300 MG DOSE).....	32
		EASY-C IMMUNE HEALTH.....	183	EMPAVELI.....	136
		EASYGEL.....	72	<i>emtricitabine</i>	44
		<i>easy-lax plus</i>	105	<i>emtricitabine-tenofovir df</i>	44
		EASYMAX 15 LEVEL 2 CONTROL.....	69	EMTRIVA ORAL SOLUTION.....	44
		EASYMAX 15 LEVEL 2-3 CONTROL.....	69	EMVERM.....	38
		EASYMAX CONTROL.....	136	<i>emzahh</i>	120
		<i>ec-naproxen</i>	4	<i>enalapril maleate oral solution</i>	52
				<i>enalapril maleate oral tablet</i>	52

<i>enalapril-hydrochlorothiazide</i>	55	ERMEZA.....	122	<i>everolimus oral tablet 7.5 mg</i>	36
ENBREL.....	126	<i>errin</i>	120	<i>everolimus oral tablet soluble</i>	36
ENDACOF-DM.....	173	<i>erythromycin base oral</i>	21	EVOTAZ.....	45
ENDARI.....	72	<i>erythromycin ethylsuccinate oral</i>	21	EXCEDRIN EXTRA STRENGTH.....	10
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	6	<i>erythromycin external</i>	65	EXCEDRIN MIGRAINE.....	10
ENDOMETRIN.....	120	<i>erythromycin ophthalmic</i>	145	EXCEDRIN MIGRAINE RELIEF.....	10
<i>enema</i>	95	<i>erythromycin oral</i>	21	<i>exemestane</i>	35
<i>enema disposable</i>	95	ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML.....	41	EX-LAX MAXIMUM STRENGTH.....	105
<i>enema mineral oil</i>	102	<i>escitalopram oxalate oral tablet</i>	27	EX-LAX ULTRA.....	136
<i>enema ready-to-use</i>	95	<i>esomeprazole magnesium oral capsule delayed release</i>	90	<i>eye drops adv relief</i>	147
<i>enema rectal enema 16-6 gm/133ml</i>	95	<i>esomeprazole magnesium oral packet</i>	90	<i>eye drops advanced relief</i>	147
ENEMEEZ MINI.....	105	<i>essential one daily</i>	81	<i>eye drops long lasting</i>	147
ENFAMIL ENFALYTE.....	75	<i>essentials</i>	81	<i>eye drops ophthalmic solution 0.05 %</i>	147
ENFAMIL EXPECTA.....	81	<i>estarylla</i>	115	<i>eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	147
ENGERIX-B.....	128	<i>estradiol oral</i>	115	<i>eye drops ophthalmic solution 0.05-0.25 %</i>	147
<i>enilloring</i>	115	<i>estradiol transdermal patch twice weekly</i>	115	<i>eye itch relief ophthalmic solution 0.035 %</i>	151
<i>enoxaparin sodium</i>	50	<i>estradiol transdermal patch weekly</i>	115	<i>eye lubricant</i>	147
<i>enpresse-28</i>	115	<i>estradiol vaginal</i>	115	<i>eye lubricant nighttime</i>	147
<i>enskyce</i>	115	<i>eszopiclone</i>	181	EYES ALIVE.....	147
ENSTILAR.....	64	<i>ethambutol hcl oral tablet 100 mg</i>	34	EYSUVIS.....	146
<i>entacapone</i>	39	<i>ethambutol hcl oral tablet 400 mg</i>	34	<i>ezetimibe</i>	57
<i>entecavir</i>	42	<i>ethosuximide oral</i>	24	EZFE 200.....	75
<i>enteric aspirin</i>	136	<i>ethynodiol diac-eth estradiol</i>	115	<i>falmina</i>	115
ENTRESTO ORAL TABLET.....	55	<i>etodolac</i>	4	<i>famotidine acid reducer oral tablet 10 mg</i>	89
<i>enulose</i>	87	<i>etonogestrel-ethinyl estradiol</i>	115	<i>famotidine oral suspension reconstituted</i>	89
EPCLUSA.....	42	<i>etoposide oral</i>	35	<i>famotidine oral tablet 10 mg</i>	89
EPIDIOLEX.....	23	<i>etravirine</i>	43	<i>famotidine oral tablet 20 mg</i>	89
EPIDUO FORTE.....	61	EUCRISA.....	62	<i>famotidine oral tablet 40 mg</i>	89
<i>epinephrine injection solution auto-injector</i>	158	EULEXIN.....	34	<i>famotidine orig st</i>	89
EIPEN 2-PAK.....	158	<i>euthyrox</i>	122	FARXIGA.....	47
EIPEN JR 2-PAK.....	158	EVAC.....	102	FASENRA PEN.....	160
<i>epitol</i>	25	EVAMIST.....	115	<i>fast relief laxative</i>	136
EPOGEN.....	51	<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	126	FC2 FEMALE CONDOM.....	136
<i>ergocalciferol oral capsule</i>	183	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg</i>	36	<i>febuxostat</i>	32
ERIVEDGE.....	36			<i>feirza 1.5/30</i>	116
ERLEADA ORAL TABLET 240 MG.....	34			<i>feirza 1/20</i>	116
ERLEADA ORAL TABLET 60 MG.....	34			<i>felbamate oral suspension</i>	23
<i>erlotinib hcl</i>	143			<i>felbamate oral tablet</i>	23

<i>felodipine er</i>	54	FIASP FLEXTOUCH.....	48	FLORANEX TABLET ORAL.....	95
FEMCAP.....	136	FIASP PENFILL.....	48	FLORASTART.....	95
<i>fenofibrate micronized oral capsule 130 mg</i>	56	<i>fiber laxative</i>	105	FLOWFLEX COVID-19 AG HOME TEST..	137
<i>fenofibrate micronized oral capsule 134</i>		<i>fiber laxative + calcium</i>	105	FLUAD.....	137
<i>mg, 200 mg, 67 mg</i>	56	<i>fiber laxative oral capsule 0.52 gm</i>	102	FLUARIX.....	137
<i>fenofibrate oral capsule 134 mg, 200 mg,</i>		<i>fiber oral capsule 0.52 gm</i>	102	FLUCELVAX INTRAMUSCULAR	
<i>67 mg</i>	56	<i>fiber oral powder 28.3 %</i>	102	SUSPENSION PREFILLED SYRINGE.....	137
<i>fenofibrate oral tablet</i>	56	<i>fiber oral powder 58.6 %</i>	102	<i>fluconazole oral</i>	29
FENSOLVI (6 MONTH).....	123	<i>fiber oral tablet 500 mg</i>	105	<i>fludrocortisone acetate oral</i>	111
<i>fentanyl transdermal patch 72 hour 100</i>		<i>fiber oral tablet 625 mg</i>	105	FLULAVAL.....	137
<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>		<i>fiber therapy oral capsule 0.52 gm</i>	102	<i>fluocinolone acetonide body</i>	62
<i>75 mcg/hr</i>	6	<i>fiber therapy oral powder 28.3 %</i>	103	<i>fluocinolone acetonide external cream</i>	
<i>ferate</i>	75	<i>fiber therapy oral tablet 500 mg</i>	105	0.025 %.....	62
FER-IN-SOL.....	75	<i>fiber therapy oral tablet 625 mg</i>	105	<i>fluocinolone acetonide external ointment</i>	62
<i>ferosul</i>	75	<i>fiber-caps</i>	105	<i>fluocinolone acetonide external solution</i>	62
<i>ferretts</i>	75	<i>fiber-lax</i>	105	<i>fluocinolone acetonide scalp</i>	62
<i>ferrex 150 capsule 150 mg oral</i>	75	FINACEA EXTERNAL FOAM.....	61	<i>fluocinonide emulsified base</i>	62
FERREX 150 CAPSULE 150 MG ORAL.....	75	<i>finasteride oral tablet 5 mg</i>	110	<i>fluocinonide external cream</i>	62
FERRIC X-150.....	75	<i>finzolimod hcl</i>	60	<i>fluocinonide external solution</i>	62
<i>ferrous fumarate oral tablet 324 (106 fe)</i>		<i>finzala</i>	116	FLUORIDEX DAILY RENEWAL.....	72
<i>mg, 324 mg</i>	75	<i>first aid antibiotic external ointment , 3.5-</i>		<i>fluorometholone</i>	146
<i>ferrous gluconate</i>	75	<i>400-5000</i>	22	<i>fluorouracil external cream</i>	64
<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	75	<i>first aid antiseptic external solution 10 %</i>	22	<i>fluorouracil external solution</i>	64
<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>		FIRVANQ.....	19	<i>fluoxetine hcl oral capsule</i>	27
<i>mg</i>	75	FLANAX.....	4	<i>fluoxetine hcl oral solution</i>	27
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	76	FLAREX.....	146	<i>fluphenazine decanoate injection</i>	40
<i>ferrous sulfate</i>	76	<i>flecainide acetate</i>	53	<i>fluphenazine hcl injection</i>	40
<i>ferrous sulfate oral solution 75 (15 fe)</i>		FLECTOR.....	4	<i>fluphenazine hcl oral concentrate</i>	40
<i>mg/ml</i>	76	FLEET BISACODYL.....	136	<i>fluphenazine hcl oral elixir</i>	40
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	76	FLEET ENEMA.....	95	<i>fluphenazine hcl oral tablet</i>	40
<i>ferrous sulfate oral tablet delayed release</i> ...	76	FLEET LAXATIVE MINERAL OIL.....	103	<i>flurbiprofen sodium</i>	146
<i>fever reducer/pain reliever</i>	10	FLEET OIL.....	103	FLUTICASONE FUROATE-VILANTEROL	169
<i>fever reducing childrens</i>	10	FLEET PEDIATRIC.....	95	<i>fluticasone propionate external cream</i>	62
<i>feverall childrens</i>	10	FLEET STIMULANT.....	136	<i>fluticasone propionate external ointment</i>	62
FEVERALL INFANTS.....	10	FLEET STOOL SOFTENER.....	105	FLUTICASONE PROPIONATE HFA.....	157
FEVERALL JUNIOR STRENGTH.....	10	FLINTSTONES + EXTRA IRON.....	136	<i>fluticasone propionate nasal</i>	157
<i>fe-vite iron</i>	76	FLINTSTONES COMPLETE.....	136	<i>fluticasone-salmeterol inhalation aerosol</i>	
<i>fexofenadine hcl oral</i>	168	FLORA VANCE.....	95	<i>powder breath activated 100-50 mcg/act,</i>	
FIASP.....	48	<i>floranex tablet oral</i>	95	<i>250-50 mcg/act, 500-50 mcg/act</i>	169

FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	169	<i>ft acid reducer oral capsule delayed release 15 mg</i>	90	<i>ft clearlax</i>	103
<i>fluvoxamine maleate</i>	27	<i>ft acid reducer oral tablet</i>	89	<i>ft clotrimazole</i>	31
FLUZONE HIGH-DOSE.....	137	<i>ft all day allergy</i>	155	<i>ft clotrimazole 3</i>	31
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	137	<i>ft all day allergy 24 hour</i>	155	<i>ft cold & cough relief dm</i>	174
<i>foaming antacid oral tablet chewable 80-20 mg</i>	95	<i>ft all day allergy relief</i>	168	<i>ft docosanol</i>	67
FOLAGENT DHA.....	183	<i>ft all day allergy-d</i>	165	<i>ft double antibiotic</i>	137
FOLAMED DHA.....	183	<i>ft all day pain relief</i>	4	<i>ft earwax removal</i>	152
FOLCYTEINE.....	81	<i>ft all day allergy-d</i>	165	<i>ft earwax removal kit</i>	152
<i>folic acid oral tablet 1 mg</i>	137	<i>ft allergy childrens</i>	168	<i>ft electrolyte</i>	76
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	137	<i>ft allergy d-12 hour</i>	173	<i>ft enema mineral oil</i>	103
FOLLISTIM AQ.....	112	<i>ft allergy relief 12 hour</i>	168	<i>ft enema saline</i>	96
<i>foot & sneaker</i>	137	<i>ft allergy relief 24 hour</i>	168	<i>ft enteric coated aspirin</i>	137
<i>foot care (terbinafine)</i>	31	<i>ft allergy relief cetirizine</i>	156	<i>ft eye drops</i>	147
<i>for sty relief</i>	147	<i>ft allergy relief childrens oral liquid</i>	156	<i>ft fiber laxative</i>	106
FORFIVO XL.....	26	<i>ft allergy relief loratadine</i>	168	<i>ft folic acid</i>	137
<i>fosamprenavir calcium</i>	45	<i>ft allergy relief oral capsule</i>	156	<i>ft gas relief</i>	96
<i>fosinopril sodium</i>	52	<i>ft allergy relief oral tablet 10 mg</i>	168	<i>ft gas relief extra strength</i>	96
<i>fosinopril sodium-hctz</i>	55	<i>ft allergy relief oral tablet 180 mg</i>	168	<i>ft gas relief infants</i>	96
FRAICHE 5000 DENTAL.....	72	<i>ft allergy relief oral tablet 25 mg</i>	156	<i>ft gas relief ultra strength</i>	96
FREE + PURE DAILY PROBIOTIC.....	95	<i>ft allergy relief-d</i>	173	<i>ft gentle laxative</i>	138
FREESTYLE LIBRE 14 DAY READER.....	69	<i>ft antacid & antigas</i>	95	<i>ft glycerin</i>	66
FREESTYLE LIBRE 14 DAY SENSOR.....	69	<i>ft antacid extra strength</i>	95	<i>ft ibuprofen ib childrens</i>	4
FREESTYLE LIBRE 2 READER.....	69	<i>ft antacid regular strength</i>	95	<i>ft ibuprofen infants</i>	4
FREESTYLE LIBRE 2 SENSOR.....	69	<i>ft antibiotic</i>	137	<i>ft ibuprofen oral tablet</i>	4
FREESTYLE LIBRE 3 SENSOR.....	69	<i>ft anti-diarrheal oral tablet</i>	88	<i>ft iron</i>	76
FREESTYLE LIBRE READER.....	69	<i>ft anti-diarrheal/anti-gas</i>	95	<i>ft itch relief max strength external cream</i>	62
FREESTYLE PRECISION NEO TEST.....	69	<i>ft antifungal external cream 1 %</i>	137	<i>ft itch relief/aloe max str</i>	62
FREESTYLE TEST.....	69	<i>ft antifungal external cream 2 %</i>	31	<i>ft laxative</i>	138
<i>freeze dried acidophilus</i>	95	<i>ft arthritis pain reliever</i>	10	<i>ft lice killing max st</i>	39
FRESKARO MAGNESIUM CITRATE.....	105	<i>ft aspirin</i>	137	<i>ft lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	147
<i>fruity c</i>	183	<i>ft aspirin low dose</i>	137	<i>ft lubricant eye drops ophthalmic solution 0.5 %</i>	148
<i>ft 12 hour cough relief</i>	173	<i>ft athletes foot (terbinafine)</i>	31	<i>ft magnesium citrate</i>	106
<i>ft 24 hour nasal allergy</i>	169	<i>ft calcium</i>	183	<i>ft magnesium oxide</i>	76
<i>ft 8 hour pain relief</i>	10	<i>ft calcium + vitamin d3</i>	76	<i>ft miconazole 3 combo pack</i>	29
		<i>ft calcium citrate +vitamin d3</i>	76	<i>ft miconazole 7</i>	29
		<i>ft calcium citrate/vit d3</i>	76	<i>ft migraine relief</i>	11
		<i>ft chest congestion relief</i>	161	<i>ft milk of magnesia</i>	96
		<i>ft childrens multi</i>	137		
		<i>ft children's pain/fever</i>	11		

<i>ft mineral oil</i>	103	<i>ft vitamin b-6</i>	186	<i>gas relief ultra strength</i>	97
<i>ft motion sickness oral tablet 50 mg</i>	28	<i>ft vitamin c</i>	183	<i>gas relief ultstrength</i>	97
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg</i>	161	<i>ft vitamin c/rose hips</i>	183	GAS-X EXTRA STRENGTH ORAL CAPSULE.....	97
<i>ft mucus relief d 12 hour</i>	174	<i>ft vitamin d3 oral tablet 125 mcg (5000 ut)</i> ...	81	GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE.....	97
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	174	<i>ft vitamin d3 oral tablet 25 mcg (1000 ut)</i>	81	GAS-X ULTRA STRENGTH.....	97
<i>ft nasal decongestant max str oral tablet</i> ...	174	<i>ft vitamin d3 oral tablet 50 mcg</i>	81	GATTEX.....	88
<i>ft nasal decongestant max str oral tablet extended release 12 hour</i>	174	<i>ft vitamin d3 rapid release</i>	81	<i>gavilax oral powder</i>	103
<i>ft nasal decongestant pe</i>	161	<i>ft zinc chelated</i>	183	<i>gavilyte-c</i>	88
<i>ft nasal spray</i>	174	<i>full spectrum b/vitamin c</i>	82	<i>gavilyte-g</i>	88
<i>ft nicotine mini</i>	18	FULPHILA.....	51	<i>gavilyte-n with flavor pack</i>	88
<i>ft nicotine mouth/throat</i>	18	<i>fungi-guard</i>	138	GAVISCON EXTRA STRENGTH.....	97
<i>ft nicotine transdermal</i>	17	FUROSCIX.....	55	GAVRETO.....	143
<i>ft pain & fever childrens</i>	11	<i>furosemide oral solution 10 mg/ml</i>	55	<i>gefitinib</i>	143
<i>ft pain & fever infants</i>	11	<i>furosemide oral tablet</i>	55	GELUSIL.....	97
<i>ft pain relief adult extra st</i>	11	FUZEON.....	44	<i>gemfibrozil oral</i>	56
<i>ft pain relief extra strength</i>	11	FYCOMPA.....	23	<i>generlac</i>	87
<i>ft pain relief oral tablet 200 mg</i>	4	FYLNTRA.....	138	<i>gengraf oral capsule</i>	126
<i>ft pain relief oral tablet 325 mg</i>	11	<i>g tussin ac</i>	174	GENOTROPIN.....	112
<i>ft pain reliever ex str adult</i>	11	<i>gabapentin oral capsule</i>	24	GENOTROPIN MINIQUICK.....	112
<i>ft prenatal</i>	81	<i>gabapentin oral tablet 600 mg, 800 mg</i>	24	<i>gentamicin sulfate external</i>	65
<i>ft probiotic</i>	96	<i>galantamine hydrobromide oral solution</i>	26	<i>gentamicin sulfate ophthalmic</i>	145
<i>ft senna laxative</i>	106	<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	26	GENTEAL SEVERE.....	148
<i>ft senna laxatives</i>	106	<i>galantamine hydrobromide oral tablet 4 mg</i>	26	GENTEAL TEARS MODERATE PF.....	148
<i>ft senna-s</i>	106	<i>gallifrey</i>	120	GENTEAL TEARS NIGHT-TIME.....	148
<i>ft stomach relief oral suspension</i>	96	<i>ganirelix acetate</i>	123	GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %.....	148
<i>ft stomach relief oral tablet</i>	96	GARDASIL 9.....	128	GENTEAL TEARS PF.....	148
<i>ft stomach relief oral tablet chewable</i>	96	<i>gas relief extra st</i>	96	GENTEAL TEARS SEVERE DAY/NIGHT.....	148
<i>ft stool softener oral capsule</i>	106	<i>gas relief extra strength oral capsule 125 mg</i>	96	<i>gentle laxative oral suspension 1200 mg/15ml</i>	97
<i>ft stool softener oral tablet 50-8.6 mg</i>	106	<i>gas relief extra strength oral tablet chewable 125 mg</i>	96	<i>gentle laxative oral tablet delayed release 5 mg</i>	138
<i>ft triple antibiotic</i>	22	<i>gas relief extstrength</i>	96	<i>gentle laxative rectal suppository 10 mg</i>	138
<i>ft tussin adult</i>	161	<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	96	<i>gentle laxative womens</i>	138
<i>ft tussin cf adult</i>	166	<i>gas relief infants oral suspension 20 mg/0.3ml</i>	96	<i>genuine aspirin</i>	138
<i>ft tussin dm max adult</i>	174	<i>gas relief oral capsule 125 mg</i>	96	GENVOYA.....	43
<i>ft urinary pain relief</i>	111	<i>gas relief oral tablet chewable 80 mg</i>	97	<i>geri-dryl</i>	156
<i>ft vitamin b-1</i>	186				
<i>ft vitamin b-12 pr</i>	186				

<i>geri-kot</i>	106	<i>glycerin pediatric rectal suppository 1.2 gm</i>	106	<i>hailey fe 1/20</i>	116
<i>geri-lanta maximum strength</i>	97	.....	106	<i>halobetasol propionate external cream</i>	63
<i>geri-lanta oral suspension 200-200-20</i>		<i>glycolax</i>	103	<i>haloette</i>	116
<i>mg/5ml</i>	97	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	88	<i>haloperidol decanoate intramuscular</i>	40
<i>geri-mox</i>	97	GLYXAMBI.....	47	<i>haloperidol oral</i>	40
<i>geri-mox maximum strength</i>	97	<i>gormel</i>	67	HARVONI.....	42
<i>geri-tussin dm oral syrup</i>	174	<i>gormel 10</i>	67	HAVRIX.....	128
<i>geri-tussin oral liquid</i>	161	GRALISE ORAL TABLET 300 MG, 600		<i>headache formula</i>	11
GILENYA ORAL CAPSULE 0.25 MG.....	60	MG.....	59	<i>headache relief</i>	11
GILOTRIF.....	143	<i>griseofulvin microsize oral</i>	29	<i>headache relief extra str</i>	11
<i>giltuss severe sinus</i>	174	<i>griseofulvin ultramicrosize oral tablet 125</i>		<i>healthy hair/skin/nails</i>	82
<i>glatiramer acetate</i>	60	<i>mg, 250 mg</i>	29	<i>heartburn antacid</i>	97
<i>glatopa</i>	60	<i>guaifenesin er oral tablet extended release</i>		<i>heartburn antacid ex st</i>	97
<i>glimpiride oral tablet 1 mg, 2 mg, 4 mg</i>	47	<i>12 hour 1200 mg</i>	161	<i>heartburn prevention oral tablet 10 mg</i>	89
<i>glipizide er</i>	47	<i>guaifenesin oral liquid</i>	161	<i>heartburn relief ex st</i>	98
<i>glipizide oral tablet 10 mg, 5 mg</i>	47	<i>guaifenesin oral tablet 400 mg</i>	161	<i>heartburn relief oral tablet 10 mg</i>	89
<i>glucagon emergency injection kit</i>	48	<i>guaifenesin-codeine</i>	174	<i>heartburn relief oral tablet 200 mg</i>	89
GLUCAGON EMERGENCY INJECTION		<i>guaifenesin-dm oral syrup</i>	174	<i>heartburn relief oral tablet chewable 160-</i>	
SOLUTION RECONSTITUTED.....	48	<i>guanfacine hcl</i>	52	<i>105 mg</i>	98
GLUCO TO GO.....	49	<i>guanfacine hcl er</i>	58	<i>heartland gas relief</i>	98
GLUCO TO GO 15.....	49	GUARDIAN CONNECT TRANSMITTER... 138		<i>heather</i>	120
GLUCOSE CONTROL SOLUTION IN		GUARDIAN LINK 3 TRANSMITTER..... 138		<i>h-e-b aspirin</i>	138
VITRO SOLUTION HIGH , LOW.....	138	GUARDIAN SENSOR (3).....	69	<i>h-e-b childrens allergy</i>	156
GLUCOSE CONTROL SOLUTION IN		GUARDIAN SENSOR 3.....	69	HEMANGEOL.....	53
VITRO SOLUTION NORMAL.....	138	<i>gummy dinos</i>	138	HEMLIBRA.....	52
GLUCOSE CONTROL SOLUTIONS.....	69	<i>gummy multivitamin kids</i>	138	<i>hemorrhoidal rectal suppository 0.25-3-</i>	
<i>glucose oral tablet chewable 4 gm</i>	49	GUTVITE IMMUNE SUPPORT.....	97	<i>85.5 %</i>	67
GLUTOSE 5.....	49	GVOKE HYPOPEN 1-PACK.....	48	<i>heparin sodium (porcine)</i>	50
<i>glyburide micronized</i>	47	GVOKE HYPOPEN 2-PACK.....	48	<i>heparin sodium (porcine) pf</i>	50
<i>glyburide oral</i>	47	GVOKE KIT.....	48	HEPLISAV-B.....	129
<i>glyburide-metformin</i>	47	GVOKE PFS.....	48	<i>her style</i>	121
<i>glycerin (adult) rectal suppository 2 gm</i>	106	GYNAZOLE-1.....	29	<i>hi cal</i>	76
<i>glycerin (infants & children) rectal</i>		<i>habitrol</i>	17	HIBERIX.....	128
<i>suppository 1 gm</i>	106	HADLIMA.....	126	HORIZANT.....	59
<i>glycerin adult rectal suppository 2 gm</i>	106	HADLIMA PUSHTOUCH.....	126	HUMALOG INJECTION.....	48
<i>glycerin child rectal suppository 1 gm, 1.2</i>		HAEGARDA.....	124	HUMALOG JUNIOR KWIKPEN.....	48
<i>gm</i>	106	<i>hailey 1.5/30</i>	116	HUMALOG KWIKPEN.....	48
<i>glycerin childrens</i>	106	<i>hailey 24 fe</i>	116	HUMALOG MIX 75/25.....	48
<i>glycerin external liquid , 99.5 %</i>	66	<i>hailey fe 1.5/30</i>	116	HUMALOG MIX 75/25 KWIKPEN.....	48

HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML.....	126	<i>hydrocortisone/aloë</i>	63	<i>ibuprofen childrens oral tablet chewable 100 mg</i>	4
HUMULIN 70/30 KWIKPEN.....	48	<i>hydrocortisone/aloë max str</i>	63	<i>ibuprofen cold & sinus</i>	174
HUMULIN 70/30 VIAL.....	48	<i>hydrocortisone-acetic acid</i>	151	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	174
HUMULIN N KWIKPEN.....	48	<i>hydrolatum</i>	66	<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	175
HUMULIN N VIAL.....	48	<i>hydromet</i>	138	.....	175
HUMULIN R VIAL.....	48	<i>hydromorphone hcl oral</i>	7	<i>ibuprofen ib oral tablet 200 mg</i>	4
HYCANTIN ORAL.....	35	<i>hydromorphone hcl rectal</i>	7	<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	4
<i>hydralazine hcl oral</i>	57	<i>hydrophor</i>	66	<i>ibuprofen jr oral tablet 100 mg</i>	5
<i>hydrochlorothiazide oral capsule</i>	56	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	38	<i>ibuprofen junior</i>	5
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	56	<i>hydroxyurea oral</i>	35	<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	5
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	56	<i>hydroxyzine hcl oral</i>	45	<i>ibuprofen oral suspension 100 mg/5ml</i>	5
<i>hydrocodone bit-homatrop mbr</i>	138	<i>hydroxyzine pamoate oral</i>	45	<i>ibuprofen oral tablet 200 mg</i>	5
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	7	HYFTOR.....	138	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	5
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>hyoscyamine sulfate er</i>	138	<i>icatibant acetate</i>	124
<i>hydrocortisone (perianal) external cream 2.5 %</i>	129	<i>hyoscyamine sulfate oral</i>	138	<i>iclevia</i>	116
<i>hydrocortisone anti-itch</i>	63	<i>hyoscyamine sulfate sublingual</i>	138	ICLUSIG.....	143
<i>hydrocortisone butyrate external ointment</i> ...	63	<i>hyosyne</i>	138	IDHIFA.....	35
<i>hydrocortisone butyrate external solution</i>	63	HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %.....	174	<i>iferex 150</i>	76
<i>hydrocortisone cream 1 % external (otc)</i>	63	HYPERTET.....	129	IHEALTH CONTROL SOLUTION.....	69
<i>hydrocortisone cream 1 % external (rx)</i>	63	HYPOTEARs.....	148	ILARIS.....	124
<i>hydrocortisone external cream 0.5 %</i>	63	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML.....	126	ILEVRO.....	146
<i>hydrocortisone external cream 1 %</i>	63	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML.....	126	ILUMYA.....	124
<i>hydrocortisone external cream 2.5 %</i>	63	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML.....	126	<i>imatinib mesylate</i>	143
<i>hydrocortisone external lotion 2.5 %</i>	63	HYRIMOZ-CROHNS/UC STARTER.....	126	IMBRUVICA.....	143
<i>hydrocortisone external ointment 0.5 %</i>	63	HYRIMOZ-PED<=40KG.CROHN.STARTER.....	127	<i>imipramine hcl oral</i>	27
<i>hydrocortisone external ointment 1 %</i>	63	HYRIMOZ-PED>/=40KG CROHN START.....	127	<i>imiquimod external cream 5 %</i>	64
<i>hydrocortisone external ointment 2.5 %</i>	63	HYRIMOZ-PLAQ PSOR/UEIT START....	127	IMODIUM A-D ORAL TABLET.....	88
<i>hydrocortisone max st external cream</i>	63	HYRIMOZ-PLAQUE PSORIASIS START..	127	IMODIUM MULTI-SYMPTOM RELIEF.....	98
<i>hydrocortisone max st/12 moist</i>	63	HYSINGLA ER.....	6	INBRIJA.....	40
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	111	IBRANCE.....	36	<i>incassia</i>	120
<i>hydrocortisone plus</i>	63	<i>ibuprofen</i>	4	INCRELEX.....	112
<i>hydrocortisone rectal enema 100 mg/60ml</i>	129			INCRUSE ELLIPTA.....	157

INFANRIX.....	128	INTELENCE ORAL TABLET 25 MG.....	43	JARDIANCE.....	47
<i>infant gas relief</i>	98	<i>intestinex</i>	98	<i>jasmiel</i>	116
INFANTS ADVIL.....	5	<i>introvale</i>	116	<i>jencycla</i>	120
<i>infants gas relief</i>	98	INVEGA HAFYERA.....	41	JENTADUETO.....	47
<i>infants ibuprofen</i>	5	INVEGA SUSTENNA.....	41	JENTADUETO XR.....	47
<i>infants pain & fever</i>	11	INVEGA TRINZA.....	41	<i>jock itch external cream 1 %</i>	31
<i>infants pain relief drops</i>	11	INVELTYS.....	146	<i>jock itch max st</i>	139
<i>infants pain/fever</i>	11	IPOL.....	128	<i>jolessa</i>	116
INFINITY CONTROL IN VITRO		<i>ipratropium bromide inhalation</i>	157	JORNAY PM.....	58
SOLUTION HIGH , LOW.....	139	<i>ipratropium bromide nasal</i>	157	JUBLIA.....	65
INGREZZA ORAL CAPSULE.....	59	<i>ipratropium-albuterol</i>	169	<i>juleber</i>	116
INGREZZA ORAL CAPSULE THERAPY		<i>irbesartan</i>	52	JULUCA.....	43
PACK.....	59	<i>irbesartan-hydrochlorothiazide</i>	55	<i>junel 1.5/30</i>	116
INLYTA.....	143	<i>iron (ferrous sulfate) oral solution</i>	76	<i>junel 1/20</i>	116
INSPIREASE.....	139	<i>iron infant/toddler</i>	76	<i>junel fe oral tablet 1.5-30 mg-mcg</i>	116
INSPIREASE RESERVOIR BAGS.....	139	<i>iron oral tablet 240 (27 fe) mg</i>	76	<i>junel fe oral tablet 1-20 mg-mcg</i>	116
<i>instacort 5</i>	64	<i>iron oral tablet 325 (65 fe) mg</i>	76	<i>junel fe oral tablet 1-20 mg-mcg(24)</i>	116
INSULIN ASPART PROT & ASPART.....	48	ISENTRESS HD.....	43	<i>kalliga</i>	116
INSULIN GLARGINE-YFGN.....	48	ISENTRESS ORAL PACKET.....	43	KALYDECO.....	158
INSULIN LISPRO.....	48	ISENTRESS ORAL TABLET.....	43	KAOPECTATE ORAL TABLET.....	98
INSULIN LISPRO (1 UNIT DIAL).....	49	ISENTRESS ORAL TABLET CHEWABLE..	43	<i>kariva</i>	116
INSULIN LISPRO JUNIOR KWIKPEN.....	49	<i>isibloom</i>	116	<i>kelnor 1/35</i>	116
INSULIN LISPRO PROT & LISPRO.....	49	<i>isoniazid oral</i>	34	<i>kelnor 1/50</i>	116
INSULIN PEN NEEDLES 29G X 12.7MM..	139	<i>isosorbide dinitrate</i>	57	KERENDIA.....	55
INSULIN PEN NEEDLES 29G X 12MM ,		<i>isosorbide mononitrate</i>	57	KESIMPTA.....	60
31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	139	<i>isosorbide mononitrate er</i>	57	<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.....	69	<i>mg</i>	61	<i>ketoconazole oral</i>	29
INSULIN SYRINGES 28G X 1/2" 0.5 ML,		<i>isotretinoin oral capsule 30 mg</i>	61	KETO-DIASTIX.....	69
28G X 1/2" 1 ML.....	139	<i>itraconazole oral</i>	29	KETONE CARE.....	69
INSULIN SYRINGES 29G X 1/2" 0.3 ML,		<i>ivermectin oral</i>	38	KETONE TEST.....	69
29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	139	<i>jaimiess</i>	116	<i>ketoprofen oral capsule 25 mg</i>	5
INSULIN SYRINGES 29G X 1/2" 1 ML,		JAKAFI.....	36	<i>ketorolac tromethamine ophthalmic</i>	
30G X 5/16" 0.5 ML.....	139	<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5</i>		<i>solution 0.4 %</i>	146
INSULIN SYRINGES 30G X 1/2" 1 ML,		<i>mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	50	<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>	50	<i>solution 0.5 %</i>	146
31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML.....	139	JANUMET.....	47	<i>ketorolac tromethamine oral</i>	5
INSULIN SYRINGES 30G X 5/16" 1 ML....	139	JANUMET XR.....	47	KETOSTIX.....	69
INSULIN SYRINGES 32G X 5/16" 1 ML....	139	JANUVIA.....	47	<i>ketotifen fumarate ophthalmic</i>	151

KEVZARA.....	124	<i>lansoprazole capsule delayed release 15 mg oral (otc).....</i>	90	<i>letrozole oral.....</i>	35
KINERET.....	124	<i>lansoprazole capsule delayed release 15 mg oral (rx).....</i>	90	<i>leucovorin calcium oral tablet 10 mg.....</i>	37
KISQALI (200 MG DOSE).....	36	<i>lansoprazole oral capsule delayed release 15 mg.....</i>	90	<i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg.....</i>	37
KISQALI (400 MG DOSE).....	36	<i>lansoprazole oral capsule delayed release 30 mg.....</i>	90	LEUKERAN.....	34
KISQALI (600 MG DOSE).....	36	LANTUS SOLOSTAR.....	49	LEUKINE.....	51
<i>klayesta.....</i>	65	LANTUS U-100 VIAL.....	49	<i>leuprolide acetate injection.....</i>	123
<i>klor-con.....</i>	72	<i>lapatinib ditosylate.....</i>	143	<i>levabuterol hcl inhalation.....</i>	158
<i>klor-con 10.....</i>	72	<i>larin 1.5/30.....</i>	116	LEVBID.....	139
<i>klor-con m10.....</i>	72	<i>larin 1/20.....</i>	117	<i>levetiracetam oral solution.....</i>	23
<i>klor-con m20.....</i>	72	<i>larin 24 fe.....</i>	117	<i>levetiracetam oral tablet.....</i>	23
<i>klor-con/ef.....</i>	183	<i>larin fe 1.5/30.....</i>	117	<i>levobunolol hcl.....</i>	146
KLOXXADO.....	17	<i>larin fe 1/20.....</i>	117	<i>levocetirizine dihydrochloride oral tablet....</i>	156
KOSELUGO.....	36	<i>latanoprost ophthalmic.....</i>	144	<i>levofloxacin oral tablet.....</i>	21
K-PHOS.....	76	LAXACIN.....	106	<i>levonest.....</i>	117
K-PRIME.....	183	<i>laxaclear.....</i>	103	<i>levonorgest-eth estrad 91-day.....</i>	117
KRINTAFEL.....	38	<i>laxative max str.....</i>	106	<i>levonorgestrel.....</i>	121
<i>kurvelo.....</i>	116	<i>laxative oral powder 17 gm/scoop.....</i>	103	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg.....</i>	117
<i>labetalol hcl oral.....</i>	53	<i>laxative oral tablet delayed release 5 mg... </i>	139	<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg.....</i>	117
LAC-HYDRIN FIVE.....	64	<i>laxative pills max st.....</i>	106	<i>levonorg-eth estrad triphasic.....</i>	117
<i>lacosamide oral tablet.....</i>	25	<i>laxative pills oral tablet 25 mg.....</i>	106	<i>levora 0.15/30 (28).....</i>	117
LACTEOL DIARRHEASE.....	98	<i>laxative rectal suppository 10 mg.....</i>	139	<i>levo-t.....</i>	122
<i>lactobacillus oral tablet.....</i>	98	<i>laxative regular strength.....</i>	107	<i>levothyroxine sodium oral tablet.....</i>	122
<i>lacto-pectin.....</i>	98	LEDIPASVIR-SOFOSBUVIR.....	42	<i>levoxyl.....</i>	122
<i>lactulose encephalopathy.....</i>	87	<i>leena.....</i>	117	LIALDA.....	129
<i>lactulose oral solution.....</i>	87	<i>leflunomide oral.....</i>	127	LICART.....	5
LAGEVRIO.....	45	<i>lenalidomide.....</i>	35	<i>lice killing.....</i>	39, 65
LAMISIL AT EXTERNAL CREAM.....	31	LENVIMA (10 MG DAILY DOSE).....	143	<i>lice killing max str.....</i>	39
LAMISIL AT JOCK ITCH.....	31	LENVIMA (12 MG DAILY DOSE).....	143	<i>lice killing maximum strength external shampoo 0.33-4 %.....</i>	39
<i>lamivudine oral solution.....</i>	44	LENVIMA (14 MG DAILY DOSE).....	143	<i>lice killing shampoo max str.....</i>	39
<i>lamivudine oral tablet 100 mg.....</i>	42	LENVIMA (18 MG DAILY DOSE).....	143	<i>lice maximum strength.....</i>	39
<i>lamivudine oral tablet 150 mg, 300 mg.....</i>	44	LENVIMA (20 MG DAILY DOSE).....	143	<i>lice treatment.....</i>	65
<i>lamivudine-zidovudine.....</i>	44	LENVIMA (24 MG DAILY DOSE).....	143	<i>lidocaine external cream 4 %.....</i>	16
<i>lamotrigine oral tablet.....</i>	23	LENVIMA (4 MG DAILY DOSE).....	143	<i>lidocaine external patch 5 %.....</i>	16
<i>lamotrigine oral tablet chewable.....</i>	23	LENVIMA (8 MG DAILY DOSE).....	143	<i>lidocaine hcl external cream 3 %.....</i>	16
<i>lamotrigine starter kit-blue.....</i>	23	<i>lessina.....</i>	117	<i>lidocaine viscous hcl.....</i>	16
<i>lamotrigine starter kit-green.....</i>	23				
<i>lamotrigine starter kit-orange.....</i>	23				
LANCETS.....	70				
LANCETS 28G THIN.....	70				

<i>lidocaine-prilocaine external cream</i>	16	<i>loratadine allergy relief oral tablet 10 mg</i> ...	168	<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	
LIDOCAN.....	16	<i>loratadine allergy relief oral tablet</i>		.....	149
LIDOPIN EXTERNAL CREAM 3 %.....	16	<i>dispersible 10 mg</i>	168	<i>lubricant eye pm</i>	149
LIDOZALL.....	16	<i>loratadine childrens oral solution</i>	168	<i>lubricating eye drops</i>	149
LIDOZALL PLUS.....	16	<i>loratadine oral solution 5 mg/5ml</i>	168	<i>lubricating eye/overnight</i>	149
<i>linezolid oral suspension reconstituted</i>	19	<i>loratadine oral tablet 10 mg</i>	168	<i>lubricating plus pf</i>	149
<i>linezolid oral tablet</i>	19	<i>loratadine oral tablet dispersible 10 mg</i>	168	<i>lubricating tears eye drops</i>	149
LINZESS.....	87	<i>loratadine-d</i>	175	<i>lubrifresh p.m.</i>	149
<i>liothyronine sodium oral</i>	122	<i>loratadine-d 12hr</i>	175	LUMAKRAS ORAL TABLET 120 MG, 320	
<i>liquid acetaminophen</i>	12	<i>loratadine-d 24hr</i>	175	MG.....	38
<i>liquid allergy relief</i>	156	<i>lorazepam oral tablet</i>	46	LUMIGAN.....	144
<i>liquid corn & callus rem</i>	139	LOREEV XR.....	46	LUPKYNIS.....	124
<i>liquid pain relief</i>	12	<i>loryna</i>	117	LUPRON DEPOT (1-MONTH).....	123
<i>liquid wart remover</i>	139	<i>losartan potassium oral</i>	52	LUPRON DEPOT (3-MONTH).....	123
<i>liquid wart remover max st</i>	139	<i>losartan potassium-hctz</i>	55	LUPRON DEPOT (4-MONTH)	
<i>liraglutide</i>	47	LOTEMAX OPHTHALMIC GEL.....	146	INTRAMUSCULAR KIT 30MG.....	123
<i>lisdexamfetamine dimesylate oral capsule</i> ...59		LOTEMAX OPHTHALMIC OINTMENT.....	146	LUPRON DEPOT (6-MONTH)	
<i>lisinopril oral</i>	52	LOTEMAX SM.....	146	INTRAMUSCULAR KIT 45MG.....	123
<i>lisinopril-hydrochlorothiazide</i>	55	<i>lovastatin oral</i>	56	LUPRON DEPOT-PED (1-MONTH).....	123
<i>lithium</i>	46	<i>low-ogestrel</i>	117	LUPRON DEPOT-PED (3-MONTH).....	123
<i>lithium carbonate er</i>	46	<i>loxapine succinate</i>	40	<i>lurasidone hcl</i>	41
<i>lithium carbonate oral</i>	46	<i>lo-zumandimine</i>	117	<i>lutura</i>	117
LIVALO.....	56	<i>lubricant drops fast act</i>	148	LYBALVI.....	27
LIVITA ADULTS.....	183	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	148	<i>lyleq</i>	120
LMX 4.....	16	<i>lubricant drops ophthalmic solution</i>	148	<i>lyllana</i>	117
LO LOESTRIN FE.....	117	<i>lubricant eye drops (pf) ophthalmic solution</i>		LYNPARZA.....	36
<i>lojaimiess</i>	117	<i>0.4-0.3 %</i>	148	LYSODREN.....	122
LOKELMA.....	79	<i>lubricant eye drops (pf) ophthalmic solution</i>		LYUMJEV.....	49
<i>long acting nasal spray</i>	175	<i>0.5 %</i>	148	LYUMJEV KWIKPEN.....	49
<i>long lasting antacid</i>	98	<i>lubricant eye drops ophthalmic solution</i>		<i>lyza</i>	120
<i>long lasting nasal spray</i>	175	<i>0.4-0.3 %</i>	148	MAALOX CHILDRENS.....	98
LONSURF.....	35	<i>lubricant eye drops ophthalmic solution 0.5</i>		MAALOX MAX ORAL SUSPENSION.....	98
<i>loperamide hcl oral capsule</i>	88	<i>%</i>	148	MAALOX MULTI SYMPTOM MAX ST.....	98
<i>loperamide hcl oral tablet</i>	88	<i>lubricant eye drops ophthalmic solution 0.6</i>		<i>mag-al plus</i>	98
<i>loperamide-simethicone</i>	98	<i>%</i>	148	<i>mag-al plus xs</i>	98
<i>lopinavir-ritonavir</i>	45	<i>lubricant eye drops pf</i>	148	<i>magnesium citrate oral solution</i>	107
<i>loradamed</i>	168	<i>lubricant eye drops pf</i>	148	<i>magnesium oral tablet 500 mg</i>	77
<i>lorata-d</i>	175	<i>lubricant eye nighttime</i>	149	<i>magnesium oxide -mg supplement oral</i>	
<i>loratadine</i>	167			<i>tablet 400 (240 mg) mg</i>	77

<i>magnesium oxide -mg supplement oral tablet 500 mg</i>	77	MEDISENSE GLUCOSE KETONE CONTR.....	70	<i>methenamine hippurate</i>	19
<i>magnesium oxide oral tablet 400 mg</i>	139	MEDISENSE HI/MID/LOW CONTROL.....	70	<i>methimazole oral</i>	124
<i>magnesium oxide oral tablet 420 mg</i>	139	MEDPURA ANTIFUNGAL.....	31	<i>methocarbamol oral tablet 500 mg, 750 mg</i>	181
<i>magnesium-oxide</i>	77	MEDPURA BENZOYL PEROXIDE.....	139	<i>methotrexate sodium (pf)</i>	127
<i>malathion</i>	65	MEDROL ORAL TABLET 2 MG.....	111	<i>methotrexate sodium injection</i>	127
MAOX.....	139	<i>medroxyprogesterone acetate intramuscular</i>	120	<i>methotrexate sodium oral</i>	127
<i>mapap acetaminophen extra str</i>	12	<i>medroxyprogesterone acetate oral</i>	120	<i>methoxsalen rapid</i>	64
<i>mapap childrens</i>	12	<i>mefloquine hcl</i>	38	<i>methsuximide</i>	24
<i>mapap oral capsule</i>	12	<i>mega probiotic</i>	99	<i>methyldopa</i>	52
<i>maraviroc</i>	44	<i>megestrol acetate oral suspension 40 mg/ml</i>	121	<i>methylergonovine maleate oral</i>	112
<i>marlissa</i>	117	<i>megestrol acetate oral tablet 20 mg</i>	121	<i>methylphenidate hcl er</i>	58
MASK VORTEX/CHILD/FROG.....	139	<i>megestrol acetate oral tablet 40 mg</i>	121	<i>methylphenidate hcl er (cd)</i>	58
MASK VORTEX/TODDLER/LADYBUG.....	139	<i>meijer allergy relief-d</i>	175	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	58
MATULANE.....	34	<i>meijer anti-diarrheal</i>	88	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	58
MAVYRET ORAL PACKET.....	42	MEKINIST ORAL SOLUTION RECONSTITUTED.....	36	<i>methylphenidate hcl oral tablet</i>	58
MAVYRET ORAL TABLET.....	42	MEKINIST ORAL TABLET.....	36	<i>methylprednisolone oral</i>	111
MAX RELIEF JR CHILD PAIN/FEVER.....	12	<i>meloxicam oral tablet</i>	5	<i>metoclopramide hcl oral solution 5 mg/5ml</i> ..	28
MAX RELIEF JUNIOR.....	12	<i>memantine hcl oral solution</i>	26	<i>metoclopramide hcl oral tablet</i>	28
MAX TUSSIN MUCUS & CHEST CONG...	161	<i>memantine hcl oral tablet</i>	26	<i>metolazone</i>	56
MAXALLERGY KIDS.....	156	MENATROL.....	184	<i>metoprolol succinate er</i>	53
<i>maxi-tuss ac</i>	175	MENOPUR.....	123	<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	53
<i>maxi-tuss gmx</i>	175	MENQUADFI.....	128	<i>metoprolol tartrate oral tablet 25 mg</i>	53
<i>maxi-tuss pe max</i>	161	MENVEO.....	128	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	53
MAYZENT.....	60	<i>mercaptapurine oral tablet</i>	35	<i>metronidazole external</i>	19
MAYZENT STARTER PACK.....	60	<i>mesalamine er</i>	129	<i>metronidazole oral tablet 250 mg, 500 mg</i> ...	19
<i>m-dryl</i>	156	<i>mesalamine rectal</i>	129	<i>metronidazole vaginal</i>	19
<i>meclizine hcl oral tablet 12.5 mg</i>	28	<i>mesna oral</i>	37	<i>mexiletine hcl oral</i>	53
<i>meclizine hcl oral tablet 25 mg</i>	28	<i>metformin hcl er (osm)</i>	47	<i>mibelas 24 fe</i>	117
<i>meclizine hcl oral tablet chewable</i>	28	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	47	<i>micaderm</i>	32
<i>medicated spot</i>	139	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	47	MICATIN.....	32
<i>medifin 400</i>	161	<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	47	<i>miconazole 3</i>	29
<i>medifin mucus relief child</i>	161	<i>methazolamide oral</i>	146	<i>miconazole 3 combo pack</i>	29
<i>medi-first aspirin</i>	139				
<i>medi-first hydrocortisone</i>	64				
<i>medi-first ibuprofen</i>	5				
<i>medi-first triple antibiotic</i>	22				
<i>mediproxen</i>	5				
<i>medique aspirin</i>	139				

<i>miconazole 7 vaginal cream</i>	29	MITIGARE.....	32	<i>moxifloxacin hcl oral</i>	21
<i>miconazole 7 vaginal suppository</i>	30	<i>mm acetaminophen ex str</i>	12	<i>m-pap</i>	12
<i>miconazole antifungal</i>	32	MM ALLER-BEN.....	156	MUCINEX COUGH CHILDRENS.....	175
<i>miconazole nitrate external cream</i>	32	<i>mm allergy relief 24 hour</i>	168	MUCINEX D.....	175
<i>miconazole nitrate vaginal</i>	30	<i>mm arthritis pain</i>	12	MUCINEX D MAX STRENGTH.....	175
<i>miconazorb af</i>	32	<i>mm aspirin</i>	140	MUCINEX DM.....	175
MICRO GUARD.....	32	<i>mm clearlax</i>	104	MUCINEX FAST-MAX CHEST CONG MS	161
<i>microgestin 1.5/30</i>	117	<i>mm stool softener</i>	107	MUCINEX FAST-MAX DM MAX.....	176
<i>microgestin 1/20</i>	117	<i>mm stool softener laxative</i>	107	MUCINEX FAST-MAX SEVERE CON/CG	
<i>microgestin fe 1.5/30</i>	117	M-M-R II.....	128	ORAL LIQUID.....	176
<i>microgestin fe 1/20</i>	118	M-NATAL PLUS.....	82	MUCINEX MAXIMUM STRENGTH.....	161
<i>midodrine hcl</i>	52	<i>modafinil oral</i>	181	MUCINEX SINUS-MAX CLEAR & COOL..	176
<i>mifepristone oral tablet 200 mg</i>	113	MODERNA COVID-19 VAC 6M-11Y.....	140	MUCINEX SINUS-MAX SINUS/ALLRGY..	176
<i>mifepristone oral tablet 300 mg</i>	112	<i>mometasone furoate external</i>	64	<i>mucus & chest congestion</i>	162
MIGERGOT.....	32	<i>mometasone furoate nasal</i>	157	<i>mucus & cough relief child</i>	176
<i>migraine formula oral tablet 250-250-65 mg</i>	12	MONOJECT HYPODERMIC NEEDLE 18G		<i>mucus d</i>	176
<i>migraine headache relief</i>	12	X 1".....	50	<i>mucus d extended release</i>	176
<i>migraine relief</i>	12	<i>mono-lynyah</i>	118	<i>mucus d max st er</i>	176
<i>mili</i>	118	<i>montelukast sodium oral</i>	157	<i>mucus dm</i>	176
<i>milk of magnesia</i>	99	<i>mood support probiotic</i>	99	<i>mucus dm extended release oral tablet</i>	
<i>milk of magnesia oral suspension 1200</i>		<i>morphine sulfate (concentrate) oral</i>		<i>extended release 12 hour 30-600 mg</i>	176
<i>mg/15ml</i>	99	<i>solution 100 mg/5ml</i>	7	<i>mucus er maximum str</i>	162
MINCORA.....	82	<i>morphine sulfate er oral tablet extended</i>		<i>mucus er oral tablet extended release 12</i>	
<i>mineral oil enema</i>	103	<i>release</i>	6	<i>hour 1200 mg</i>	162
<i>mineral oil heavy oral</i>	103	<i>morphine sulfate oral</i>	7	<i>mucus extended release oral tablet</i>	
<i>mineral oil heavy oral oil</i>	103	<i>morphine sulfate rectal</i>	7	<i>extended release 12 hour 1200 mg</i>	162
<i>mineral oil oral oil</i>	103	MOTEGRITY.....	87	<i>mucus relief 12 hour max st</i>	162
<i>mineral oil rectal enema</i>	103	<i>motion sickness oral tablet 50 mg</i>	28	<i>mucus relief chest oral tablet 400 mg</i>	162
<i>mini nicotine</i>	18	<i>motion sickness relief oral tablet 50 mg</i>	28	<i>mucus relief childrens oral liquid 100</i>	
<i>minocycline hcl oral capsule 100 mg, 50</i>		<i>motion sickness relief oral tablet chewable</i>		<i>mg/5ml</i>	162
<i>mg</i>	21	<i>25 mg</i>	28	<i>mucus relief d max strength</i>	176
<i>minoxidil oral</i>	57	<i>motion-time</i>	28	<i>mucus relief d oral tablet extended release</i>	
<i>mintox maximum strength</i>	99	MOTRIN CHILDRENS.....	5	<i>12 hour 120-1200 mg</i>	176
<i>mintox plus</i>	99	MOTRIN IB ORAL TABLET.....	5	<i>mucus relief d oral tablet extended release</i>	
MIRALAX.....	103	MOTRIN INFANTS DROPS.....	5	<i>12 hour 60-600 mg</i>	176
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	26	MOUNJARO.....	140	<i>mucus relief dm max oral liquid 20-400</i>	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	26	MOVANTIK.....	87	<i>mg/20ml, 5-100 mg/5ml</i>	176
MIRVASO.....	61	<i>moxifloxacin hcl (2x day)</i>	145		
<i>misoprostol oral</i>	90	<i>moxifloxacin hcl ophthalmic</i>	145		

<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	176	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR.....	110	<i>nasal mist no drip</i>	177
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	177	MYTESI.....	88	NASAL MOIST NASAL SOLUTION.....	163
<i>mucus relief er</i>	162	<i>nabumetone oral</i>	5	<i>nasal moisturizing spray</i>	163
<i>mucus relief er oral tablet extended release 12 hour 1200 mg</i>	162	<i>nadolol oral</i>	53	<i>nasal relief nasal solution 0.05 %</i>	177
<i>mucus relief max st</i>	162	<i>naloxone hcl injection solution</i>	17	<i>nasal spray 12 hour</i>	177
<i>mucus relief oral tablet</i>	162	<i>naloxone hcl injection solution cartridge</i>	17	<i>nasal spray fast acting</i>	163
<i>mucus-d oral tablet extended release 12 hour 60-600 mg</i>	177	<i>naloxone hcl nasal</i>	17	<i>nasal spray nasal solution 0.05 %</i>	178
<i>mucus-dm</i>	177	<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>	17	<i>nasal spray nasal solution 1 %</i>	163
<i>mucus-er oral tablet extended release 12 hour 1200 mg</i>	162	<i>naltrexone hcl oral</i>	16	<i>nasal spray no drip</i>	178
MULPLETA.....	51	NAMZARIC.....	25	<i>nasal spray saline</i>	163
MULTAQ.....	53	NAPHCAN-A.....	151	NASALCROM.....	170
<i>multi vitamin</i>	82	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG.....	6	NASCOBAL.....	186
<i>multi vitamin w/d-3</i>	82	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	6	NATAZIA.....	118
<i>multiple vitamin-folic acid</i>	82	<i>naproxen dr</i>	6	<i>nateglinide</i>	47
<i>multiple vitamins essential</i>	82	<i>naproxen oral</i>	6	NATESTO.....	113
<i>multiple vitamins/iron oral tablet</i>	184	<i>naproxen sodium oral tablet 220 mg</i>	6	<i>natural daily fiber oral powder 58.6 %</i>	104
MULTIPRO.....	184	NARAMIN.....	156	<i>natural fiber</i>	104
<i>multi-vitamin</i>	82	<i>naratriptan hcl</i>	33	<i>natural fiber oral powder 28.3 %</i>	104
<i>multivitamin infant & toddler oral solution</i>	184	NARCAN.....	17	<i>natural fiber supplement</i>	104
<i>multi-vitamin/iron</i>	184	NASACORT ALLERGY 24HR.....	169	<i>natural senna laxative</i>	107
<i>mupirocin ointment</i>	65	<i>nasal allergy 24 hour</i>	169	<i>natural tears pf</i>	149
MURO 128 OPHTHALMIC OINTMENT.....	149	<i>nasal allergy nasal aerosol 55 mcg/act</i>	169	<i>natural vegetable</i>	104
MURO 128 OPHTHALMIC SOLUTION 5 %.....	149	<i>nasal allergy spray</i>	169	<i>natural vegetable laxative oral tablet 8.6 mg</i>	107
<i>my choice</i>	121	<i>nasal decongestant 12hr</i>	177	<i>natural vitamin e</i>	186
<i>my way</i>	121	<i>nasal decongestant max st oral tablet 30 mg</i>	177	<i>natura-lax</i>	104
<i>mycophenolate mofetil oral</i>	127	<i>nasal decongestant oral tablet 30 mg</i>	177	<i>nausea control</i>	29
<i>mycophenolate sodium</i>	127	<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i>	177	<i>nausea relief oral solution 1.87-1.87-21.5</i>	29
<i>mycophenolic acid</i>	127	<i>nasal decongestant pe oral tablet 10 mg</i>	162	NAYZILAM.....	24
MYFEMBREE.....	87	<i>nasal decongestant pe oral tablet 30 mg</i>	177	<i>nebivolol hcl</i>	53
MYLERAN.....	34	<i>nasal decongestant spray</i>	177	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	178
MYLICON INFANTS GAS RELIEF.....	99	<i>nasal four</i>	162	<i>necon 0.5/35 (28)</i>	118
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER.....	110	<i>nasal four spray</i>	162	NEODOT THERMOMETER.....	140
		<i>nasal mist nasal solution</i>	177	NEOMULTIVITE.....	82
				<i>neomycin sulfate oral</i>	19
				<i>neomycin-bacitracin zn-polymyx</i>	145
				<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	144

<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	144	<i>nicotine gum mouth/throat lozenge 4 mg</i>	18	NIVA-PLUS.....	82
<i>neomycin-polymyxin-gramicidin</i>	145	<i>nicotine mini</i>	18	NIVESTYM.....	51
<i>neomycin-polymyxin-hc otic</i>	151	<i>nicotine mouth/throat gum 2 mg</i>	18	<i>no drip extra moisturizing</i>	178
NEONATAL PLUS.....	82	<i>nicotine mouth/throat gum 4 mg</i>	18	<i>no drip nasal relief</i>	178
NEO-POLYCIN HC.....	144	<i>nicotine mouth/throat lozenge 2 mg</i>	18	<i>no drip nasal spray</i>	178
NEOSPORIN ORIGINAL.....	22	<i>nicotine mouth/throat lozenge 4 mg</i>	18	<i>no drip original 12 hours</i>	178
NEO-SYNEPHRINE COLD/ALLRGY EXT.163		<i>nicotine polacrilex mini</i>	18	NOC DURNA.....	112
<i>nephro vitamins</i>	82	<i>nicotine polacrilex mouth/throat gum 2 mg..</i>	18	<i>nohist-lq</i>	166
NEPHRO-VITE.....	82	<i>nicotine polacrilex mouth/throat gum 4 mg..</i>	18	NOKOR VENTED NEEDLE.....	50
NEULASTA.....	51	<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	19	<i>non-aspirin</i>	12
NEULASTA ONPRO.....	51	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	19	<i>non-aspirin 8 hour</i>	12
NEUPOGEN.....	51	<i>nicotine step 1</i>	17	<i>non-aspirin childrens</i>	12
NEUTEK 2TEK CONTROL.....	70	<i>nicotine step 2</i>	17	<i>non-aspirin extra strength</i>	13
NEUTROGENA OIL-FREE ACNE WASH. 140		<i>nicotine step 3</i>	17	<i>non-aspirin jr strength</i>	13
NEVANAC.....	146	<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	17	<i>non-aspirin pain relief</i>	13
<i>nevirapine</i>	43	<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	17	<i>non-pseudo sinus decongestant</i>	163
<i>nevirapine er</i>	43	<i>nicotine transdermal system</i>	17	<i>nora-be</i>	121
<i>new day</i>	121	<i>nifedipine er</i>	54	NORDITROPIN FLEXPRO.....	112
NEXLETOL.....	57	<i>nifedipine er osmotic release</i>	54	<i>norelgestromin-eth estradiol</i>	118
NEXLIZET.....	57	<i>nifedipine oral</i>	54	<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	118
NEXTSTELLIS.....	87	<i>nighttime dry-eye relief</i>	149	<i>norethin ace-eth estrad-fe oral tablet chewable</i>	118
<i>niacin er (antihyperlipidemic)</i>	57	<i>nighttime relief lub eye</i>	149	<i>norethindrone acetate oral</i>	121
<i>niacin er oral capsule extended release 250 mg</i>	82	<i>nikki</i>	118	<i>norethindrone acet-ethinyl est</i>	118
<i>niacin er oral capsule extended release 500 mg</i>	82	<i>nimodipine oral capsule</i>	54	<i>norethindrone oral</i>	121
<i>niacin er oral tablet extended release 1000 mg</i>	82	NIMODIPINE ORAL SOLUTION.....	54	<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	118
<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	82	NINLARO.....	35	<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	118
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i> ...	82	<i>nitazoxanide oral</i>	38	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	118
NICODERM CQ.....	17	NITRO-BID.....	57	<i>norgestimate-ethinyl estradiol triphasic</i>	118
NICORETTE.....	18	<i>nitrofurantoin macrocrystal</i>	19	NORLIQVA.....	54
NICORETTE MINI.....	18	<i>nitrofurantoin monohydrate macrocrystals</i> ...	19	<i>norlyroc</i>	121
NICORETTE STARTER KIT.....	18	<i>nitrofurantoin oral suspension 25 mg/5ml</i>	20	NORPACE CR.....	53
<i>nicotine gum mouth/throat gum 2 mg</i>	18	<i>nitroglycerin rectal</i>	57	<i>nortrel 0.5/35 (28)</i>	118
<i>nicotine gum mouth/throat gum 4 mg</i>	18	<i>nitroglycerin sublingual</i>	57	<i>nortrel 1/35 (21)</i>	118
<i>nicotine gum mouth/throat lozenge 2 mg</i>	18	<i>nitroglycerin translingual</i>	57	<i>nortrel 1/35 (28)</i>	118
		NITYR.....	109		

<i>nortrel 7/7/7</i>	118	<i>nylia 1/35</i>	118	<i>omeprazole magnesium</i>	90
<i>nortriptyline hcl oral</i>	27	<i>nylia 7/7/7</i>	119	<i>omeprazole magnesium oral capsule</i>	
NORVIR ORAL PACKET.....	45	NYMALIZE.....	54	<i>delayed release</i>	90
<i>nose drops extstrength</i>	163	<i>nystatin external</i>	65	<i>omeprazole oral capsule delayed release</i>	
NOVAREL.....	112	<i>nystatin mouth/throat</i>	30	<i>10 mg, 20 mg, 40 mg</i>	90
NOVOLIN 70/30 FLEXPEN.....	49	<i>nystatin oral</i>	30	<i>omeprazole oral capsule delayed release</i>	
NOVOLIN 70/30 RELION.....	49	<i>nystop</i>	65	<i>20.6 (20 base) mg</i>	90
NOVOLIN 70/30 VIAL.....	49	NYVEPRIA.....	51	OMNARIS.....	157
NOVOLIN N FLEXPEN.....	49	OBSTETRIX DHA.....	83	OMNIFLEX DIAPHRAGM.....	140
NOVOLIN N RELION.....	49	OBTREX.....	184	OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	140
NOVOLIN N VIAL.....	49	OCEAN FOR KIDS.....	163	OMNIPOD 5 DEXG7G6 PODS GEN 5.....	140
NOVOLIN R FLEXPEN.....	49	OCEAN NASAL SPRAY.....	163	OMNITROPE.....	112
NOVOLIN R RELION.....	49	<i>ocella</i>	119	<i>once daily</i>	83
NOVOLIN R VIAL.....	49	<i>octreotide acetate injection solution 100</i>		<i>ondansetron hcl oral solution</i>	29
NOVOLOG FLEXPEN.....	49	<i>mcg/ml, 50 mcg/ml</i>	123	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	29
NOVOLOG FLEXPEN RELION.....	49	<i>octreotide acetate injection solution 1000</i>		<i>ondansetron odt oral tablet dispersible 4</i>	
NOVOLOG MIX 70/30 FLEXPEN.....	49	<i>mcg/ml</i>	123	<i>mg, 8 mg</i>	29
NOVOLOG MIX 70/30 VIAL.....	49	<i>octreotide acetate injection solution 200</i>		<i>one daily</i>	83
NOVOLOG PENFILL.....	49	<i>mcg/ml</i>	123	ONE DAILY ESSENTIALS.....	83
NOVOLOG RELION.....	49	<i>octreotide acetate injection solution 500</i>		ONE VITE CALCIUM + D3.....	77
NOVOLOG U-100 VIAL.....	49	<i>mcg/ml</i>	123	ONE VITE DAILY MULTIVITAMIN.....	83
NUBEQA.....	34	<i>octreotide acetate subcutaneous solution</i>		ONE VITE WOMENS.....	83
NUCALA SUBCUTANEOUS SOLUTION		<i>prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	123	ONE VITE WOMENS PLUS.....	83
AUTO-INJECTOR.....	160	<i>octreotide acetate subcutaneous solution</i>		<i>one-daily multi vitamins</i>	83
NUCALA SUBCUTANEOUS SOLUTION		<i>prefilled syringe 500 mcg/ml</i>	123	<i>one-daily multi-vitamin</i>	83
PREFILLED SYRINGE.....	160	OCUVEL.....	184	<i>one-daily multi-vitamin/iron</i>	184
NUCYNTA.....	7	ODEFSEY.....	44	<i>one-daily/iron</i>	184
NUCYNTA ER.....	6	ODOMZO.....	36	ONELAX.....	140
NUDEXTA.....	59	OFEV.....	159	ONELAX MAGNESIUM CITRATE.....	107
NU-IRON.....	77	<i>ofloxacin ophthalmic</i>	145	ONELAX SENNA.....	107
NULEV.....	140	<i>ofloxacin oral</i>	21	ONETOUCH ULTRA 2 KIT W/DEVICE.....	70
NURTEC.....	33	<i>ofloxacin otic</i>	151	ONETOUCH ULTRA BLUE TEST.....	70
NUTRAPLUS.....	67	<i>ointment base</i>	66	ONETOUCH ULTRA CONTROL.....	70
NUTROPIN AQ NUSPIN 10.....	112	<i>olanzapine oral tablet</i>	41	ONETOUCH ULTRA IN VITRO LIQUID.....	70
NUTROPIN AQ NUSPIN 20.....	112	<i>olmesartan medoxomil oral</i>	52	ONETOUCH ULTRA STRIP IN VITRO.....	70
NUTROPIN AQ NUSPIN 5.....	112	<i>olmesartan medoxomil-hctz</i>	55	ONETOUCH ULTRA TEST STRIPS.....	70
NUVARING.....	118	<i>olopatadine hcl ophthalmic</i>	145	ONETOUCH VERIO FLEX SYSTEM KIT	
NUZYRA ORAL.....	21	OLUMIANT ORAL TABLET 1 MG, 2 MG..	124	<i>W/DEVICE</i>	71
<i>nyamyc</i>	65	<i>omega-3-acid ethyl esters</i>	57	ONETOUCH VERIO IN VITRO LIQUID.....	71

ONETOUCH VERIO IN VITRO LIQUID HIGH.....	140	OTREXUP.....	127	<i>pain & fever childrens oral suspension 160 mg/5ml.....</i>	13
ONETOUCH VERIO REFLECT KIT W/DEVICE.....	71	OVACE PLUS WASH EXTERNAL LIQUID.....	140	<i>pain & fever childrens oral tablet chewable 160 mg.....</i>	13
ONETOUCH VERIO TEST STRIPS.....	71	OVACE WASH.....	140	<i>pain & fever infants.....</i>	13
ONEXTON.....	61	<i>oxaprozin oral tablet.....</i>	6	<i>pain and fever relief kids.....</i>	13
ONGENTYS.....	39	<i>oxazepam.....</i>	46	<i>pain relief childrens oral elixir 160 mg/5ml... </i>	13
<i>opcicon one-step.....</i>	121	<i>oxcarbazepine oral suspension.....</i>	25	<i>pain relief childrens oral suspension.....</i>	13
OPILL.....	140	<i>oxcarbazepine oral tablet.....</i>	25	<i>pain relief childrens oral tablet chewable 160 mg.....</i>	13
OPSUMIT.....	159	<i>oxybutynin chloride er.....</i>	110	<i>pain relief childrens oral tablet chewable 160 mg.....</i>	13
<i>option 2.....</i>	121	<i>oxybutynin chloride oral tablet 5 mg.....</i>	110	<i>pain relief extra st.....</i>	13
OPZELURA.....	67	<i>oxycodone hcl oral concentrate.....</i>	7	<i>pain relief extra strength oral capsule 500 mg.....</i>	13
ORACEA.....	21	<i>oxycodone hcl oral solution.....</i>	7	<i>pain relief extra strength oral liquid 500 mg/15ml.....</i>	13
<i>oralyte.....</i>	77	<i>oxycodone hcl oral tablet 10 mg, 20 mg.....</i>	15	<i>pain relief oral liquid 500 mg/15ml.....</i>	14
ORENCIA CLICKJECT.....	124	<i>oxycodone hcl oral tablet 15 mg, 30 mg.....</i>	15	<i>pain relief oral tablet 325 mg.....</i>	14
ORENCIA SUBCUTANEOUS.....	124	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....	7	<i>pain relief oral tablet extended release 650 mg.....</i>	14
ORENITRAM MONTH 1.....	159	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....</i>	7	<i>pain relief regular strength.....</i>	14
ORENITRAM MONTH 2.....	159	OXYCONTIN.....	6	<i>pain relief rapid burst.....</i>	14
ORENITRAM MONTH 3.....	159	<i>oxymorphone hcl er.....</i>	6	<i>pain reliever ex st oral liquid 500 mg/15ml... </i>	14
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG.....	159	OXYTROL FOR WOMEN.....	110	<i>pain reliever ex st oral tablet 500 mg.....</i>	14
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG.....	159	<i>oysco 500+d.....</i>	77	<i>pain reliever extra strength oral tablet 250-250-65 mg.....</i>	14
ORFADIN.....	109	<i>oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg.....</i>	184	<i>pain reliever extra strength oral tablet 500 mg.....</i>	14
ORGOVYX.....	19	<i>oyster shell calcium plus d.....</i>	77	<i>pain reliever oral suspension 160 mg/5ml... </i>	14
ORIAHNN.....	123	<i>oyster shell calcium w/d.....</i>	77	<i>pain reliever oral tablet 325 mg.....</i>	14
ORILISSA.....	123	<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg.....</i>	184	<i>pain reliever plus.....</i>	14
ORKAMBI.....	158	<i>oyster shell calcium/vit d.....</i>	77	<i>pain-off.....</i>	14
ORLADEYO.....	140	<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg.....</i>	77	PANADOL CHILDRENS.....	15
<i>orphenadrine citrate er.....</i>	181	<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg.....</i>	184	PANADOL EXTRA STRENGTH.....	15
OS-CAL CALCIUM + D3.....	77	<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg.....</i>	77	PANADOL INFANTS.....	15
<i>oseltamivir phosphate oral capsule.....</i>	45	OZEMPIC.....	47	PANOXYL.....	140
<i>oseltamivir phosphate oral suspension reconstituted.....</i>	45	OZEMPIC (2 MG/DOSE).....	47	<i>pantoprazole sodium oral tablet delayed release.....</i>	90
OSPHENA.....	121	<i>p col-rite.....</i>	107	<i>paroxetine hcl oral tablet.....</i>	27
OTEZLA ORAL TABLET 20 MG.....	124	<i>pain & fever child.....</i>	13		
OTEZLA ORAL TABLET 30 MG.....	124				
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG.....	124				

PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %.....	145	PERSERIS.....	41	<i>pink bismuth oral tablet 262 mg</i>	99
PAXLOVID (150/100).....	45	PFIZER COVID-19 VAC-TRIS 5-11Y.....	140	<i>pink bismuth oral tablet chewable 262 mg</i> ...	99
PAXLOVID (300/100).....	45	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	140	<i>pink bismuth ultra str</i>	100
PAXOTIN.....	99	<i>pharbedryl</i>	156	<i>pioglitazone hcl</i>	47
<i>pazopanib hcl</i>	143	PHARBETOL.....	15	PIP GLUCOSE CONTROL SOLUTION.....	71
<i>ped electrolyte freeze pop</i>	77	PHARBETOL EXTRA STRENGTH.....	15	PIQRAY (200 MG DAILY DOSE).....	36
PEDIA-LAX ORAL LIQUID.....	107	<i>pharbinex</i>	163	PIQRAY (250 MG DAILY DOSE).....	36
PEDIALYTE FREEZER POPS.....	77	PHAZYME.....	99	PIQRAY (300 MG DAILY DOSE).....	36
PEDIALYTE IMMUNE SUPPORT.....	77	PHAZYME ULTRA STRENGTH.....	99	<i>pirfenidone oral capsule</i>	159
PEDIALYTE ORAL SOLUTION.....	78	PHEBURANE.....	109	<i>pirfenidone oral tablet 267 mg, 801 mg</i>	159
PEDIALYTE SINGLES.....	78	<i>phenazo</i>	111	<i>piroxicam oral</i>	6
PEDIARIX.....	128	<i>phenazopyridine hcl oral tablet 100 mg,</i> <i>200 mg</i>	111	PLAN B ONE-STEP.....	121
<i>pediatric electrolyte oral solution</i>	78	<i>phenazopyridine hcl oral tablet 95 mg</i>	111	PLEGRIDY INTRAMUSCULAR.....	60
PEDVAX HIB.....	128	<i>phenobarbital oral</i>	24	PLEGRIDY STARTER PACK.....	60
<i>peg 3350 oral powder</i>	104	<i>phenylephrine hcl ophthalmic</i>	144	PLEGRIDY SUBCUTANEOUS.....	60
<i>peg 3350-kcl-na bicarb-nacl</i>	88	<i>phenylephrine hcl oral</i>	163	PLENVU.....	88
<i>peg-3350/electrolytes</i>	88	<i>phenytek</i>	25	<i>plerixafor</i>	51
PEGASYS.....	125	<i>phenytoin infatabs</i>	25	PNEUMOVAX 23.....	129
PENBRAYA.....	140	<i>phenytoin oral</i>	25	<i>podofilox external solution</i>	64
<i>penicillamine oral tablet</i>	110	<i>phenytoin sodium extended</i>	25	<i>poly bacitracin</i>	140
<i>penicillin v potassium</i>	20	<i>phillith</i>	119	<i>polyethylene glycol 3350 oral powder</i>	104
PENTACEL.....	128	PHOSPHA 250 NEUTRAL.....	78	<i>polyethylene glycol 3350-grx oral powder</i>	104
<i>pentamidine isethionate inhalation</i>	38	PHOSPHOLINE IODIDE.....	146	<i>poly-iron 150</i>	78
PENTASA.....	129	<i>phosphorous</i>	78	<i>polymyxin b-trimethoprim</i>	145
<i>pentazocine-naloxone hcl</i>	7	<i>phospho-trin 250 neutral</i>	78	<i>polysaccharide iron complex</i>	78
<i>pentoxifylline er</i>	55	PHOSPHO-TRIN K500.....	78	<i>polysaccharide-iron complex</i>	78
PEPCID AC.....	89	<i>phytonadione oral</i>	83	POLYSPORIN.....	140
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML.....	99	<i>pilocarpine hcl ophthalmic</i>	146	<i>polyvinyl alcohol ophthalmic</i>	149
PERDIEM OVERNIGHT RELIEF.....	107	<i>pilocarpine hcl oral tablet 5 mg</i>	60	POLY-VI-SOL.....	184
PERFOROMIST.....	158	<i>pilocarpine hcl oral tablet 7.5 mg</i>	60	POLY-VITE PEDIATRIC.....	184
<i>periogard</i>	60	PILOT COVID-19 AT-HOME TEST.....	140	POMALYST.....	35
<i>permethrin external</i>	65	<i>pimecrolimus</i>	64	<i>portia-28</i>	119
<i>perphenazine oral</i>	28	<i>pimozide</i>	40	<i>potassium chloride crys er oral tablet</i> <i>extended release 10 meq</i>	72
<i>perphenazine-amitriptyline oral tablet 2-10</i> <i>mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	26	<i>pimtrea</i>	119	<i>potassium chloride crys er oral tablet</i> <i>extended release 20 meq</i>	72
<i>perphenazine-amitriptyline oral tablet 2-25</i> <i>mg</i>	26	<i>pindolol</i>	53	<i>potassium chloride er oral capsule</i> <i>extended release 10 meq</i>	72
		<i>pink bismuth maximum strength</i>	99		
		<i>pink bismuth oral suspension 262 mg/15ml</i>	99		
		<i>pink bismuth oral suspension 525 mg/15ml</i>	99		

<i>potassium chloride er oral tablet extended release 10 meq</i>	72	<i>prednisone oral tablet therapy pack 10 mg (21)</i>	112	<i>probenecid</i>	32
<i>potassium chloride er oral tablet extended release 20 meq</i>	72	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	112	<i>probiotic acidophilus oral capsule</i>	100
<i>potassium chloride er oral tablet extended release 8 meq</i>	72	<i>pregabalin oral</i>	59	<i>probiotic blend</i>	100
<i>potassium chloride oral</i>	72	PREGNYL.....	112	<i>probiotic colon care</i>	100
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	72	PREMARIN ORAL.....	119	<i>probiotic complex</i>	100
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	72	PREMARIN VAGINAL.....	119	<i>probiotic digestive support</i>	140
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	72	PREMPHASE.....	119	<i>probiotic maximum strength</i>	100
<i>potassium citrate-citric acid</i>	78	PREMPRO.....	119	<i>probiotic oral capsule</i>	100
<i>povidone iodine</i>	22	<i>prenatal formula</i>	83	<i>probiotic oral capsule 250 mg</i>	100
<i>povidone-iodine external solution</i>	22	<i>prenatal formula oral tablet 28-0.8 mg</i>	83	<i>probiotic pearls ex st</i>	100
PRADAXA ORAL CAPSULE.....	50	<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	184	<i>prochlorperazine</i>	28
PRALUENT.....	57	<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	83	<i>prochlorperazine maleate oral</i>	28
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> ...	39	<i>prenatal multi+dha</i>	83	PROCRIT.....	51
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	39	<i>prenatal multivitamin</i>	83	PROCTOFOAM HC.....	64
<i>prasugrel hcl</i>	51	<i>prenatal multivitamins</i>	83	<i>procto-med hc</i>	129
<i>pravastatin sodium</i>	56	<i>prenatal oral tablet 27-0.8 mg</i>	83	<i>progesterone oral</i>	121
<i>praziquantel oral</i>	38	<i>prenatal oral tablet 27-1 mg</i>	83	PROLENSA.....	146
<i>prazosin hcl oral</i>	52	<i>prenatal oral tablet 28-0.8 mg</i>	83	PROMACTA.....	51
PRECISION GLUCOSE KETONE CONTR.....	71	<i>prenatal vitamins oral tablet 28-0.8 mg</i>	83	<i>promethazine hcl oral solution 6.25 mg/5ml</i>	28
PRECISION XTRA BLOOD GLUCOSE.....	71	<i>prenatal/iron</i>	83	<i>promethazine hcl oral tablet</i>	28
<i>prednisolone acetate ophthalmic</i>	146	PREVACID 24HR.....	90	<i>promethazine hcl rectal</i>	28
PREDNISOLONE ACETATE P-F.....	146	<i>prevalite oral powder</i>	57	<i>promethazine vc</i>	160
<i>prednisolone oral solution</i>	111	PREVIDENT.....	72	<i>promethazine-codeine oral solution</i>	178
<i>prednisolone sodium phosphate ophthalmic</i>	146	PREVIDENT 5000 DRY MOUTH.....	73	<i>promethazine-dm</i>	178
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	111	PREVIDENT 5000 PLUS.....	73	<i>promethazine-phenylephrine</i>	160
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	111	PREVNAR 20.....	129	PROMETHEGAN RECTAL SUPPOSITORY 50 MG.....	28
<i>prednisone oral solution</i>	111	PREZCOBIX.....	45	PRONUTRIENTS VITAMIN D3.....	84
<i>prednisone oral tablet</i>	112	PREZISTA ORAL SUSPENSION.....	140	<i>propafenone hcl</i>	53
		PREZISTA ORAL TABLET 150 MG, 75 MG.....	140	<i>propranolol hcl er</i>	53
		PRIFTIN.....	34	<i>propranolol hcl oral solution 20 mg/5ml</i>	53
		<i>primaquine phosphate</i>	38	<i>propranolol hcl oral solution 40 mg/5ml</i>	53
		<i>primidone oral tablet 250 mg, 50 mg</i>	24	<i>propranolol hcl oral tablet</i>	53
		PRIORIX.....	128	<i>propylthiouracil oral</i>	124
		PROAIR RESPICLICK.....	158	PROQUAD.....	128
				PROXIVOL.....	16
				<i>pseudoephedrine hcl 12 hr</i>	178
				<i>pseudoephedrine hcl er</i>	178
				<i>pseudoephedrine hcl oral tablet 30 mg</i>	178

<i>pseudoephedrine-bromphen-dm</i>	163	RAVICTI.....	109	<i>rifabutin</i>	33
<i>pseudoephedrine-guaifenesin er</i>	178	RAYALDEE.....	130	<i>rifampin oral</i>	34
PULMICORT FLEXHALER.....	157	<i>react</i>	121	<i>riluzole</i>	59
PULMOSAL.....	178	<i>ready-to-use enema rectal enema</i>	100	<i>rimantadine hcl</i>	45
PULMOZYME.....	158	<i>reclipsen</i>	119	RINVOQ.....	125
PURE & GENTLE LUBRICANT.....	149	RECOMBIVAX HB.....	128	RINVOQ LQ.....	125
<i>purelax oral powder</i>	104	<i>refenesen 400</i>	163	RISAQUAD.....	100
PYLERA.....	88	REFRESH LACRI-LUBE.....	149	RISAQUAD-2.....	100
<i>pyrazinamide oral</i>	34	REFRESH PLUS.....	149	<i>risperidone microspheres er</i>	41
<i>pyridostigmine bromide er</i>	33	REFRESH TEARS.....	149	<i>risperidone oral solution</i>	41
<i>pyridostigmine bromide oral solution</i>	33	REHYDRALYTE.....	78	<i>risperidone oral tablet</i>	41
<i>pyridostigmine bromide oral tablet 60 mg</i>	33	RELENZA DISKHALER.....	45	<i>ritonavir</i>	45
<i>pyridoxine hcl oral</i>	186	RELEUKO.....	51	<i>rivastigmine</i>	26
<i>pyrimethamine oral</i>	38	RELEXXII ORAL TABLET EXTENDED		<i>rivastigmine tartrate</i>	26
QELBREE.....	46	RELEASE 45 MG, 63 MG, 72 MG.....	58	<i>rizatriptan benzoate</i>	33
QNASL.....	157	<i>relief eye drops</i>	149	ROBAFEN CF MULTI-SYMPTOM COLD..	166
QNASL CHILDRENS.....	157	RELION TRUE METRIX TEST STRIPS.....	71	ROBITUSSIN 12 HOUR COUGH.....	178
QTERN.....	47	RELISTOR SUBCUTANEOUS.....	87	ROBITUSSIN 12 HOUR COUGH CHILD..	179
QUADRACEL INTRAMUSCULAR		<i>rena-vite</i>	84	ROBITUSSIN COUGH+CHEST CONG	
SUSPENSION.....	128	<i>renewal soothing bath</i>	66	DM ORAL LIQUID 20-400 MG/20ML.....	179
<i>quetiapine fumarate</i>	41	<i>repaglinide</i>	47	ROBITUSSIN PEAK COLD MULTI-SYM...	166
<i>quetiapine fumarate er</i>	41	REPATHA.....	57	ROCKLATAN.....	144
<i>quinapril hcl</i>	52	RESTASIS.....	144	<i>roflumilast</i>	159
<i>quinapril-hydrochlorothiazide</i>	55	RESTASIS MULTIDOSE.....	144	<i>ropinirole hcl</i>	39
<i>quinidine gluconate er</i>	53	RESTORA.....	100	<i>rosuvastatin calcium oral</i>	56
<i>quinidine sulfate</i>	53	<i>restore plus lubricant eye</i>	149	ROTARIX.....	128
QUINTET CONTROL HIGH/NORMAL.....	71	<i>restore pm</i>	149	ROTATEQ.....	128
<i>quit2</i>	19	RETACRIT.....	51	<i>roweepra</i>	23
<i>quit4</i>	19	RETIN-A MICRO PUMP EXTERNAL GEL		ROXYBOND ORAL TABLET ABUSE-	
QULIPTA.....	32	0.06 %.....	61	DETERRENT 15 MG, 30 MG, 5 MG.....	6
QUVIVIQ.....	141	RETIN-A MICRO PUMP EXTERNAL GEL		ROZLYTREK ORAL CAPSULE.....	36
QVAR REDIHALER.....	157	0.08 %.....	61	ROZLYTREK PACKET 50 MG ORAL.....	36
<i>radiance platinum vitamin d3</i>	84	REVLIMID.....	35	RUBRACA.....	36
RADICAVA ORS.....	59	REXTOVY.....	17	RUCONEST.....	124
RADICAVA ORS STARTER KIT.....	59	REXULTI.....	41	<i>rufinamide</i>	25
<i>raloxifene hcl</i>	121	REYATAZ ORAL PACKET.....	45	RYALTRIS.....	141
<i>ramipril</i>	52	REZVOGLAR KWIKPEN.....	50	RYBELSUS.....	47
<i>ranolazine er</i>	55	RHOPRESSA.....	146	RYDAPT.....	36
RASUVO.....	127	<i>ribavirin oral</i>	42	RYKINDO.....	41

RYNEX DM.....	179	<i>senna plus oral tablet</i>	108	<i>simpesse</i>	119
RYNEX PE.....	179	<i>senna s</i>	108	SIMPONI.....	127
<i>rynex pse</i>	179	<i>senna smooth</i>	108	<i>simvastatin oral</i>	56
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG.....	40	<i>senna-docusate sodium</i>	108	<i>sinus & congestion max str</i>	179
RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG.....	40	<i>senna-lax</i>	108	<i>sinus 12-hour</i>	179
<i>saccharomyces boulardii</i>	100	<i>senna-plus</i>	108	<i>sinus nasal spray</i>	179
SAFYRAL.....	119	<i>senna-s oral tablet</i>	108	<i>sinus pe decongestant</i>	163
<i>saline enema</i>	100	<i>senna-tabs</i>	108	<i>sinus relief extra strength</i>	163
<i>saline mist spray</i>	163	<i>senna-time</i>	108	<i>sinus/congestion relief pe</i>	164
<i>saline nasal spray</i>	163	<i>senna-time s</i>	108	<i>sirolimus oral solution</i>	127
<i>salsalate oral</i>	15	SENNAZON.....	108	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	127
SANCUSO.....	29	<i>sennosides-docusate sodium</i>	108	<i>sirolimus oral tablet 2 mg</i>	127
SANTYL.....	64	SENOKOT.....	108	SIRTURO.....	34
<i>sapropterin dihydrochloride</i>	109	SENOKOT S.....	108	SKYRIZI PEN.....	125
<i>saxagliptin hcl</i>	47	SEREVENT DISKUS.....	158	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE.....	141
<i>sb arthritis pain relief</i>	15	<i>sertraline hcl oral concentrate</i>	27	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	125
<i>sb docusate sodium/senna</i>	107	<i>sertraline hcl oral tablet</i>	27	SKYTROFA.....	112
<i>sb lice killing max st</i>	39	<i>setlakin</i>	119	SLO-NIACIN.....	84
<i>sb mucus relief</i>	163	<i>sevelamer carbonate oral tablet</i>	79	<i>smooth antacid ex st oral tablet chewable</i> 750 mg.....	101
<i>sb pain reliever childrens</i>	15	<i>sf 5000 plus</i>	73	<i>smooth antacid extra st</i>	101
<i>scalp relief external liquid 3 %</i>	141	<i>sf gel 1.1%</i>	73	<i>smooth antacid extra strength</i>	101
SCEMBLIX ORAL TABLET 20 MG, 40 MG.....	37	SFROWASA.....	129	<i>smooth lax oral powder</i>	104
SCRUB CARE POVIDONE-IODINE.....	22	<i>sharobel</i>	121	SOANZ ORAL TABLET 20 MG.....	55
SEGLUROMET.....	47	SHINGRIX.....	128	<i>sod chloride hypertonicity</i>	150
<i>selegiline hcl oral</i>	40	SIGNIFOR.....	123	<i>sod citrate-citric acid oral solution 500-334</i> mg/5ml.....	78
<i>selenium sulfide external lotion</i>	64	<i>sildenafil citrate oral suspension</i> reconstituted.....	159	<i>sodium bicarbonate oral tablet</i>	101
SELZENTRY ORAL SOLUTION.....	44	<i>sildenafil citrate oral tablet 20 mg</i>	159	<i>sodium chloride (hypertonic) ophthalmic</i> ointment.....	150
SEMGLEE (YFGN).....	49	<i>silver sulfadiazine external</i>	64	<i>sodium chloride (hypertonic) ophthalmic</i> solution.....	150
<i>senexon-s</i>	107	SIMBRINZA.....	146	<i>sodium chloride inhalation nebulization</i> solution 0.9 %, 10 %.....	179
<i>senior probiotic</i>	100	SIMEPED.....	100	<i>sodium chloride inhalation nebulization</i> solution 3 %.....	179
<i>senna lax</i>	107	<i>simethicone drops infants</i>	100		
<i>senna laxative</i>	107	<i>simethicone oral</i>	100		
<i>senna oral liquid 8.8 mg/5ml</i>	107	<i>simethicone ultra strength</i>	100		
<i>senna oral syrup 176 mg/5ml</i>	107	SIMLANDI (1 SYRINGE).....	127		
<i>senna oral syrup 8.8 mg/5ml</i>	107	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML.....	127		
<i>senna oral tablet 8.6 mg</i>	108	<i>simliya</i>	119		

<i>sodium chloride inhalation nebulization solution 7 %</i>	179	<i>spironolactone-hctz</i>	55	<i>stress formula/zinc/energy</i>	84
<i>sodium chloride ophthalmic ointment 5 %</i> ..	150	<i>sprintec 28</i>	119	STRIVE DUAL ZONE PEAK FLOW MTR..	141
<i>sodium chloride ophthalmic solution 5 %</i> ...	150	SPS (SODIUM POLYSTYRENE SULF).....	79	STRIVERDI RESPIMAT	158
<i>sodium fluoride 5000 plus</i>	73	<i>sronyx</i>	119	SUBOXONE SUBLINGUAL FILM 12-3	
<i>sodium fluoride 5000 ppm dental cream</i>	73	<i>ssd</i>	64	MG, 4-1 MG.....	17
<i>sodium fluoride 5000 ppm dental gel</i>	73	<i>sss 10-5 external cream</i>	66	SUBOXONE SUBLINGUAL FILM 2-0.5	
<i>sodium fluoride dental cream</i>	73	ST JOSEPH LOW DOSE.....	141	MG, 8-2 MG.....	17
<i>sodium fluoride dental gel</i>	73	STEGLATRO.....	48	<i>subvenite</i>	23
<i>sodium fluoride mouth/throat</i>	73	STEGLUJAN.....	48	<i>subvenite starter kit-blue</i>	23
<i>sodium fluoride oral solution</i>	73	STELARA SUBCUTANEOUS.....	125	<i>subvenite starter kit-green</i>	23
<i>sodium fluoride oral tablet chewable</i>	73	<i>stimulant lax plus</i>	108	<i>subvenite starter kit-orange</i>	23
SODIUM OXYBATE.....	181	<i>stimulant laxative</i>	108	<i>sucralfate oral suspension</i>	90
<i>sodium phenylbutyrate oral powder</i>	109	STIOLTO RESPIMAT	169	<i>sucralfate oral tablet</i>	90
<i>sodium sulfacetamide wash</i>	141	STIVARGA.....	37	SUDAFED.....	179
SOFOSBUVIR-VELPATASVIR.....	42	<i>stomach relief extra strength</i>	101	SUDAFED PE CONGESTION ORAL	
<i>soft glucose</i>	49	<i>stomach relief max st oral suspension 525</i>		TABLET 10 MG.....	164
<i>solifenacin succinate</i>	110	<i>mg/15ml</i>	101	SUDAFED PE SINUS CONGESTION.....	164
SOLIQUA.....	47	<i>stomach relief oral suspension 1050</i>		SUDAFED SINUS CONGESTION.....	179
SOLOSEC.....	20	<i>mg/30ml, 525 mg/15ml</i>	101	SUDAFED SINUS CONGESTION 12HR..	179
<i>soluble fiber therapy</i>	108	<i>stomach relief oral suspension 262</i>		<i>sudogest maximum strength</i>	179
SOMAVERT.....	123	<i>mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	101	<i>sudogest oral tablet 30 mg</i>	179
SOOLANTRA.....	65	<i>stomach relief oral tablet 262 mg</i>	101	<i>sulfacetamide sodium external</i>	141
<i>soothe maximum strength</i>	101	<i>stomach relief oral tablet chewable 262 mg</i>		<i>sulfacetamide sodium ophthalmic</i>	145
<i>soothe oral suspension</i>	101	.....	101	<i>sulfacetamide sodium-sulfur external</i>	
<i>soothe oral tablet chewable</i>	101	<i>stomach relief plus</i>	101	<i>cream 10-5 %</i>	66
<i>sorafenib tosylate</i>	36	<i>stomach relief ultra</i>	101	<i>sulfacetamide sodium-sulfur external liquid</i>	
<i>sorbitol oral</i>	104	<i>stool softener extra str</i>	108	<i>9-4.5 %</i>	66
<i>sotalol hcl (af)</i>	53	<i>stool softener laxative oral capsule</i>	108	<i>sulfacetamide sod-sulfur wash external</i>	
<i>sotalol hcl oral</i>	53	<i>stool softener oral capsule 100 mg</i>	108	<i>liquid 9-4.5 %</i>	67
SOTYKTU.....	141	<i>stool softener oral capsule 240 mg</i>	109	<i>sulfacetamide-prednisolone</i>	144
SOVALDI ORAL TABLET	42	<i>stool softener oral capsule 250 mg</i>	109	<i>sulfamethoxazole-trimethoprim oral</i>	
SOVUNA ORAL TABLET 200 MG.....	38	<i>stool softener oral capsule 50 mg</i>	109	<i>suspension 200-40 mg/5ml</i>	21
SPEEDY SWAB COVID-19 ANTIGEN.....	141	<i>stool softener pls laxative</i>	109	<i>sulfamethoxazole-trimethoprim oral tablet</i> ...	21
SPIKEVAX.....	141	<i>stool softener plus laxative</i>	109	<i>sulfamez wash</i>	67
<i>spinosad</i>	65	<i>stool softener/laxative</i>	109	<i>sulfasalazine oral</i>	129
SPIRIVA HANDIHALER.....	157	<i>stool softener/laxative oral tablet</i>	109	<i>sulfatrim pediatric</i>	21
SPIRIVA RESPIMAT	157	STRENSIQ.....	109	<i>sulindac oral</i>	6
<i>spironolactone oral tablet</i>	56	<i>stress formula</i>	84	SUMADAN WASH.....	67
		<i>stress formula/iron</i>	184	<i>sumatriptan nasal</i>	33

<i>sumatriptan succinate oral</i>	33	SYSTANE NIGHTTIME.....	150	<i>temozolomide oral capsule 180 mg, 20 mg,</i>	
<i>sumatriptan succinate refill</i>	33	SYSTANE PRESERVATIVE FREE.....	150	<i>250 mg, 5 mg</i>	34
<i>sumatriptan succinate subcutaneous</i>	33	SYSTANE ULTRA.....	150	TENCON.....	7
<i>sunitinib malate oral capsule 12.5 mg, 25</i>		SYSTANE ULTRA PF.....	150	TENIVAC.....	128
<i>mg, 50 mg</i>	37	<i>tab tussin</i>	164	<i>tenofovir disoproxil fumarate</i>	44
<i>sunitinib malate oral capsule 37.5 mg</i>	37	<i>tab-a-vite/beta carotene</i>	84	<i>terazosin hcl</i>	110
SUNLENCA ORAL.....	141	TABLOID.....	35	<i>terbinafine hcl external</i>	32
SUNOSI.....	181	TABRECTA.....	143	<i>terbinafine hcl oral</i>	30
<i>suphedrine 12hour</i>	180	TACLONEX.....	64	<i>terbinafine hydrochloride external cream 1</i>	
<i>suphedrine maximum strength</i>	180	<i>tacrolimus external ointment 0.03 %</i>	64	<i>%</i>	32
<i>suphedrine oral tablet 30 mg</i>	180	<i>tacrolimus external ointment 0.1 %</i>	64	<i>terconazole vaginal cream</i>	30
<i>suphedrine oral tablet extended release 12</i>		<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	127	<i>teriflunomide</i>	60
<i>hour 120 mg</i>	180	<i>tacrolimus oral capsule 1 mg</i>	127	TERIPARATIDE SUBCUTANEOUS	
SUPPORT.....	184	<i>tadalafil (pah)</i>	159	SOLUTION PEN-INJECTOR 620	
SUPREP BOWEL PREP KIT.....	88	TADLIQ.....	159	MCG/2.48ML.....	130
<i>sure result sr relief</i>	141	TAFINLAR ORAL CAPSULE.....	37	TESTIM.....	113
SUTAB.....	22	TAFINLAR ORAL TABLET SOLUBLE.....	37	<i>testosterone cypionate intramuscular</i>	113
<i>sv vitamin d3 oral capsule 25 mcg</i>	84	TAGAMET HB 200.....	89	<i>testosterone enanthate intramuscular</i>	113
<i>sv vitamin d3 oral capsule 50 mcg (2000</i>		TAGRISSE.....	143	<i>testosterone transdermal gel 1.62 %, 20.25</i>	
<i>ut)</i>	84	<i>take action</i>	121	<i>mg/lact (1.62%)</i>	113
<i>sv vitamin d3 oral tablet chewable</i>	84	TALICIA.....	88	<i>testosterone transdermal gel 12.5 mg/lact</i>	
<i>syeda</i>	119	TALTZ SUBCUTANEOUS SOLUTION		<i>(1%)</i>	113
SYMBICORT.....	169	AUTO-INJECTOR.....	125	<i>testosterone transdermal gel 20.25</i>	
SYMDEKO.....	158	TALTZ SUBCUTANEOUS SOLUTION		<i>mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i>	113
SYMFI.....	43	PREFILLED SYRINGE 80 MG/ML.....	125	<i>testosterone transdermal gel 40.5</i>	
SYMFI LO.....	43	<i>tamoxifen citrate oral</i>	35	<i>mg/2.5gm (1.62%)</i>	113
SYMLINPEN 120.....	48	<i>tamsulosin hcl</i>	110	<i>testosterone transdermal gel 50 mg/5gm</i>	
SYMLINPEN 60.....	48	<i>tarina 24 fe</i>	119	<i>(1%)</i>	113
SYMPAZAN.....	24	<i>tarina fe 1/20 eq</i>	119	TETANUS-DIPHThERIA TOXOIDS TD....	128
SYMPROIC.....	87	TASIGNA.....	143	<i>tetrabenazine</i>	59
SYNAGIS.....	125	TAVALISSE.....	51	TEZSPIRE SUBCUTANEOUS SOLUTION	
SYNJARDY.....	48	TDVAX.....	128	AUTO-INJECTOR.....	160
SYNJARDY XR.....	48	TEENY TUMMY GAS RELIEF DROPS.....	102	<i>tgt clotrimazole external cream 1 %</i>	65
SYSTANE.....	150	TEGRETOL ORAL SUSPENSION.....	25	THALOMID.....	35
SYSTANE BALANCE.....	150	TEKTURNA.....	55	<i>the magic bullet</i>	141
SYSTANE COMPLETE.....	150	<i>telmisartan</i>	52	THEO-24.....	159
SYSTANE CONTACTS.....	150	<i>temazepam oral capsule 15 mg, 30 mg</i>	181	<i>theophylline er oral tablet extended release</i>	
SYSTANE HYDRATION PF.....	150	<i>temozolomide oral capsule 100 mg, 140</i>		<i>12 hour 300 mg</i>	159
SYSTANE NIGHT.....	150	<i>mg</i>	34		

<i>theophylline er oral tablet extended release</i>	<i>tobramycin inhalation nebulization solution</i>	TRESIBA FLEXTOUCH.....	49
12 hour 450 mg.....	300 mg/4ml.....	<i>tretinoin external cream</i>	61
<i>theophylline er oral tablet extended release</i>	<i>tobramycin ophthalmic</i>	<i>tretinoin oral</i>	37
24 hour 400 mg.....	<i>tobramycin-dexamethasone</i>	TREXALL.....	127
<i>theophylline er oral tablet extended release</i>	<i>tolcapone</i>	TREZIX.....	7
24 hour 600 mg.....	<i>tolnaftate antifungal external cream</i>	<i>triamcinolone acetonide external cream</i>	64
<i>theophylline oral</i>	<i>tolnaftate external cream</i>	<i>triamcinolone acetonide external lotion</i>	
THERA.....	<i>tolnaftate external powder</i>	0.025 %.....	64
<i>thera-tabs</i>	<i>tolterodine tartrate</i>	<i>triamcinolone acetonide external lotion 0.1</i>	
<i>thiamine hcl oral</i>	<i>tolterodine tartrate er</i>	%.....	64
<i>thiamine mononitrate oral</i>	<i>topiramate oral capsule sprinkle 15 mg, 25</i>	<i>triamcinolone acetonide external ointment</i>	
THIOLA.....	<i>mg</i>	0.025 %, 0.1 %, 0.5 %.....	64
THIOLA EC.....	<i>topiramate oral capsule sprinkle 50 mg</i>	<i>triamcinolone acetonide mouth/throat</i>	60
<i>thioridazine hcl oral</i>	<i>topiramate oral tablet</i>	<i>triamcinolone acetonide nasal</i>	169
<i>thiothixene</i>	<i>toremifene citrate</i>	TRIAMINIC ALLERCHEWS.....	168
THRIVE.....	<i>torpenz</i>	<i>triamterene-hctz</i>	55
<i>tiadylt er</i>	<i>torse mide</i>	<i>triazolam</i>	181
<i>tiagabine hcl</i>	<i>total allergy</i>	<i>triderm</i>	64
TIBSOVO.....	<i>total allergy medicine</i>	<i>trientine hcl oral capsule 250 mg</i>	79
TIGLUTIK.....	TOUJEO MAX SOLOSTAR.....	<i>tri-estarylla</i>	119
<i>tilia fe</i>	TOUJEO SOLOSTAR.....	<i>trifluoperazine hcl</i>	40
<i>timolol maleate ophthalmic solution</i>	TRACLEER 32 MG.....	<i>trifluridine</i>	145
TIMOPTIC OCUDOSE.....	TRADJENTA.....	<i>trihexyphenidyl hcl</i>	39
TINACTIN EXTERNAL CREAM.....	<i>tramadol hcl oral tablet 50 mg</i>	TRIJARDY XR.....	48
<i>tinidazole oral tablet 250 mg</i>	<i>trandolapril</i>	TRIKAFTA ORAL TABLET THERAPY	
<i>tinidazole oral tablet 500 mg</i>	<i>tranexamic acid oral</i>	PACK.....	158
<i>tiotropium bromide monohydrate</i>	<i>tranylcypropromine sulfate</i>	TRIKAFTA ORAL THERAPY PACK.....	158
TIROSINT ORAL CAPSULE 100 MCG,	<i>travel ease</i>	<i>tri-legest fe</i>	119
112 MCG, 125 MCG, 13 MCG, 137 MCG,	TRAZIMERA INTRAVENOUS SOLUTION	<i>tri-linyah</i>	119
150 MCG, 175 MCG, 200 MCG, 25 MCG,	RECONSTITUTED 150 MG.....	<i>tri-lo-estarylla</i>	119
50 MCG, 75 MCG, 88 MCG.....	<i>trazodone hcl oral tablet 100 mg, 150 mg,</i>	<i>tri-lo-marzia</i>	119
TIROSINT-SOL.....	<i>50 mg</i>	<i>trimethobenzamide hcl oral</i>	28
TIVICAY.....	TRECATOR.....	<i>trimethoprim oral</i>	20
TIVICAY PD.....	TRELEGY ELLIPTA.....	<i>tri-mili</i>	119
<i>tizanidine hcl oral tablet</i>	TREMFYA SUBCUTANEOUS SOLUTION	TRINTELLIX.....	27
TOBI PODHALER.....	AUTO-INJECTOR 100 MG/ML.....	<i>triple antibiotic external ointment , 3.5-400-</i>	
TOBRADEX.....	TREMFYA SUBCUTANEOUS SOLUTION	<i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	22
TOBRADEX ST.....	PREFILLED SYRINGE 100 MG/ML.....	TRIPTODUR.....	123
	TRESIBA.....	<i>tri-sprintec</i>	119

TRITOLNACIDE C.....	141	TRUE VITAMIN D3 ORAL CAPSULE 125	125	<i>tussin cough/chest dm max oral liquid 10-</i>	
TRIUMEQ.....	44	MCG (5000 UT), 25 MCG (1000 UT).....	85	<i>200 mg/5ml.....</i>	180
TRIUMEQ PD.....	44	TRUE VITAMIN D3 ORAL CAPSULE 250		<i>tussin cough/chest dm max oral liquid 20-</i>	
<i>tri-vite pediatric</i>	84	MCG (10000 UT).....	85	<i>400 mg/20ml.....</i>	180
<i>trivora (28)</i>	119	TRUE VITAMIN D3 ORAL TABLET 10		<i>tussin dm cough + chest oral liquid 20-400</i>	
<i>tri-vylibra</i>	119	MCG (400 UNIT).....	85	<i>mg/20ml.....</i>	180
<i>tri-vylibra lo</i>	120	TRUE VITAMIN D3 ORAL TABLET 125		<i>tussin dm max adult.....</i>	180
TROJAN MAGNUM.....	141	MCG (5000 UT).....	85	<i>tussin dm max daytime.....</i>	180
TROJAN ULTRA RIBBED LUBRICATED..	141	TRUE VITAMIN D3 ORAL TABLET 25		<i>tussin dm max oral liquid 20-400 mg/20ml.</i>	180
TROJAN ULTRA THIN.....	141	MCG (1000 UT).....	85	<i>tussin dm max st.....</i>	180
TROJAN ULTRA THIN/SPERMICIDAL.....	142	TRUE VITAMIN E ORAL CAPSULE 450		<i>tussin dm oral syrup 100-10 mg/5ml.....</i>	180
TROJAN-ENZ LUBRICATED.....	142	MG, 90 MG.....	186	<i>tussin maximum strength oral syrup 15</i>	
TROJAN-ENZ/SPERMICIDAL.....	142	TRUEPLUS GLUCOSE ORAL GEL.....	49	<i>mg/5ml.....</i>	164
TROKENDI XR.....	23	TRUEPLUS GLUCOSE ORAL TABLET		<i>tussin mucus & chest congest.....</i>	164
<i>trosipium chloride</i>	110	CHEWABLE.....	49	<i>tussin oral liquid 100 mg/5ml.....</i>	164
TRUE COVER.....	142	TRULANCE.....	87	TWINRIX.....	128
TRUE DAILY VITE.....	84	TRULICITY.....	48	TYBLUME.....	120
TRUE FERROUS SULFATE.....	78	TRUMENBA.....	128	TYBOST.....	44
TRUE FOLIC ACID ORAL TABLET 1 MG.	142	TUMS.....	102	TYENNE SUBCUTANEOUS.....	142
TRUE FOLIC ACID ORAL TABLET 400		TUMS CHEWY BITES.....	102	TYLENOL FOR CHILDREN + ADULTS.....	15
MCG.....	142	TUMS CHEWY BITES ULTRA STR.....	102	TYLENOL ORAL SUSPENSION 160	
<i>true laxative</i>	104	TUMS E-X 750.....	102	MG/5ML.....	15
TRUE MAGNESIUM OXIDE.....	78	TUMS EXTRA STRENGTH.....	102	TYLENOL ORAL TABLET 325 MG, 500	
TRUE MULTIVITAMIN.....	84	TUMS EXTRA STRENGTH 750.....	102	MG.....	15
TRUE NASAL MOISTURIZING.....	164	TUMS LASTING EFFECTS.....	102	TYLENOL ORAL TABLET CHEWABLE	
<i>true oyster shell calcium</i>	185	TUMS SMOOTHIES.....	102	160 MG.....	15
TRUE VITAMIN A.....	84	TUMS ULTRA 1000.....	102	TYLENOL ORAL TABLET EXTENDED	
TRUE VITAMIN B1 ORAL TABLET 100		TUMS ULTRA STRENGTH.....	102	RELEASE 650 MG.....	15
MG.....	84	TURALIO.....	143	TYMLOS.....	130
TRUE VITAMIN B3 ORAL TABLET 250		<i>turqoz</i>	120	TYRVAYA.....	144
MG, 50 MG.....	84	<i>tusnel-ex</i>	164	TYVASO DPI MAINTENANCE KIT.....	159
TRUE VITAMIN B6 ORAL TABLET 100		<i>tussin adult chest congest</i>	164	TYVASO DPI TITRATION KIT.....	159
MG, 25 MG, 50 MG.....	186	<i>tussin adult oral liquid 200 mg/10ml</i>	164	UBRELVY.....	33
TRUE VITAMIN C.....	185	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	180	UCERIS.....	129
TRUE VITAMIN D3 ORAL CAPSULE 1.25		<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	166	UDENYCA.....	51
MG (50000 UT).....	84	<i>tussin chest congestion oral liquid 100</i>		UDENYCA ONBODY.....	51
TRUE VITAMIN D3 ORAL CAPSULE 10		<i>mg/5ml</i>	164	<i>ultra calcium + vitamin d3</i>	78
MCG (400 UNIT), 50 MCG (2000 UT).....	85	<i>tussin cough dm sugar free</i>	180	<i>ultra fresh</i>	150
				<i>ultra fresh pm</i>	150

ULTRA LIDO EXTERNAL CREAM.....	16	VAXELIS.....	142	VISBIOME HIGH POTENCY ORAL	
<i>ultra lubricant drop</i>	150	VAXNEUVANCE.....	128	CAPSULE.....	102
<i>ultra lubricating eye drops</i>	150	<i>v-c forte</i>	185	VISINE.....	151
<i>ultra lubricating eye drops pf</i>	150	VECTICAL.....	64	<i>vit c/rose hips</i>	185
UNISTRIP CONTROL.....	142	<i>vegetable lax+stool softener</i>	109	<i>vitachew multiple vitamin</i>	142
<i>unithroid</i>	122	<i>vegetable laxative</i>	109	<i>vitachew vitamin d3</i>	85
<i>urea 20 intensive hydrating</i>	67	<i>velivet</i>	120	<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>	
<i>urea external cream 20 %</i>	67	VELTASSA ORAL PACKET 1 GM.....	79	<i>3 mg, 3 mg (10000 ut)</i>	85
<i>urea external lotion</i>	67	VELTASSA ORAL PACKET 16.8 GM, 25.2		<i>vitamin b complex oral capsule</i>	85
<i>ureacin-10</i>	67	GM, 8.4 GM.....	79	<i>vitamin b complex w/b-12</i>	85
<i>ureacin-20</i>	67	VENCLEXTA.....	37	<i>vitamin b1</i>	186
<i>urinary pain relief oral tablet 95 mg</i>	111	VENCLEXTA STARTING PACK.....	37	<i>vitamin b-1 oral tablet 100 mg</i>	85
<i>ursodiol oral capsule 300 mg</i>	88	<i>venlafaxine hcl</i>	27	<i>vitamin b-1 oral tablet 250 mg</i>	186
<i>ursodiol oral tablet</i>	88	<i>venlafaxine hcl er oral capsule extended</i>		<i>vitamin b-12 er oral tablet extended</i>	
UZEDY SUBCUTANEOUS SUSPENSION		<i>release 24 hour</i>	27	<i>release 1000 mcg</i>	186
PREFILLED SYRINGE 100 MG/0.28ML.....	41	VENTOLIN HFA.....	158	<i>vitamin b12 oral tablet extended release</i>	
<i>valacyclovir hcl oral</i>	42	<i>verapamil hcl er oral capsule extended</i>		<i>1000 mcg</i>	186
<i>valganciclovir hcl oral tablet</i>	42	<i>release 24 hour 120 mg, 180 mg, 240 mg,</i>		<i>vitamin b-12 tr oral tablet extended release</i>	
<i>valproic acid oral capsule</i>	23	<i>360 mg</i>	54	<i>1000 mcg</i>	186
<i>valproic acid oral solution 250 mg/5ml</i>	23	<i>verapamil hcl er oral tablet extended</i>		<i>vitamin b-6</i>	186
<i>valsartan oral tablet</i>	52	<i>release</i>	54	<i>vitamin b-6 er</i>	186
<i>valsartan-hydrochlorothiazide</i>	55	<i>verapamil hcl oral</i>	54	<i>vitamin c cr oral tablet extended release</i>	
VALTOCO 10 MG DOSE.....	24	VERKAZIA.....	144	<i>500 mg</i>	185
VALTOCO 15 MG DOSE NASAL LIQUID		VERQUVO.....	57	<i>vitamin c er oral tablet extended release</i>	
THERAPY PACK 7.5 MG/0.1ML.....	24	VERZENIO.....	37	<i>1500 mg</i>	185
VALTOCO 20 MG DOSE NASAL LIQUID		<i>vestura</i>	120	<i>vitamin c oral liquid 500 mg/5ml</i>	185
THERAPY PACK 10 MG/0.1ML.....	24	VIBERZI.....	88	<i>vitamin c oral tablet 1000 mg, 250 mg</i>	185
VALTOCO 5 MG DOSE.....	24	<i>vic-forte</i>	185	<i>vitamin c oral tablet 500 mg</i>	185
<i>valtya 1/50</i>	120	VICTOZA SOLUTION PEN-INJECTOR 18		<i>vitamin c oral tablet chewable 100 mg, 250</i>	
<i>vancomycin hcl oral</i>	20	MG/3ML SUBCUTANEOUS.....	48	<i>mg</i>	185
VANDAZOLE.....	20	<i>vienna</i>	120	<i>vitamin c oral tablet chewable 500 mg</i>	185
VANQUISH EXTRA STRENGTH.....	15	<i>vigabatrin oral packet</i>	24	<i>vitamin c/acerola</i>	185
VAPORIZER WARM STEAM.....	142	<i>vigpoder</i>	24	<i>vitamin c/rose hips oral tablet 1000 mg</i>	185
VAQTA.....	128	<i>viorele</i>	120	<i>vitamin c/rose hips oral tablet 500 mg</i>	185
<i>varenicline tartrate</i>	17	VIRACEPT.....	45	<i>vitamin c-rose hips</i>	185
<i>varenicline tartrate (starter)</i>	17	VIREAD ORAL POWDER.....	44	<i>vitamin c-rose hips oral tablet</i>	185
<i>varenicline tartrate(continue)</i>	17	VIREAD ORAL TABLET 150 MG, 200 MG,		<i>vitamin d (cholecalciferol) oral tablet 10</i>	
VARIVAX.....	128	250 MG.....	44	<i>mcg (400 unit)</i>	85
VASCEPA.....	57				

<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	85	VOQUEZNA DUAL PAK.....	142	<i>wixela inhub</i>	169
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	185	VOQUEZNA TRIPLE PAK.....	87	<i>womans laxative</i>	142
<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	85	<i>voriconazole oral tablet</i>	30	<i>womens gentle laxative</i>	142
<i>vitamin d oral liquid</i>	85	VOSEVI.....	42	<i>womens laxative</i>	142
<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	86	VRAYLAR.....	41	<i>womens prenatal+dha</i>	87
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	86	VTAMA.....	142	<i>wymzya fe</i>	120
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	86	VUMERITY.....	60	XACIATO.....	20
<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i>	86	<i>vyfemla</i>	120	XALKORI.....	143
<i>vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut)</i>	86	<i>vylibra</i>	120	XCOPRI (250 MG DAILY DOSE).....	23
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	86	VYNDAMAX.....	109	XCOPRI (350 MG DAILY DOSE).....	23
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>	86	VYNDAQEL.....	109	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG.....	23
<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i>	86	VYVANSE ORAL CAPSULE.....	59	XCOPRI ORAL TABLET THERAPY PACK.....	23
<i>vitamin d3 oral liquid 10 mcg/ml</i>	86	VYZULTA.....	144	XELJANZ.....	125
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	86	WAKIX.....	181	XELJANZ XR.....	125
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	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>	50	XERAC AC.....	67
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	86	<i>warfarin sodium oral tablet 6 mg</i>	50	XHANCE.....	157
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	86	<i>wart remover external liquid 17 %</i>	142	XIGDUO XR.....	48
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	86	<i>wart remover maximum strength external liquid</i>	142	XIIDRA.....	144
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	86	<i>weekly-d</i>	87	XOFLUZA (40 MG DOSE).....	45
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	86	WELL MAGNESIUM OXIDE.....	78	XOFLUZA (80 MG DOSE).....	45
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i>	87	WELL VITAMIN C.....	185	XOLAIR.....	125
<i>vitamin e natural</i>	186	WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT).....	87	XOPENEX HFA.....	158
<i>vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	186	WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT).....	87	XPECT.....	164
<i>vitamin e oral capsule 268 mg (400 unit)</i>	186	<i>wera</i>	120	XTAMPZA ER.....	6
<i>vitamin-b complex</i>	87	<i>wes-phos 250 neutral</i>	78	XTANDI.....	34
<i>vitamins complete childrens</i>	185	WESTAB PLUS.....	87	<i>xulane</i>	120
VITRAKVI.....	37	WIDE-SEAL DIAPHRAGM 60.....	142	XULTOPHY.....	48
VIVAGUARD INO CONTROL SOLUTION.....	71	WIDE-SEAL DIAPHRAGM 65.....	142	XYOSTED.....	113
VIVELLE-DOT.....	120	WIDE-SEAL DIAPHRAGM 70.....	142	XYREM.....	181
VIVJOA.....	142	WIDE-SEAL DIAPHRAGM 75.....	142	XYWAV.....	180
<i>volnea</i>	120	WIDE-SEAL DIAPHRAGM 80.....	142	YONSA.....	142
		WIDE-SEAL DIAPHRAGM 85.....	142	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE	
		WIDE-SEAL DIAPHRAGM 90.....	142	KIT 40 MG/0.4ML.....	127
		WIDE-SEAL DIAPHRAGM 95.....	142	YUPELRI.....	157
		WINLEVI.....	142	<i>yuvafem</i>	120
				ZADITOR.....	151
				<i>zafemy</i>	120

<i>zaleplon</i>	181	ZYRTEC ALLERGY ORAL TABLET	156
ZARXIO	51	ZYRTEC-D ALLERGY & CONGESTION...	166
ZEASORB-AF	32	ZYRTEC-D ALLERGY & SINUS	166
ZEGALOGUE.....	111		
ZEJULA.....	37		
ZELAC.....	102		
ZELBORAF	37		
<i>zenatane</i>	61		
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	109		
ZEPATIER.....	42		
ZEPOSIA.....	60		
ZEPOSIA 7-DAY STARTER PACK.....	60		
<i>zidovudine</i>	44		
ZIEXTENZO.....	51		
ZIMHI.....	17		
<i>zinc oral tablet 50 mg</i>	185		
<i>zinc oxide external ointment 40 %</i>	67		
ZIOPTAN.....	144		
<i>ziprasidone hcl</i>	41		
ZOLINZA.....	35		
<i>zolmitriptan oral tablet</i>	33		
<i>zolpidem tartrate er</i>	181		
<i>zolpidem tartrate oral tablet</i>	181		
ZOMIG NASAL.....	33		
ZONEGRAN.....	25		
<i>zonisamide oral</i>	25		
ZORYVE EXTERNAL CREAM 0.3 %.....	142		
<i>zovia 1/35 (28)</i>	120		
ZUBSOLV.....	17		
<i>zumandimine</i>	120		
ZYDELIG.....	37		
ZYFLO.....	157		
ZYKADIA.....	38		
ZYLET.....	144		