



Preferred Drug List (PDL)

**New York
Essential Plan**

Effective Date: 7/1/2023



**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 1-800-868-1019, 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**, Monday – Friday, 8:00 a.m. – 6:00 p.m.



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:
 - Interpretes 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:
 - Interpretes 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, haciendo 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 1-800-868-1019, 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**, de lunes a viernes, 8:00 a.m. – 6:00 p.m.

LANGUAGE ASSISTANCE

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 TTY/711.	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 איך שפראך הילף סערוויסעס 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 “Bengali 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
ΠΡΟΣΟΧΗ: Στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-265-1893 TTY/711.	Greek/ Ελληνικά
توجہ 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.	Urdu/ اردو

UnitedHealthcare Community Plan

List of Preferred Drugs

Frequently Asked Questions (FAQ)

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

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

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

UnitedHealthcare will cover all medically necessary drugs if:

- your doctor or other prescriber says you need them to get better or stay healthy, *and*
- you fill the prescription at a UnitedHealthcare Community Plan network pharmacy.

UnitedHealthcare may have additional steps to access certain drugs (see question 5 below).

You can also see an up-to-date drug list on our website at myuhc.com/CommunityPlan or call Member Services at **1-866-265-1893**, **TTY 711**. Monday – Friday, 8:00 a.m. – 6:00 p.m

2 Does the Drug List ever change?

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

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

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from UnitedHealthcare Community Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

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

You can always check the up-to-date Drug List online at myuhc.com/CommunityPlan. You can also call Member Services to check the current Drug List at **1-866-265-1893, TTY 711**. Monday – Friday, 8:00 a.m. – 6:00 p.m

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

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

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

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

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

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

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

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

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

The Drug List below has a column labeled “Requirements and Limits.”

7 What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits and/or step therapy restrictions on a drug.

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

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

There are two ways to find a drug:

- **You can search for drugs alphabetically.**
To search alphabetically, go to the Index of Covered Drugs.
- **You can search by medical condition.**
To search by medical condition, find the section labeled “Table of Contents” below. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

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

If you don't see your drug on the Drug List, call Member Services (1-866-265-1893, TTY 711) and ask about it. If you learn that UnitedHealthcare does not prefer the drug, you can do one of these things:

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

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

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UnitedHealthcare. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead, or whether to request an exception.

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

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

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

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

12 How long does it take to get an exception?

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

13 How can you ask for an exception?

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

- Call Member Services at 1-866-265-1893, TTY 711. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask him or her to request an exception by calling the Prior Notification Service at **1-800-310-6826**, or he or she can fax a request to **1-866-940-7328**.

14 What are generic drugs?

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

15 What are OTC drugs?

OTC stands for “over-the-counter.” UnitedHealthcare covers some OTC drugs when they are written as prescriptions by your provider. You can read the UnitedHealthcare Community Plan Drug List to see what OTC drugs are preferred.

16 Does UnitedHealthcare cover OTC non-drug products?

UnitedHealthcare covers some OTC non-drug products when they are written as prescriptions by your provider. You can read the UnitedHealthcare Community Plan Drug List to see what OTC non-drug products are covered.

17 What is a specialty pharmacy medication?

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

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

Specialty pharmacy medications are available through our specialty pharmacy network.

If you have questions, call Member Services at **1-866-265-1893, TTY 711**.

List of Preferred Drugs

The List of Preferred Drugs gives you information about the drugs covered by UnitedHealthcare Community Plan. If you have trouble finding your drug in the list, turn to the Index at the end of this booklet.

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

The information in the “Requirements and Limits” column tells you if UnitedHealthcare has any rules for covering your drug.

Utilization Management Restrictions

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

Other special requirements for coverage

SP – Specialty Pharmacy	Drug needs to be accessed through a network specialty pharmacy. Specialty pharmacy drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.
--------------------------------	--

Drug Tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

ABBREVIATIONS

OTC = Over the Counter

PA = Prior Authorization Required

QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

You can find information on what the symbols and abbreviations in this table mean by looking in the footnotes.

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)	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	15
Anti-Addiction/Substance Abuse Treatment Agents	15
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	17
Antiandrogens - Hormone Suppressants	18
Antibacterials	18
Antibacterials - Drugs to Treat Bacterial Infections	21
Anticonvulsants	22
Anticonvulsants - Drugs to Treat Seizures	24
Antidementia Agents	24
Antidepressants	25
Antiemetics	27
Antiemetics - Drugs to Treat Nausea and Vomiting	28
Antifungals	28
Antifungals - Drugs to Treat Fungal Infections	29
Antigout Agents	31
Antimigraine Agents	31
Antimigraine Agents - Drugs to Treat Migraines	31
Antimyasthenic Agents	32
Antimycobacterials	32
Antineoplastics	33
Antineoplastics - Drugs to Treat Cancer	36
Antineoplastics, Other - Chemotherapy Agents	36
Antiparasitics	37
Antiparasitics - Drugs to Treat Parasitic Infections	38
Antiparkinson Agents	38
Antipsychotics	40
Antispasmodics, Urinary - Bladder Control Drugs	41
Antispasticity Agents	41
Antivirals	41
Antivirals - Drugs to Treat Viral Infections	45
Anxiolytics	46
Anxiolytics - Drugs to Treat Anxiety	46
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	46
Bipolar Agents	47
Blood Glucose Regulators	47

Blood Glucose Regulators - Drugs to Regulate Blood Sugar	51
Blood Products and Modifiers	51
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	53
Cardiovascular Agents	53
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	59
Central Nervous System Agents	59
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	62
Dental and Oral Agents	62
Dermatological Agents	63
Dermatological Agents - Drugs to Treat Skin Conditions	69
Diabetes - Glucose Monitoring	71
Electrolytes/Minerals/Metals/Vitamins	74
Estrogens - Hormone Replacement/Modifying Drugs	85
Gastrointestinal Agents	85
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	89
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	105
Genitourinary Agents	106
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	107
Glycemic Agents - Diabetic Drugs	107
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	107
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	108
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	108
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	109
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	109
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	109
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	116
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	117
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	117
Hormonal Agents, Suppressant (Adrenal)	117
Hormonal Agents, Suppressant (Pituitary)	117
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	118
Hormonal Agents, Suppressant (Thyroid)	118
Immune Suppressants - Immune System Drugs	118
Immunological Agents	119
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	122
Inflammatory Bowel Disease Agents	123
Metabolic Bone Disease Agents	123
Miscellaneous Therapeutic Agents	124
Molecular Target Inhibitors - Chemotherapy Agents	134
Monoclonal Antibodies - Chemotherapy Agents	135

Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	135
Ophthalmic Agents.....	135
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	138
Otic Agents.....	143
Otic Agents - Drugs to Treat Ear Conditions.....	143
Respiratory Tract/Pulmonary Agents.....	144
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	151
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	172
Skeletal Muscle Relaxants.....	173
Sleep Disorder Agents.....	173
Sleep Disorder Agents - Drugs for Sedation and Sleep.....	174
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	174
Vaccines.....	178

Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<p><i>ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; OTC; QL</i></p> <p><i>ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; OTC; QL</i></p> <p><i>ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; OTC; QL</i></p> <p><i>all day pain relief (generic for MEDIPROXEN) - Tier 1; OTC; QL</i></p> <p><i>all day relief (generic for MEDIPROXEN) - Tier 1; OTC; QL</i></p> <p><i>celecoxib oral (generic for CELEBREX) - Tier 1; QL</i></p> <p><i>diclofenac potassium oral tablet 50 mg - Tier 1; QL</i></p> <p><i>diclofenac sodium er - Tier 1; QL</i></p> <p><i>diclofenac sodium external gel 1 % (generic for ASPERCREME ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL</i></p> <p><i>diclofenac sodium external solution 1.5 % - Tier 1; PA; QL</i></p> <p><i>diclofenac sodium oral - Tier 1; QL</i></p> <p><i>ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL</i></p> <p><i>etodolac (generic for LODINE) - Tier 1; QL</i></p> <p><i>ibuprofen (generic for IBU) - Tier 1; QL</i></p> <p><i>ibu-200 (generic for ADVIL) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen ib oral tablet 200 mg (generic for ADVIL) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL</i></p> <p><i>ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL</i></p>	<p><i>DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL</i></p> <p><i>ELYXYB - Tier 2; PA; QL</i></p> <p><i>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL</i></p> <p><i>LICART - Tier 2; PA; QL</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL</i></p> <p><i>NAPROSYN (brand for naproxen) - 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

ibuprofen junior strength (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 ADVIL) - Tier 1; OTC; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin oral - 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 50 mg - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
mediproxen (generic for MEDIPROXEN) - Tier 1; OTC; QL
meloxicam oral tablet - Tier 1; QL
mm ibuprofen (generic for ADVIL) - Tier 1; OTC; 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
nabumetone oral - Tier 1; QL
naproxen oral (generic for EC-NAPROSYN) - Tier 1; QL
naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; OTC; QL
oxaprozin (generic for DAYPRO) - Tier 1; QL
piroxicam oral (generic for FELDENE) - Tier 1; QL
sulindac oral - Tier 1; 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
------------------	----------------------

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 (generic for MS CONTIN) - Tier 1; PA; QL</i> <i>oxycodone hcl er - Tier 1; PA; QL</i></p>	<p>BELBUCA - Tier 2; PA; QL BUTRANS (brand for buprenorphine) - Tier 2; PA; QL HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL <i>morphine sulfate er beads - Tier 1; PA; QL</i> <i>MS CONTIN (brand for morphine sulfate er) - Tier 2; PA; QL</i> NUCYNTA ER - Tier 2; PA; QL <i>OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL</i> ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL XTAMPZA ER - Tier 2; PA; QL</p>
--	---

Opioid Analgesics, Short-acting

<p><i>acetaminophen-codeine - 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 (generic for ESGIC) - 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 oral tablet 30 mg, 60 mg - Tier 1; QL</i></p>	<p><i>apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL</i> NUCYNTA - Tier 2; PA; QL SEGLENTIS - Tier 2; PA; QL <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
<p><i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL</i></p> <p><i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</i></p> <p><i>hydromorphone hcl rectal - Tier 1; QL</i></p> <p><i>morphine sulfate (concentrate) - Tier 1; QL</i></p> <p><i>morphine sulfate oral - Tier 1; QL</i></p> <p><i>morphine sulfate rectal - Tier 1; QL</i></p> <p><i>oxycodone hcl oral concentrate 100 mg/5ml - Tier 1; QL</i></p> <p><i>oxycodone hcl oral solution - Tier 1; QL</i></p> <p>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL</p> <p><i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>pentazocine-naloxone hcl - Tier 1; QL</i></p> <p><i>TENCON (brand for butalbital-acetaminophen) - Tier 2; QL</i></p> <p><i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i></p>	
<p>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants</p>	
<p><i>buprenorphine hcl sublingual - Tier 1; DX2RX; 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****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 pain reliever (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
 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 oral suspension 160 mg/5ml (generic for *PANADOL CHILDRENS*) - Tier 1; OTC; QL
 acetaminophen childrens oral tablet chewable 160 mg (generic for *MAPAP CHILDRENS*) - Tier 1; OTC; QL
 acetaminophen er (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

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

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

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

acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR 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 PANADOL CHILDRENS) - 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 (generic for FEVERALL ADULTS) - 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 PANADOL CHILDRENS) - Tier 1; OTC; QL

childrens acetaminophen (generic for PANADOL CHILDRENS) - 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

childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; OTC; QL

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

ed-apap (generic for LITTLE REMEDIES FOR 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

fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

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

feverall adults (generic for FEVERALL ADULTS) - 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

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**

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 PANADOL CHILDRENS) - Tier 1; OTC; QL

infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

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

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

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

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

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

mapap oral capsule - Tier 1; 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

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

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 LITTLE REMEDIES FOR 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
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 PANADOL CHILDRENS) - Tier 1; OTC; QL
pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL
pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL
pain & fever infants (generic for PANADOL CHILDRENS) - 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 PANADOL CHILDRENS) - 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**

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

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 500 mg (generic for MM ACETAMINOPHEN EX STR) - 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 (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL

pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

pain reliever 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: 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

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 tablet (generic for PHARBETOL) - Tier 1; OTC; QL

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

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

PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; OTC; QL

PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; OTC; QL

PANADOL INFANTS (brand for acetaminophen) - Tier 2; OTC; QL

PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; OTC; QL

PHARBETOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; OTC; QL

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

sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; OTC; QL

TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; OTC; QL

TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; OTC; QL

TYLENOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; OTC; QL

TYLENOL ORAL TABLET 500 MG (brand for acetaminophen) - Tier 2; OTC; QL

TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; OTC; QL

TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - 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
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
<i>salsalate oral - Tier 1; QL</i>	
Opioid Analgesics, Short-acting	
<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>	
Anesthetics	
Local Anesthetics	
<i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; OTC; QL</i> <i>lidocaine external cream (generic for ANECREAM) - Tier 1; OTC; QL</i> <i>lidocaine external patch 5 % (generic for LIDODERM) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; OTC; QL</i>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<i>acamprosate calcium - Tier 1; CH; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; CH; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1; CH</i> <i>naltrexone hcl oral - Tier 1</i>	
Opioid Dependence	
<i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; DX2RX; QL</i>	<i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; DX2RX; QL</i> <i>ZUBSOLV - 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
------------------	----------------------

Opioid Reversal Agents

<i>naloxone hcl injection - Tier 1; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i>	KLOXXADO - Tier 2; PA; QL NARCAN (brand for naloxone hcl) - Tier 2; PA; QL ZIMHI - Tier 2; PA; QL
---	---

Smoking Cessation Agents

<i>habitrol (generic for HABITROL) - Tier 1; OTC; PD; QL</i> <i>NICODERM CQ (brand for cvs nicotine) - Tier 2; OTC; PD; QL</i> <i>nicotine step 1 (generic for HABITROL) - Tier 1; OTC; PD; QL</i> <i>nicotine step 2 (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i> <i>nicotine step 3 (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i> <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; OTC; PD; QL</i> <i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; OTC; PD; QL</i> <i>nicotine transdermal system (generic for HABITROL) - Tier 1; OTC; PD; QL</i> <i>varenicline tartrate - Tier 1; PA; PD; 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**

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

Smoking Cessation Agents - Deterrents

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 (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
quit2 (generic for KLS QUIT2) - Tier 1; OTC; PD; QL
quit4 (generic for KLS QUIT4) - Tier 1; OTC; PD; QL
THRIVE (brand for cvs nicotine) - Tier 2; 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
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	ORGOVYX - Tier 2; PA; SP; CH; QL
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i> <i>paromomycin sulfate oral (generic for HUMATIN) - Tier 1; QL</i>	
Antibacterials, Other	
<i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i> <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i> <i>trimethoprim oral - Tier 1; QL</i> <i>VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i>	CLINDESSE - Tier 2; PA; QL FLAGYL (brand for metronidazole) - Tier 2; PA; QL METROGEL (brand for metronidazole) - Tier 2; PA; QL NORITATE - Tier 2; PA NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL XENLETA ORAL - Tier 2; PA; QL XIFAXAN - 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

Beta-lactam, Cephalosporins

cefaclor oral capsule - Tier 1; QL
cefaclor oral suspension reconstituted 250 mg/5ml - Tier 1; QL
cefadroxil - Tier 1; QL
cefdinir - Tier 1; QL
cefixime oral capsule (generic for SUPRAX) - Tier 1; QL
cefprozil - Tier 1; QL
cefuroxime axetil - Tier 1; QL
cephalexin oral capsule - Tier 1; QL
cephalexin oral suspension reconstituted - Tier 1; QL

Beta-lactam, Penicillins

amoxicillin oral capsule - Tier 1; QL
amoxicillin oral suspension reconstituted - Tier 1; QL
amoxicillin oral tablet 875 mg - Tier 1; QL
amoxicillin oral tablet chewable - Tier 1; QL
amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL
ampicillin - Tier 1; QL
dicloxacillin sodium - Tier 1; QL
penicillin v potassium - Tier 1; QL

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

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

Quinolones

CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL
 ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL
 levofloxacin oral tablet (generic for LEVAQUIN) - Tier 1; QL
 moxifloxacin hcl oral - Tier 1; QL
 ofloxacin oral - Tier 1; QL

Sulfonamides

sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL
 sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - 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
------------------	----------------------

Tetracyclines

<p><i>doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL</i></p> <p><i>doxycycline hyclate oral tablet 100 mg - Tier 1; QL</i></p> <p><i>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</i></p> <p><i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i></p> <p><i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i></p> <p><i>mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL</i></p> <p><i>NUZYRA ORAL - Tier 2; PA; QL</i></p>	<p><i>ORACEA (brand for doxycycline) - Tier 2; PA</i></p> <p><i>SOLODYN (brand for minocycline hcl er) - Tier 2; PA</i></p> <p><i>XIMINO (brand for minocycline hcl er) - Tier 2; PA; QL</i></p>
--	--

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

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

Anticonvulsants

Anticonvulsants, Other

felbamate oral suspension (generic for FELBATOL) - 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
 roovepra (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 (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL
 topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL
 valproic acid oral - Tier 1; QL

BRIVIACT ORAL - Tier 2; PA; QL
 EPIDIOLEX - Tier 2; PA; SP; QL
 FINTEPLA - Tier 2; PA; QL
 FYCOMPA - Tier 2; PA; QL
 TOPAMAX (brand for topiramate) - Tier 2; PA; QL
 TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL
 TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL
 XCOPRI - Tier 2; PA; QL
 XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL
 XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL

Calcium Channel Modifying Agents

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

Gamma-aminobutyric Acid (GABA) Augmenting Agents

clobazam (generic for ONFI) - Tier 1; DX2RX; QL
diazepam rectal (generic for DIASTAT ACUDIAL) - 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 (generic for GABITRIL) - Tier 1; PA; QL; AL
 VALTOCO 10 MG DOSE - Tier 2; PA; QL
 VALTOCO 15 MG DOSE - Tier 2; PA; QL
 VALTOCO 20 MG DOSE - Tier 2; PA; QL
 VALTOCO 5 MG DOSE - Tier 2; PA; QL
vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL
vigadrone (generic for VIGADRONE) - Tier 1; PA; SP; QL

gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL
NEURONTIN (brand for gabapentin) - Tier 2; PA; 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: 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
Sodium Channel Agents	
<i>carbamazepine er (generic for CARBATROL) - Tier 1; QL</i> <i>carbamazepine oral (generic for EPITOL) - Tier 1; QL</i> DILANTIN ORAL CAPSULE 30 MG - Tier 2 <i>epitol (generic for EPITOL) - Tier 1; QL</i> <i>lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL</i> <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL</i> <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i> <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL</i> <i>phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</i> <i>rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL</i> TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; QL <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i>	APTIOM - Tier 2; PA; QL OXTELLAR XR - Tier 2; PA; QL <i>VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL</i> <i>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</i>
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP; QL
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC - 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: 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
------------------	----------------------

Cholinesterase Inhibitors

<p><i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; CH; QL; AL</i></p> <p><i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; CH; QL; AL</i></p> <p><i>galantamine hydrobromide oral solution - Tier 1; CH; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; CH; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; CH; QL; AL</i></p> <p><i>rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL; AL</i></p> <p><i>rivastigmine tartrate - Tier 1; CH; QL; AL</i></p>	<p><i>EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA; QL; AL</i></p>
--	---

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

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

Antidepressants

Antidepressants, Other

<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; PD; QL</i></p> <p><i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL</i></p> <p><i>bupropion hcl oral - Tier 1; QL</i></p> <p><i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL</i></p> <p><i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i></p> <p><i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1; CH</i></p> <p><i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; CH; QL</i></p>	<p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p> <p><i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i></p> <p><i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p>
---	---

Tier 1: Generic; Tier 2: Brand; 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
------------------	----------------------

Monoamine Oxidase Inhibitors

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

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

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

CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL
FETZIMA - Tier 2; PA; QL
PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL
PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL
TRINTELLIX - Tier 2; PA; QL
VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL
VIIBRYD STARTER PACK - Tier 2; PA; QL

Tricyclics

amitriptyline hcl oral - Tier 1; QL
amoxapine - Tier 1; QL
desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL
doxepin hcl oral capsule - Tier 1; QL
doxepin hcl oral concentrate - Tier 1; QL
imipramine hcl oral - Tier 1; QL
nortriptyline hcl oral (generic for PAMELOR) - 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
Antiemetics	
Antiemetics, Other	
<p><i>BONINE (brand for cvs motion sickness relief) - Tier 2; OTC</i> <i>compro (generic for COMPRO) - Tier 1; QL</i> <i>driminate (generic for DRIMINATE) - Tier 1; OTC</i> <i>meclizine hcl oral tablet (generic for DRAMAMINE) - Tier 1; QL</i> <i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1; OTC</i> <i>metoclopramide hcl oral solution - Tier 1; QL</i> <i>metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL</i> <i>motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1; OTC</i> <i>motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1; OTC</i> <i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1; OTC</i> <i>motion-time (generic for BONINE) - Tier 1; OTC</i> <i>perphenazine oral - Tier 1; QL</i> <i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i> <i>prochlorperazine maleate oral - Tier 1; QL</i> <i>promethazine hcl oral - Tier 1; QL</i> <i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i> <i>promethegan (generic for PROMETHEGAN) - Tier 1; QL</i> <i>travel ease (generic for BONINE) - Tier 1; OTC</i> <i>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
Emetogenic Therapy Adjuncts	
<p><i>aprepitant (generic for EMEND) - Tier 1; QL</i> <i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i> <i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i> <i>ondansetron odt - Tier 1; QL</i></p>	<p><i>AKYNZEO ORAL - Tier 2; PA; QL</i> <i>EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL</i> <i>SANCUSO - 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
------------------	----------------------

Antiemetics - Drugs to Treat Nausea and Vomiting	
--	--

Antiemetics, Other - Nausea and Vomiting Drugs	
--	--

<p><i>anti-nausea (generic for EMETROL) - Tier 1; OTC</i> <i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2; OTC</i> <i>gnp anti-nausea relief (generic for EMETROL) - Tier 1; OTC</i> <i>nausea control (generic for EMETROL) - Tier 1; OTC</i> <i>nausea relief (generic for EMETROL) - Tier 1; OTC</i> <i>qc anti-nausea (generic for EMETROL) - Tier 1; OTC</i></p>	
--	--

Antifungals	
-------------	--

<p><i>3 day (generic for MONISTAT 3) - Tier 1; OTC</i> <i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>griseofulvin microsize oral - Tier 1; QL</i> <i>griseofulvin ultramicrosize - Tier 1; QL</i> <i>itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL</i> <i>ketoconazole oral - Tier 1; QL</i> <i>miconazole 3 - Tier 1; QL</i> <i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; OTC; QL</i> <i>miconazole 3 combo pack app (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; OTC; QL</i> <i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; OTC; QL</i></p>	<p><i>CRESEMBA ORAL - Tier 2; PA; QL</i> <i>DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL</i> <i>GYNAZOLE-1 - Tier 2; PA; QL</i> <i>NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL</i> <i>NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA</i> <i>NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL</i> <i>VFEND (brand for voriconazole) - 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
<p><i>miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL</i></p> <p><i>miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL</i></p> <p><i>miconazole 7 vaginal suppository 100 mg - 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 (generic for GYNE-LOTRIMIN 3) - Tier 1; OTC</i></p> <p><i>3-day vaginal vaginal cream 2 % (generic for GYNE-LOTRIMIN 3) - Tier 1; OTC</i></p> <p><i>antifungal external cream (generic for MICATIN) - 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>antifungal miconazole (generic for MICATIN) - Tier 1; OTC</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>	

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 external powder 2 % (generic for DESENEX) - Tier 1; OTC; QL
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 MICATIN) - Tier 1; OTC
clotrimazole 3 (generic for GYNE-LOTRIMIN 3) - Tier 1; OTC
clotrimazole 7 (generic for GYNE-LOTRIMIN) - Tier 1; OTC; QL
clotrimazole vaginal (generic for GYNE-LOTRIMIN) - Tier 1; OTC; QL
clotrimazole vaginal cream 1 % (generic for GYNE-LOTRIMIN) - Tier 1; OTC; QL
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
GYNE-LOTRIMIN (brand for clotrimazole) - Tier 2; OTC; QL
GYNE-LOTRIMIN 3 (brand for 3 day vaginal) - Tier 2; 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
micaderm (generic for MICATIN) - 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>MICATIN (brand for antifungal) - Tier 2; OTC miconazole antifungal (generic for MICATIN) - Tier 1; OTC miconazole nitrate external cream (generic for MICATIN) - Tier 1; OTC miconazorb af (generic for DESENEX) - Tier 1; OTC; QL MICOTRIN AP (brand for antifungal) - Tier 2; OTC; QL MYCOZYL AP (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 (generic for ZYLOPRIM) - Tier 1; QL febuxostat (generic for ULORIC) - Tier 1; ST; QL MITIGARE (brand for colchicine) - Tier 2; QL probenecid - Tier 1; QL</p>	<p>COLCHICINE ORAL CAPSULE (brand for colchicine) - Tier 2; PA; QL colchicine oral tablet (generic for COLCRYS) - Tier 1; PA; QL COLCRYS (brand for colchicine) - Tier 2; PA; QL</p>
Antimigraine Agents	
Ergot Alkaloids	
<p>dihydroergotamine mesylate injection - Tier 1; QL MIGERGOT - Tier 2; QL</p>	<p>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL</p>
Prophylactic	
<p>AIMOVIG - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL</p>	<p>AJOVY - Tier 2; PA; QL</p>
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
<p>NURTEC - Tier 2; PA; QL</p>	<p>UBRELVY - 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
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<i>naratriptan hcl - Tier 1; ST; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal (generic for IMITREX) - 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>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX (brand for sumatriptan) - Tier 2; PA; QL</i> <i>MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL</i> <i>REYVOW - Tier 2; PA; QL</i> <i>TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; 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 (generic for MYCOBUTIN) - 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	
<p><i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL</p>	
Antineoplastics	
Alkylating Agents	
<p><i>cyclophosphamide oral capsule - Tier 1; CH</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2; CH LEUKERAN - Tier 2; CH MATULANE - Tier 2; SP; CH MYLERAN - Tier 2; CH <i>temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP; CH</i> <i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; CH; QL</i></p>	
Antiandrogens	
<p><i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; CH; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; CH; QL</i> ERLEADA ORAL TABLET 240 MG - Tier 2; SP; CH; QL ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; CH; QL EULEXIN - Tier 2; CH; QL NUBEQA - Tier 2; PA; SP; CH; QL</p>	<p>XTANDI - Tier 2; PA; SP; CH; QL ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; 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
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; 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; CH; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; CH; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; CH; QL</i> <i>mercaptopurine oral - Tier 1; CH; QL</i> TABLOID - Tier 2; SP; CH	PURIXAN - Tier 2; PA; CH; QL
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; CH; QL LONSURF - Tier 2; PA; SP; CH; QL NINLARO - Tier 2; PA; SP; CH; QL ZOLINZA - Tier 2; PA; SP; CH; QL	SYNRIPO - Tier 2; PA; SP XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; CH; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; CH; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; CH; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; CH; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; CH; QL
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; CH; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; CH; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; CH; QL</i>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1; CH</i> HYCAMTIN ORAL - Tier 2; PA; SP; 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; CH; QL
 COTELLIC - Tier 2; PA; SP; CH; QL
 DAURISMO - Tier 2; PA; SP; CH; QL
 ERIVEDGE - Tier 2; PA; SP; CH; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for AFINITOR) - Tier 1; PA; SP; CH; QL
everolimus oral tablet 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; CH
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; CH; QL
 IBRANCE - Tier 2; PA; SP; CH; QL
 JAKAFI - Tier 2; PA; SP; CH; QL
 LYNPARZA - Tier 2; PA; SP; CH; QL
 MEKINIST ORAL TABLET - Tier 2; PA; SP; CH; QL
 ODOMZO - Tier 2; PA; SP; CH; QL
 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; CH; QL
 PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; CH; QL
 PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; CH; QL
 ROZLYTREK - Tier 2; PA; SP; CH; QL
 RUBRACA - Tier 2; PA; SP; CH; QL
 RYDAPT - Tier 2; PA; SP; CH; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; CH; QL
 STIVARGA - Tier 2; PA; SP; CH; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; CH; QL
sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP; CH
 TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; CH; QL

AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG (brand for everolimus) - Tier 2; PA; SP; CH; QL
AFINITOR ORAL TABLET 7.5 MG (brand for everolimus) - Tier 2; PA; SP; CH
 COPIKTRA - Tier 2; PA; SP; CH; QL
 EXKIVITY - Tier 2; PA; SP; CH; QL
 KISQALI (200 MG DOSE) - Tier 2; PA; SP; CH; QL
 KISQALI (400 MG DOSE) - Tier 2; PA; SP; CH; QL
 KISQALI (600 MG DOSE) - Tier 2; PA; SP; CH; QL
 KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; CH; QL
 KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; CH; QL
 KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; CH; QL
 KOSELUGO - Tier 2; PA; CH; QL
NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; CH; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (brand for sunitinib malate) - Tier 2; PA; SP; CH; QL
SUTENT ORAL CAPSULE 37.5 MG (brand for sunitinib malate) - Tier 2; PA; SP; CH
 TALZENNA - Tier 2; PA; SP; CH; QL
 TEPMETKO - 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
TIBSOVO - Tier 2; PA; SP; CH; QL VENCLEXTA - Tier 2; PA; SP; CH; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; CH; QL VERZENIO - Tier 2; PA; SP; CH; QL VITRAKVI - Tier 2; PA; SP; CH; QL ZEJULA - Tier 2; PA; SP; CH; QL ZELBORAF - Tier 2; PA; SP; CH; QL ZYDELIG - Tier 2; PA; SP; CH; QL	
Retinoids	
<i>bexarotene external (generic for TARGRETIN) - Tier 1; PA; SP</i> <i>bexarotene oral (generic for TARGRETIN) - Tier 1; PA; SP; CH</i> <i>tretinoin oral - Tier 1; SP; CH</i>	<i>TARGRETIN EXTERNAL (brand for bexarotene) - Tier 2; PA; SP</i> <i>TARGRETIN ORAL (brand for bexarotene) - Tier 2; PA; SP; CH</i>
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg - Tier 1; CH</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; CH; QL</i> MESNEX ORAL - Tier 2; SP; CH	
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	
<i>melphalan (generic for ALKERAN) - Tier 1; CH</i>	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; SP; CH</i>	<i>XELODA (brand for capecitabine) - Tier 2; PA; SP; CH</i>
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX - Tier 2; PA; SP; CH; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; CH; QL	LUMAKRAS - 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
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL
Antiprotozoals	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> BENZNIDAZOLE - Tier 2; DX2RX; QL <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral (generic for ALINIA) - 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>	

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	
<p><i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p>	
Antiparkinson Agents	
Anticholinergics	
<p><i>benztropine mesylate oral - Tier 1; QL</i></p> <p><i>trihexyphenidyl hcl - Tier 1; QL</i></p>	
Antiparkinson Agents, Other	
<p><i>amantadine hcl oral capsule - Tier 1; QL</i></p> <p><i>amantadine hcl oral solution - Tier 1; QL</i></p> <p><i>entacapone (generic for COMTAN) - Tier 1; QL</i></p> <p><i>tolcapone (generic for TASMAR) - Tier 1; QL</i></p>	<p><i>COMTAN (brand for entacapone) - Tier 2; PA; QL</i></p> <p><i>GOCOVRI - Tier 2; PA; QL</i></p> <p><i>NOURIANZ - Tier 2; PA; QL</i></p> <p><i>ONGENTYS - Tier 2; PA; QL</i></p> <p><i>OSMOLEX ER - Tier 2; PA; QL</i></p> <p><i>TASMAR (brand for tolcapone) - 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
Dopamine Agonists	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL</i> <i>KYNMOBI - Tier 2; PA; SP; QL</i> <i>NEUPRO - Tier 2; PA; QL</i>
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	<i>carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL</i> <i>DUOPA - Tier 2; PA</i> <i>INBRIJA - Tier 2; PA; SP; QL</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>selegiline hcl oral - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; 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
------------------	----------------------

Antipsychotics

1st Generation/Typical

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

2nd Generation/Atypical

ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL
aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL
ARISTADA - 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
lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL
olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL
PERSERIS - Tier 2; DX2RX; ST; QL; AL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (generic for SEROQUEL) - Tier 1; QL; AL
RISPERDAL CONSTA - Tier 2; DX2RX; ST; QL; AL
risperidone oral solution (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL

ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL
aripiprazole oral solution - Tier 1; PA; QL; AL
aripiprazole oral tablet dispersible - Tier 1; PA; QL; AL
ARISTADA INITIO - Tier 2; PA; QL; AL
CAPLYTA - Tier 2; PA; QL; AL
FANAPT - Tier 2; PA; QL; AL
FANAPT TITRATION PACK - Tier 2; PA; QL; AL
GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL
INVEGA (brand for paliperidone er) - Tier 2; PA; QL; AL
LATUDA (brand for lurasidone hcl) - Tier 2; PA; QL; AL
LYBALVI - Tier 2; PA; CH; QL; AL
olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; PA; QL; AL
paliperidone er (generic for INVEGA) - Tier 1; 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
<i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL</i> <i>ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</i>	<i>quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; PA; QL; AL</i> <i>quetiapine fumarate oral tablet 150 mg - Tier 1; PA; QL; AL</i> REXULTI - Tier 2; PA; QL; AL <i>RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL</i> <i>RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; PA; QL; AL</i> <i>risperidone oral tablet dispersible - Tier 1; PA; QL; AL</i> <i>SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL</i> <i>SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL</i> <i>SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL</i> VRAYLAR - Tier 2; PA; QL; AL <i>ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL</i> <i>ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; QL; AL</i>
Treatment-Resistant	
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg (generic for CLOZARIL) - Tier 1; QL; AL</i>	CLOZARIL (brand for clozapine) - Tier 2; PA; QL; AL VERSACLOZ - Tier 2; PA; QL; AL
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	GEMTESA - Tier 2; PA; QL
Antispasticity Agents	
<i>baclofen oral tablet - 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>	ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; QL
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>valganciclovir hcl oral tablet (generic for VALCYTE) - 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-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; SP; QL <i>entecavir (generic for BARACLUDE) - Tier 1; SP; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; SP; QL</i>	VEMLIDY - Tier 2; PA; SP; QL
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 - Tier 2; PA; SP; QL
Antiherpetic Agents	
<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; PA
 BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; PA; QL
 DOVATO - Tier 2; DX2RX; QL
 GENVOYA - Tier 2; PA; QL
 ISENTRESS HD - Tier 2; DX2RX; QL
 ISENTRESS ORAL PACKET - Tier 2; DX2RX; Members >= 2 years of age will require PA; QL; AL
 ISENTRESS ORAL TABLET - Tier 2; DX2RX; QL
 ISENTRESS ORAL TABLET CHEWABLE - Tier 2; DX2RX; QL
 JULUCA - Tier 2; DX2RX; QL
 STRIBILD - Tier 2; PA; QL
 TIVICAY - Tier 2; DX2RX; QL
 TIVICAY PD - Tier 2; DX2RX; QL; AL

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

COMPLERA - Tier 2; PA; QL
 DELSTRIGO - Tier 2; DX2RX; QL
 EDURANT - Tier 2; DX2RX; QL
 efavirenz (generic for SUSTIVA) - Tier 1; DX2RX; QL
 efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - 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

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

Tier 1: Generic; Tier 2: Brand; 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, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<p><i>abacavir sulfate (generic for ZIAGEN) - Tier 1; DX2RX; QL</i> <i>abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; DX2RX; QL</i> <i>emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; QL</i> <i>emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; PD; QL</i> EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL <i>lamivudine oral solution (generic for EPIVIR) - Tier 1; DX2RX; QL</i> <i>lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; DX2RX; QL</i> <i>lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; DX2RX; QL</i> ODEFSEY - Tier 2; DX2RX; QL <i>tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; PD; QL</i> TRIUMEQ - Tier 2; DX2RX; QL TRIUMEQ PD - Tier 2; QL TRIZIVIR - Tier 2; DX2RX; QL VIREAD ORAL POWDER - Tier 2; DX2RX; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; DX2RX; QL <i>zidovudine (generic for RETROVIR) - Tier 1; DX2RX; QL</i></p>	<p>CIMDUO - Tier 2; PA; QL DESCOVY - Tier 2; PA; QL TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; PD; QL</p>
--	---

Anti-HIV Agents, Other

<p>FUZEON - Tier 2; DX2RX; QL <i>maraviroc (generic for SELZENTRY) - Tier 1; DX2RX; QL</i> SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL SELZENTRY ORAL TABLET 25 MG, 75 MG - Tier 2; DX2RX; QL TYBOST - Tier 2; DX2RX; QL</p>	<p>RUKOBIA - 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
Anti-HIV Agents, Protease Inhibitors (PI)	
<p>APTIVUS - Tier 2; DX2RX; QL <i>atazanavir sulfate (generic for REYATAZ)</i> - Tier 1; DX2RX; QL EVOTAZ - Tier 2; DX2RX; QL <i>fosamprenavir calcium (generic for LEXIVA)</i> - Tier 1; DX2RX; QL LEXIVA ORAL SUSPENSION - Tier 2; DX2RX; QL <i>lopinavir-ritonavir (generic for KALETRA)</i> - Tier 1; DX2RX; QL 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)</i> - Tier 1; DX2RX; QL VIRACEPT - Tier 2; DX2RX; QL</p>	<p>KALETRA (<i>brand for lopinavir-ritonavir</i>) - Tier 2; DX2RX; QL REYATAZ ORAL CAPSULE (<i>brand for atazanavir sulfate</i>) - Tier 2; DX2RX; QL SYMTUZA - Tier 2; PA; QL</p>
Anti-influenza Agents	
<p><i>oseltamivir phosphate oral capsule (generic for TAMIFLU)</i> - Tier 1; QL <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU)</i> - Tier 1; QL; AL RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl</i> - Tier 1; QL TAMIFLU ORAL CAPSULE (<i>brand for oseltamivir phosphate</i>) - Tier 2; QL TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>brand for oseltamivir phosphate</i>) - Tier 2; QL; AL</p>	<p>XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL</p>
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
<p>LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; 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
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i>	
Benzodiazepines	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	LOREEV XR - Tier 2; PA; QL
Anxiolytics - Drugs to Treat Anxiety	
Benzodiazepines - Anxiety Drugs	
	<i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> <i>quazepam (generic for DORAL) - Tier 1; PA; QL</i>
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; 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
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></p> <p><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></p> <p><i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i></p> <p><i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i></p> <p><i>lithium carbonate oral - Tier 1; QL</i></p>	
Blood Glucose Regulators	
Antidiabetic Agents	
<p><i>acarbose oral - Tier 1; QL</i></p> <p><i>ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; ST; QL</i></p> <p><i>ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; ST; QL</i></p> <p><i>ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; ST; QL</i></p> <p><i>FARXIGA - Tier 2; PA; QL</i></p> <p><i>glimepiride (generic for AMARYL) - Tier 1; QL</i></p> <p><i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i></p> <p><i>glipizide ir - Tier 1; QL</i></p> <p><i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i></p> <p><i>glyburide micronized (generic for GLYNASE) - Tier 1; QL</i></p> <p><i>glyburide oral - Tier 1; QL</i></p>	<p><i>BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL</i></p> <p><i>BYETTA 10 MCG PEN - Tier 2; PA; QL</i></p> <p><i>BYETTA 5 MCG PEN - Tier 2; PA; QL</i></p> <p><i>GLYXAMBI - Tier 2; PA</i></p> <p><i>JANUMET - Tier 2; PA; QL</i></p> <p><i>JANUMET XR - Tier 2; PA; QL</i></p> <p><i>JANUVIA - Tier 2; PA; QL</i></p> <p><i>JENTADUETO - Tier 2; PA; QL</i></p> <p><i>JENTADUETO XR - Tier 2; PA; QL</i></p> <p><i>KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; ST; QL</i></p> <p><i>KOMBIGLYZE XR - Tier 2; PA; QL</i></p> <p><i>NESINA (brand for alogliptin benzoate) - Tier 2; PA; ST; QL</i></p> <p><i>ONGLYZA - Tier 2; PA; QL</i></p> <p><i>OSENI (brand for alogliptin-pioglitazone) - Tier 2; PA; ST; 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
<p>glyburide-metformin - Tier 1; QL INVOKAMET - Tier 2; ST; QL INVOKAMET XR - Tier 2; ST; QL INVOKANA - Tier 2; ST; QL JARDIANCE - Tier 2; ST; QL metformin hcl er (osm) - Tier 1; PA; QL metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1 metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL nateglinide - Tier 1; QL pioglitazone hcl (generic for ACTOS) - Tier 1; QL repaglinide - Tier 1; QL SOLIQUA - Tier 2; ST; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL SYNJARDY - Tier 2; ST; QL SYNJARDY XR - Tier 2; ST; QL TRULICITY - Tier 2; ST; QL</p>	<p>OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL QTERN - Tier 2; PA; QL RYBELSUS - Tier 2; PA; QL SEGLUROMET - Tier 2; PA; QL STEGLATRO - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL VICTOZA - Tier 2; PA; QL XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG - Tier 2; PA XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL</p>

Glycemic Agents

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

Insulins

<i>BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; QL</i>	<i>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL</i>
<i>HUMALOG INJECTION (brand for insulin lispro) - Tier 2; QL</i>	<i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL</i>
<i>HUMALOG MIX 50/50 - Tier 2; QL</i>	<i>AFREZZA - Tier 2; PA; QL</i>
<i>HUMALOG MIX 75/25 - Tier 2; QL</i>	<i>APIDRA SOLOSTAR - Tier 2; PA; QL</i>
<i>HUMULIN 70/30 VIAL - Tier 2; OTC; QL</i>	<i>APIDRA VIAL - Tier 2; PA; QL</i>
<i>HUMULIN N VIAL - Tier 2; OTC; QL</i>	<i>FIASP - Tier 2; PA; QL</i>
<i>HUMULIN R VIAL - Tier 2; OTC; QL</i>	<i>FIASP FLEXTOUCH - Tier 2; PA; QL</i>
<i>INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL</i>	<i>FIASP PENFILL - Tier 2; PA; QL</i>
<i>INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL</i>	<i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL</i>
<i>NOVOLIN 70/30 RELION - Tier 2; OTC; QL</i>	<i>HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL</i>
<i>NOVOLIN 70/30 VIAL - Tier 2; OTC; QL</i>	<i>HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL</i>
<i>NOVOLIN N RELION - Tier 2; OTC; QL</i>	<i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL</i>
<i>NOVOLIN N VIAL - Tier 2; OTC; QL</i>	<i>HUMALOG SUBCUTANEOUS - Tier 2; PA; QL</i>
<i>NOVOLIN R RELION - Tier 2; OTC; QL</i>	<i>HUMULIN 70/30 KWIKPEN - Tier 2; PA; OTC; QL</i>
<i>NOVOLIN R VIAL - Tier 2; OTC; QL</i>	<i>HUMULIN N KWIKPEN - Tier 2; PA; OTC; QL</i>
<i>NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL</i>	<i>HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL</i>
<i>NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; QL</i>	<i>HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL</i>
<i>NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL</i>	<i>INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL</i>
<i>NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL</i>	<i>INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL</i>
	<i>INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL</i>
	<i>INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - 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**

INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL
INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL
INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; PA; QL
LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL
LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; PA; QL
LEVEMIR FLEXPEN - Tier 2; PA; QL
LEVEMIR U-100 VIAL - Tier 2; PA; QL
LYUMJEV - Tier 2; PA; QL
LYUMJEV KWIKPEN - Tier 2; PA; QL
NOVOLIN 70/30 FLEXPEN - Tier 2; PA; OTC; QL
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 - Tier 2; PA; QL
TOUJEO SOLOSTAR - Tier 2; PA; QL
TRESIBA (brand for insulin degludec) - Tier 2; PA; QL
TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; 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
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
Glycemic Agents - Diabetic Drugs	
<p><i>glucose oral tablet chewable 4 gm (generic for TRUEPLUS GLUCOSE) - Tier 1; OTC; QL</i></p> <p><i>soft glucose (generic for TRUEPLUS GLUCOSE) - Tier 1; OTC; QL</i></p> <p><i>TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; OTC; QL</i></p> <p><i>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; OTC; QL</i></p>	
Insulins - Diabetic Drugs	
<p><i>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL; DME</i></p> <p><i>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL; DME</i></p> <p><i>NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME</i></p>	
Blood Products and Modifiers	
Anticoagulants	
<p><i>ELIQUIS - Tier 2; QL</i></p> <p><i>ELIQUIS DVT/PE STARTER PACK - Tier 2; QL</i></p> <p><i>enoxaparin sodium (generic for LOVENOX) - Tier 1; QL</i></p> <p><i>heparin sodium (porcine) - Tier 1</i></p> <p><i>heparin sodium (porcine) pf - Tier 1</i></p> <p><i>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</i></p> <p><i>jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i></p> <p><i>SAVAYSA - Tier 2; QL</i></p> <p><i>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</i></p> <p><i>warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i></p>	<p><i>PRADAXA (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL</i></p> <p><i>XARELTO - Tier 2; PA; QL</i></p> <p><i>XARELTO STARTER PACK - 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
------------------	----------------------

Blood Products and Modifiers, Other

<p><i>anagrelide hcl (generic for AGRYLIN) - Tier 1</i> 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 LEUKINE - Tier 2; PA; SP MOZOBIL - Tier 2; PA; SP; QL MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP</p>	<p>EPOGEN - Tier 2; PA; SP FULPHILA - Tier 2; PA; SP GRANIX - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; SP; QL OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL PROCRIT - Tier 2; PA; SP SIKLOS - Tier 2; PA; QL UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP</p>
--	--

Hemostasis Agents

<p><i>aminocaproic acid oral (generic for AMICAR) - Tier 1; QL</i> <i>tranexamic acid oral - Tier 1; DX2RX; QL</i></p>	
---	--

Platelet Modifying Agents

<p>BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i> <i>prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL</i></p>	<p>DOPTELET - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL</i> TAVALISSE - 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
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> METHYLDOPA - Tier 2; QL <i>midodrine hcl - Tier 1; QL</i>	<i>droxidopa oral capsule 100 mg (generic for NORTHERA) - Tier 1; PA; SP; QL</i>
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral (generic for MINIPRESS) - Tier 1; QL</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; 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

Angiotensin-converting Enzyme (ACE) Inhibitors

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

Antiarrhythmics

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

BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL
BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL
 MULTAQ - Tier 2; PA; QL
PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG (brand for propafenone hcl er) - Tier 2; PA; QL
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG (brand for propafenone hcl er) - Tier 2; PA
TIKOSYN (brand for dofetilide) - 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

Beta-adrenergic Blocking Agents

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

HEMANGEOL - Tier 2; PA; QL

Calcium Channel Blocking Agents, Dihydropyridines

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

KATERZIA - Tier 2; PA; QL
 NORLIQVA - 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: 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 Channel Blocking Agents, Nondihydropyridines

cartia xt (generic for CARTIA XT) - Tier 1; QL
diltiazem hcl er beads (generic for TAZTIA XT) - 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
taztia xt (generic for TAZTIA XT) - Tier 1; QL
tiadylt er (generic for TAZTIA XT) - Tier 1; QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL
verapamil hcl er oral tablet extended release - Tier 1; QL
verapamil hcl oral - Tier 1; QL

Cardiovascular Agents, Other

ACCURETIC ORAL TABLET 10-12.5 MG - Tier 2; QL
acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide (generic for ZIAC) - Tier 1; QL
captopril-hydrochlorothiazide - Tier 1; QL
digoxin oral solution - Tier 1
digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL
ENTRESTO - Tier 2; PA; QL
fosinopril sodium-hctz - Tier 1; QL

BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL
CORLANOR - Tier 2; PA; QL
EDARBYCLOR - Tier 2; PA; QL
KERENDIA - Tier 2; PA; CH; QL
TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL
TEKTURNA HCT - 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: 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>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL</i> <i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i> <i>pentoxifylline er - Tier 1; QL</i> <i>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL</i> <i>ranolazine er - Tier 1; ST; QL</i> <i>spironolactone-hctz (generic for ALDACTAZIDE) - Tier 1; QL</i> <i>triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</i></p>	
Diuretics, Loop	
<p><i>bumetanide oral (generic for BUMEX) - Tier 1; QL</i> <i>furosemide oral solution 10 mg/ml - Tier 1; QL</i> <i>furosemide oral tablet (generic for LASIX) - Tier 1; QL</i> <i>SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL</i> <i>torsemide (generic for SOAANZ) - Tier 1; QL</i></p>	
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i> <i>spironolactone oral (generic for ALDACTONE) - Tier 1; QL</i></p>	
Diuretics, Thiazide	
<p><i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; 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, Fibric Acid Derivatives	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; ST; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; ST; QL</i> <i>fenofibrate oral tablet 145 mg (generic for TRICOR) - Tier 1; PA; ST; QL</i> <i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; PA; ST; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	<i>ANTARA (brand for fenofibrate micronized) - Tier 2; PA; QL</i> <i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i> <i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i> <i>TRICOR ORAL TABLET 145 MG (brand for fenofibrate) - Tier 2; PA; ST; QL</i> <i>TRICOR ORAL TABLET 48 MG (brand for fenofibrate) - Tier 2; PA; QL</i> <i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i>
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; PD; QL</i> <i>lovastatin oral - Tier 1; PD; QL; AL</i> <i>pravastatin sodium - Tier 1; PD; QL</i> <i>rosuvastatin calcium (generic for CRESTOR) - Tier 1; PD; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; PD; QL</i>	<i>ALTOPREV - Tier 2; PA; PD; QL</i> <i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; PD; QL</i> <i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA; PD</i> <i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; PD; QL</i> <i>LIVALO - Tier 2; PA; PD; QL</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; PD; QL</i> <i>ZYPITAMAG - Tier 2; PA; PD; QL</i>
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> <i>REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</i>	<i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL</i> <i>NEXLETOL - Tier 2; PA; QL</i> <i>NEXLIZET - Tier 2; PA; QL</i> <i>PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL</i> <i>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</i> <i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</i>
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	

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
Vasodilators, Direct-acting Arterial/Venous	
<p><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>NITRO-DUR (brand for nitroglycerin) - Tier 2; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i> RECTIV - Tier 2; DX2RX; QL</p>	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<p><i>atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; QL; AL</i> <i>dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; QL; AL</i> <i>dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; QL; AL</i> <i>guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; QL; AL</i> <i>methylphenidate hcl er (cd) - Tier 1; DX2RX; QL; AL</i> <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; QL; AL</i> <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; QL; AL</i> <i>methylphenidate hcl er oral tablet extended release - Tier 1; DX2RX; QL; AL</i></p>	<p><i>APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL</i> <i>CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; QL; AL</i> <i>DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL</i> <i>FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; DX2RX; QL; AL</i> <i>INTUNIV (brand for guanfacine hcl er) - Tier 2; DX2RX; QL; AL</i> JORNAY PM - Tier 2; PA; QL; AL <i>KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL; AL</i> <i>METHYLIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL</i> <i>RELEXXII (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL</i> <i>RITALIN (brand for methylphenidate hcl) - Tier 2; DX2RX; QL; AL</i> <i>STRATTERA (brand for atomoxetine hcl) - Tier 2; DX2RX; QL; AL</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
<p><i>methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; DX2RX; Mallinckrodt and Kremers Urban labelers; QL; AL</i></p> <p><i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; QL; AL</i></p>	
<p>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</p>	
<p><i>ADDERALL XR (brand for amphetamine-dextroamphetamine) - Tier 2; DX2RX; QL; AL</i></p> <p><i>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; QL; AL</i></p> <p><i>dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; QL; AL</i></p> <p><i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; QL; AL</i></p>	<p><i>AZSTARYS - Tier 2; PA; QL; AL</i></p> <p><i>DYANAVEL XR - Tier 2; PA; QL; AL</i></p> <p><i>EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; QL; AL</i></p> <p><i>EVEKEO ODT - Tier 2; PA; QL; AL</i></p> <p><i>MYDAYIS - Tier 2; PA; QL; AL</i></p> <p><i>VYVANSE ORAL CAPSULE - Tier 2; PA; QL; AL</i></p> <p><i>VYVANSE ORAL TABLET CHEWABLE - Tier 2; PA; QL</i></p> <p><i>ZENZEDI ORAL TABLET 10 MG, 5 MG (brand for dextroamphetamine sulfate) - Tier 2; DX2RX; QL; AL</i></p> <p><i>ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG (brand for dextroamphetamine sulfate) - Tier 2; PA; QL; AL</i></p> <p><i>ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG - Tier 2; PA; QL; AL</i></p>
<p>Central Nervous System, Other</p>	
<p><i>AUSTEDO - Tier 2; PA; SP; CH; QL</i></p> <p><i>caffeine citrate oral - Tier 1; QL; AL</i></p> <p><i>INGREZZA - Tier 2; PA; SP; CH; QL</i></p> <p><i>NUDEXTA - Tier 2; DX2RX; CH; QL</i></p> <p><i>riluzole (generic for RILUTEK) - Tier 1; QL</i></p> <p><i>tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; CH; QL</i></p>	<p><i>GRALISE ORAL TABLET 300 MG, 600 MG - Tier 2; PA; CH; QL</i></p> <p><i>HORIZANT - Tier 2; PA; CH; QL</i></p> <p><i>RADICAVA ORS - Tier 2; PA; SP; QL</i></p> <p><i>RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL</i></p> <p><i>TIGLUTIK - Tier 2; PA; QL</i></p> <p><i>XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; 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: 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
Fibromyalgia Agents	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL</i> <i>pregabalin (generic for LYRICA) - Tier 1; QL</i>	<i>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL</i> <i>LYRICA CR (brand for pregabalin er) - Tier 2; PA; CH; QL</i>
Multiple Sclerosis Agents	
<i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; CH; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; CH; QL</i> <i> fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; CH; QL</i> <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; DX2RX; SP; CH; QL</i>	<i>AMPYRA (brand for dalfampridine er) - Tier 2; PA; SP; CH; QL</i> <i>AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; CH; QL</i> 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 <i>COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL</i> <i>dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; CH; QL</i> EXTAVIA - Tier 2; PA; SP <i>GILENYA (brand for fingolimod hcl) - Tier 2; DX2RX; SP; CH; QL</i> KESIMPTA - Tier 2; PA; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; CH; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; CH; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL <i>TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; CH; QL</i> 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

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
	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG - Tier 2; PA; SP; CH; QL
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>oralone (generic for ORALONE) - Tier 1; QL</i> <i>perio gard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i> <i>triamcinolone acetonide mouth/throat (generic for ORALONE) - 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
Dermatological Agents	
Acne and Rosacea Agents	
<p><i>accutane (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>acitretin - Tier 1; PA; QL</i> <i>amnesteem (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>AVITA (brand for tretinoin) - Tier 2; ST; QL; AL</i> <i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i> <i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; OTC; QL</i> <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>tretinoin external cream (generic for AVITA) - Tier 1; ST; QL; AL</i> <i>zenatane (generic for ACCUTANE) - Tier 1; PA; QL</i></p>	<p><i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i> <i>ABSORICA LD - Tier 2; PA; QL</i> <i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i> <i>ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL</i> <i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</i> <i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</i> <i>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL</i> <i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i> <i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i> <i>FINACEA (brand for azelaic acid) - Tier 2; PA; QL</i> <i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>ONEXTON - Tier 2; PA; QL</i> <i>RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL</i> <i>RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL</i> <i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i> <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % - Tier 2; PA; QL; AL</i> <i>RHOFADE - Tier 2; PA; QL</i> <i>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</i> <i>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</i> <i>VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i> <i>ZIANA (brand for clindamycin-tretinoin) - 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

Dermatitis and Pruritus Agents

ala-cort (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL
alclometasone dipropionate external ointment - Tier 1; QL
ammonium lactate external (generic for AL12) - Tier 1; QL
anti-itch aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
anti-itch intensive heal (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
anti-itch maximum strength external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL
betamethasone dipropionate external lotion - Tier 1
betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1
betamethasone valerate external ointment - Tier 1; QL
clobetasol prop emollient base - Tier 1; QL
clobetasol propionate e - Tier 1; QL
clobetasol propionate external cream - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone intense healing (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
cortisone maximum strength external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
eczema anti-itch (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
 EUCRISA - Tier 2; ST; QL

BRYHALI - Tier 2; PA; QL
CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL
CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL
doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL
LUXIQ (brand for betamethasone valerate) - Tier 2; PA; QL
OLUX-E (brand for clobetasol propionate emulsion) - 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**

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 (generic for SYNALAR) - 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

halobetasol propionate external cream - Tier 1; QL

hydrocortisone anti-itch (generic for MEDPURA 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 MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL

hydrocortisone cream 1 % external (rx) (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL

hydrocortisone external cream 0.5 % - Tier 1; OTC; QL

hydrocortisone external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL

hydrocortisone external cream 2.5 % - 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

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 MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone max st/12 moist (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone plus 12 (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone plus external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone/aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone/aloe max str (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
hydrocortisone-aloe max st (generic for MEDPURA HYDROCORTISONE) - Tier 1; OTC; QL
instacort 5 - Tier 1; OTC; QL
LAC-HYDRIN FIVE - Tier 2; OTC; QL
MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2; OTC; QL
mometasone furoate external - Tier 1; QL
pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; 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
<p><i>PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2; OTC; QL</i></p> <p><i>selenium sulfide external lotion - Tier 1; QL</i></p> <p><i>tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL</i></p> <p><i>tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL</i></p> <p><i>triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL</i></p> <p><i>triamcinolone acetonide external lotion 0.025 % - Tier 1</i></p> <p><i>triamcinolone acetonide external lotion 0.1 % - Tier 1; QL</i></p> <p><i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL</i></p> <p><i>triderm (generic for TRIDERM) - Tier 1; QL</i></p>	
Dermatological Agents, Other	
<p><i>calcipotriene external cream - Tier 1; ST; QL</i></p> <p><i>calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL</i></p> <p><i>calcipotriene external solution - Tier 1; QL</i></p> <p><i>calcitriol external (generic for VECTICAL) - Tier 1; ST; QL</i></p> <p><i>clotrimazole-betamethasone - Tier 1; QL</i></p> <p><i>fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL</i></p> <p><i>fluorouracil external solution - Tier 1</i></p> <p><i>imiquimod external cream 5 % - Tier 1; QL</i></p> <p><i>methoxsalen rapid - Tier 1</i></p> <p><i>podofilox external - Tier 1; QL</i></p> <p><i>SANTYL - Tier 2; QL</i></p> <p><i>silver sulfadiazine external (generic for SSD) - Tier 1; QL</i></p> <p><i>ssd (generic for SSD) - Tier 1; QL</i></p>	<p><i>CARAC (brand for fluorouracil) - Tier 2; PA; QL</i></p> <p><i>DUOBRII - Tier 2; PA; QL</i></p> <p><i>EFUDEX (brand for fluorouracil) - Tier 2; PA; QL</i></p> <p><i>ENSTILAR - Tier 2; PA; QL</i></p> <p><i>PROCTOFOAM HC - Tier 2; PA</i></p> <p><i>QBREXZA - Tier 2; PA; QL</i></p> <p><i>SORILUX (brand for calcipotriene) - Tier 2; PA; QL</i></p> <p><i>TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL</i></p> <p><i>VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL</i></p> <p><i>ZYCLARA (brand for imiquimod) - 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
Pediculicides/Scabicides	
<p>CROTAN - Tier 2; QL <i>lice killing (generic for NIX CREME RINSE) - Tier 1; OTC</i> <i>lice treatment creme rinse (generic for NIX CREME RINSE) - Tier 1; OTC</i> <i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; OTC</i> <i>lice treatment external lotion 1 % - Tier 1; OTC</i> <i>malathion (generic for OVIDE) - Tier 1; QL</i> <i>permethrin external - Tier 1; QL</i> <i>spinosad (generic for NATROBA) - Tier 1; QL</i></p>	<p>SOOLANTRA (<i>brand for ivermectin</i>) - Tier 2; PA; QL</p>
Topical Anti-infectives	
<p><i>ciclodan (generic for CICLODAN) - Tier 1; QL</i> <i>ciclopirox external solution (generic for CICLODAN) - Tier 1; QL</i> <i>clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i> <i>clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL</i> <i>clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL</i> <i>clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL</i> <i>clindamycin phosphate external solution - Tier 1; QL</i> <i>clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i> <i>clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i> <i>clotrimazole external solution 1 % - Tier 1; QL</i> <i>erythromycin external (generic for ERYGEL) - Tier 1; QL</i> <i>gentamicin sulfate external - Tier 1; QL</i> <i>ketoconazole external cream - Tier 1; QL</i> <i>ketoconazole external shampoo - Tier 1; QL</i> <i>mupirocin external - Tier 1; QL</i> <i>nyamyc (generic for NYAMYC) - Tier 1; QL</i> <i>nystatin external (generic for NYAMYC) - Tier 1; QL</i> <i>nystop (generic for NYAMYC) - Tier 1; QL</i></p>	<p>AMZEEQ - Tier 2; PA; QL JUBLIA - Tier 2; PA; QL KERYDIN (<i>brand for tavaborole</i>) - Tier 2; PA; QL XEPI - 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

Dermatological Agents - Drugs to Treat Skin Conditions

advanced healing external ointment (generic for HYDROLATUM) - Tier 1; OTC
astringent solution (generic for DOMEBORO) - Tier 1; OTC
AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2
AVAR-E GREEN (brand for sss 10-5) - Tier 2
baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; 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 ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; OTC; QL
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (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 ADULT BARRIER - Tier 2; OTC; QL
DR SMITHS DIAPER QUICK RELIEF - Tier 2; OTC; QL
glycerin external - 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

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>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 sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL sulfamez wash - Tier 1 SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; OTC; QL</p>	
<p>Dermatological Agents - Skin Agents</p>	
<p>ABREVA (brand for docosanol) - Tier 2; OTC; QL calamine external lotion , 8-8 % - Tier 1; OTC calamine-zinc oxide external lotion - Tier 1; OTC cerovel (generic for CEROVEL) - Tier 1; QL docosanol external (generic for ABREVA) - Tier 1; OTC; QL gormel - Tier 1; OTC; QL gormel 10 (generic for NUTRAPLUS) - Tier 1; OTC; QL hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1; OTC NUTRAPLUS (brand for gormel 10) - Tier 2; OTC; QL urea 20 intensive hydrating - Tier 1; OTC; QL urea external lotion (generic for CEROVEL) - Tier 1; QL ureacin-10 (generic for NUTRAPLUS) - Tier 1; OTC; QL ureacin-20 - Tier 1; OTC; QL XERAC AC - Tier 2</p>	<p>CIBINQO - Tier 2; PA; SP; QL OPZELURA - Tier 2; PA; SP; QL ZILXI - 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
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 ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</p> <p>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>CHEMSTRIP UGK - Tier 2; OTC; QL; DME</p> <p>DEXCOM G6 RECEIVER - Tier 2; PA; QL; DME</p> <p>DEXCOM G6 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL; DME</p> <p>DEXCOM G7 RECEIVER - Tier 2; PA; 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 test) - 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>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - 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 GEN MONITOR (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT GEN 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 freestyle libre 3 sensor) - 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

DEXCOM G7 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; 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
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 freestyle libre 3 sensor) - Tier 2; PA; QL; DME
FREESTYLE LIBRE 2 READER - Tier 2; PA; QL; DME
FREESTYLE LIBRE 2 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL; DME

FREESTYLE LIBRE READER - Tier 2; PA; 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
KETOSTIX (brand for ketone test) - Tier 2; OTC; QL; DME
LANCETS (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

Non-Preferred Agents

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 freestyle libre 3 sensor) - Tier 2; PA; QL; DME
GUARDIAN SENSOR 3 (brand for freestyle libre 3 sensor) - Tier 2; PA; QL; DME
INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; OTC; 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 VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME

ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - 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

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

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

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

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

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

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

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

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

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

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

QUINTET CONTROL HIGHINORMAL (brand for element compact control 2) - Tier 2; OTC; QL; DME

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

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

Electrolytes/Minerals/Metals/Vitamins	
---------------------------------------	--

Electrolyte/Mineral Replacement	
---------------------------------	--

carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; CH
DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
DENTAGEL (brand for sf) - Tier 2
easygel - Tier 1
JUST RIGHT 5000 DENTAL GEL (brand for sf) - Tier 2
klor-con (generic for KLOR-CON) - Tier 1; QL
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL
klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL
potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride er oral capsule extended release 10 meq - Tier 1; QL
potassium chloride er oral tablet extended release (generic for K-TAB) - Tier 1; QL
potassium chloride oral (generic for KLOR-CON) - Tier 1; QL
potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL
potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1
potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1
PREVIDENT (brand for sf) - Tier 2
PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2
PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL

ENDARI - 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
<p><i>sf (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 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 oral solution 1.1 (0.5 f) mg/ml - Tier 1; PD; QL</i> <i>sodium fluoride oral tablet chewable (generic for NAFRINSE) - 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 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 - Tier 1; OTC; QL</i> <i>calcium 600/vitamin d-3 - Tier 1; OTC; QL</i> <i>calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; OTC; QL</i> <i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; OTC; QL</i> <i>calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1; OTC</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 citrate + d3 maximum (generic for CALCITRATE) - Tier 1; OTC
calcium citrate +d3 (generic for CALCITRATE) - Tier 1; OTC
calcium citrate plus vit d - Tier 1; OTC; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1; OTC
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; OTC; QL
calcium citrate+d3 wlmagne (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 OYSCO 500+D) - Tier 1; OTC; QL
calcium plus vitamin 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 solution oral 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

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**

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 oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1; OTC; PD
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 oral elixir - Tier 1; OTC; PD
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
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

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

iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; OTC; PD; QL
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL
iron supplement oral elixir - Tier 1; OTC; PD
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
OS-CAL CALCIUM + D3 (brand for calcium plus vitamin d) - 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/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
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - 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>PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; OTC; QL</i></p> <p><i>pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL</i></p> <p><i>PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL</i></p> <p><i>phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i></p> <p><i>phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i></p> <p><i>PHOSPHO-TRIN K500 - Tier 2; QL</i></p> <p><i>poly-iron 150 (generic for FERREX 150) - Tier 1; OTC; PD</i></p> <p><i>polysaccharide iron complex (generic for FERREX 150) - Tier 1; OTC; PD</i></p> <p><i>polysaccharide-iron complex (generic for FERREX 150) - Tier 1; OTC; PD</i></p> <p><i>potassium citrate-citric acid - Tier 1</i></p> <p><i>REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; OTC; QL</i></p> <p><i>sod citrate-citric acid - Tier 1</i></p>	

Electrolyte/Mineral/Metal Modifiers

<p><i>CHEMET - Tier 2; QL</i></p> <p><i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i></p> <p><i>deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i></p> <p><i>deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL</i></p> <p><i>deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</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
Phosphate Binders	
<i>calcium acetate (phos binder) oral tablet (generic for CALPHRON) - Tier 1; QL</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i> <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</i>	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL <i>sps - Tier 1; QL</i> VELTASSA - Tier 2; PA; QL	
Vitamins	
<i>a-25 - Tier 1; OTC; QL</i> <i>aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL</i> <i>b complex - Tier 1; OTC; QL</i> <i>b complex vitamins - Tier 1; OTC; QL</i> <i>b-complex oral tablet - Tier 1; OTC</i> <i>b-complex with b-12 - Tier 1; OTC</i> <i>b-complex/b-12 oral - Tier 1; OTC</i> <i>BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; OTC; QL</i> CENTRUM SPECIALIST PRENATAL - Tier 2; OTC <i>classic prenatal - Tier 1; OTC; QL</i> COMPLETE NATAL DHA - Tier 2; QL COMPLETENATE - 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**

CO-NATAL FA (brand for neonatal complete) - Tier 2; QL
d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - 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
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC
d3-50 (generic for D3-50) - Tier 1; OTC; QL
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
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; OTC; QL
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL
multi-vitamin/fluoride/iron - Tier 1; QL
mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1
MYNEPHRON (brand for triphrocaps) - 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**

NEONATAL PLUS (brand for prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; OTC; QL
NEPHRO-VITE (brand for full spectrum b/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
NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA ORAL 29-1 & 387 MG - Tier 2
ONE VITE WOMENS - Tier 2; OTC; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
phytonadione oral - Tier 1; QL
prenatal 19 oral tablet - Tier 1; OTC; QL
prenatal 19 oral tablet 29-1 mg - Tier 1; QL
prenatal 19 oral tablet chewable 29-1 mg - Tier 1; QL
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 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
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; OTC
RENAL (brand for triphrocaps) - Tier 2
rena-vite (generic for DIALYVITE 800) - Tier 1; OTC; QL
SE-NATAL 19 - Tier 2; QL
SLO-NIACIN (brand for niacin er) - Tier 2; OTC
thiamine mononitrate oral - Tier 1; OTC; QL
THRIVITE RX - Tier 2; QL
TRINATAL RX 1 (brand for trinatal rx 1) - Tier 2; QL
triphrocaps (generic for MYNEPHRON) - Tier 1
tri-vite pediatric - Tier 1; OTC; QL
VINATE ONE (brand for trinatal rx 1) - Tier 2; QL
virt-caps (generic for MYNEPHRON) - Tier 1
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; OTC
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) - Tier 1; OTC; QL
vitamin b complex oral capsule - Tier 1; OTC; QL
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

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

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

vitamin d oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - 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 (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

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>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; OTC; QL</i></p> <p><i>vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1; OTC</i></p> <p><i>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; OTC</i></p> <p><i>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL</i></p> <p><i>vitamin-b complex - Tier 1; OTC</i></p> <p><i>weekly-d (generic for D3-50) - Tier 1; OTC; QL</i></p> <p><i>wescaps (generic for MYNEPHRON) - Tier 1</i></p> <p><i>WESNATAL DHA COMPLETE - Tier 2; QL</i></p> <p><i>WESTAB PLUS (brand for prenatal) - Tier 2; QL</i></p> <p><i>womens prenatal+dha - Tier 1; OTC; QL</i></p>	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	<p><i>MYFEMBREE - Tier 2; PA; QL</i></p> <p><i>NEXTSTELLIS - Tier 2; PA; PD; QL</i></p>
Gastrointestinal Agents	
Anti-Constipation Agents	
<p><i>constulose - Tier 1; QL</i></p> <p><i>enulose - Tier 1; QL</i></p> <p><i>generlac - Tier 1; QL</i></p> <p><i>lactulose encephalopathy - Tier 1; QL</i></p> <p><i>lactulose oral solution - Tier 1; QL</i></p> <p><i>LINZESS - Tier 2; DX2RX; QL</i></p> <p><i>SYMPROIC - Tier 2; DX2RX; QL</i></p>	<p><i>AMITIZA (brand for lubiprostone) - Tier 2; PA; QL</i></p> <p><i>MOTTEGRITY - Tier 2; PA; QL</i></p> <p><i>MOVANTIK - Tier 2; PA; QL</i></p> <p><i>RELISTOR - Tier 2; PA; QL</i></p> <p><i>TRULANCE - 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
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>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 XERMELO - Tier 2; PA; SP; 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 (generic for ROBINUL) - Tier 1</i> <i>glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - 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>peg 3350-kcl-na bicarb-nacl - 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 250) - Tier 1</i>	CLENPIQ - Tier 2; PA; QL <i>MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL</i> <i>OCALIVA ORAL TABLET 5 MG - Tier 2; PA; SP; QL</i> OMECLAMOX-PAK - Tier 2; PA PLENVU - Tier 2; PA; QL <i>PYLERA (brand for bismuth/metronidaz/tetracyclin) - 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 (generic for PEPCID AC) - Tier 1; OTC; QL
acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL
acid reducer oral tablet 200 mg (generic for TAGAMET HB) - Tier 1; OTC
cimetidine oral tablet 200 mg (generic for TAGAMET HB) - Tier 1
cimetidine oral tablet 200 mg (generic for TAGAMET HB) - 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
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) - Tier 1; OTC

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

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

Proton Pump Inhibitors

acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; OTC; QL
 esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL
 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
 NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members >= 2 years of age will require PA; QL; AL
 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

ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL
 DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL
 esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; PA; QL
 lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL
 lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members >= 2 years of age will require PA; QL; AL
 NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL
 NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (brand for esomeprazole magnesium) - Tier 2; PA; Members >= 2 years of age will require PA; QL; AL
 omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; PA; OTC; QL
 omeprazole oral tablet delayed release 20 mg - Tier 1; PA; OTC; QL
 pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL
 PREVACID (brand for lansoprazole) - Tier 2; PA; QL
 ZEGERID (brand for cvs omeprazole-sod bicarbonate) - 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

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

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

abatinex (generic for ABATINEX) - Tier 1; OTC
acid gone (generic for ACID GONE) - Tier 1; OTC
acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1; OTC
acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1; OTC
acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1; OTC
acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1; OTC
acidophilus/l-sporogenes (generic for FLORANEX) - Tier 1; OTC
adult 50+ probiotic (generic for RESTORA) - Tier 1; OTC; QL
adult probiotic (generic for RESTORA) - 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
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 (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - 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 ex st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
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 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 ULTRA 1000) - 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 ULTRA 1000) - 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 ULTRA 1000) - 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 (generic for MINTOX) - Tier 1; OTC; QL

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

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

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
biotinex (generic for ABATINEX) - Tier 1; OTC
bismatrol oral tablet chewable (generic for SOOTHE) - Tier 1; OTC; QL
bismuth (generic for SOOTHE) - Tier 1; OTC; QL
bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; OTC; QL
calcium antacid (generic for CAL-GEST ANTACID) - Tier 1; OTC
calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - 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
diarrhea (generic for SOOTHE) - 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

diarrhea relief (generic for SOOTHE) - Tier 1; OTC
digestive probiotic oral capsule (generic for RESTORA) - Tier 1; OTC; QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1; OTC
diotame instydose (generic for SOOTHE) - 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 gm/133ml, 19-7 gm/118ml (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
floranex tablet oral (generic for FLORANEX) - Tier 1; OTC
FLORANEX TABLET ORAL (brand for acidophilusII-sporogenes) - Tier 2; OTC
foaming antacid oral tablet chewable 80-20 mg - Tier 1; OTC
freeze dried acidophilus (generic for ABATINEX) - 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 (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; OTC
gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS 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**

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

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

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

gas relief oral tablet chewable 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

GAVICON - Tier 2; OTC

GAVICON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2; OTC

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

GELUSIL - Tier 2; OTC

geri-lanta (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

geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
geri-mox (generic for MINTOX) - Tier 1; OTC; QL
heartburn antacid (generic for ACID GONE) - Tier 1; OTC
heartburn antacid ex st (generic for ACID GONE) - Tier 1; OTC
heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1; OTC
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1; OTC
heartland gas relief - Tier 1; OTC
high potency probiotic (generic for RESTORA) - Tier 1; OTC; QL
IMODIUM MULTI-SYMPTOM RELIEF (brand for gnp 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
lactobacillus oral tablet (generic for FLORANEX) - Tier 1; OTC
lacto-pectin (generic for RESTORA) - 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 advanced) - Tier 2; OTC; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid advanced) - 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**

mag-al plus (generic for MINTOX) - Tier 1; OTC; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
mega probiotic (generic for RESTORA) - Tier 1; OTC; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL
milk of magnesia (generic for DULCOLAX) - Tier 1; OTC
milk of magnesia oral suspension 400 mg/5ml (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 RESTORA) - Tier 1; OTC; QL
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2; OTC
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

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**

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

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

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

PROBIOMAX SERENITY (brand for acidophilus) - Tier 2; OTC

probiotic blend (generic for RESTORA) - Tier 1; OTC; QL

probiotic colon care (generic for RESTORA) - Tier 1; OTC; QL

probiotic complex (generic for RESTORA) - Tier 1; OTC; QL

probiotic maximum strength (generic for RESTORA) - Tier 1; OTC; QL

probiotic oral capsule (generic for RESTORA) - Tier 1; OTC; QL

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

probiotic pearls ex st (generic for RESTORA) - Tier 1; OTC; QL

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

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

REPHRESH PRO-B (brand for acidophilus) - Tier 2; 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 RESTORA) - Tier 1; OTC; QL

simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; OTC

simethicone drops infants (generic for MYLICON INFANTS GAS 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

simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1; OTC

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

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 plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC
TUMS (brand for antacid) - Tier 2; OTC
TUMS CHEWY BITES (brand for antacid) - Tier 2; OTC
TUMS E-X 750 (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
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 48.57 % (generic for METAMUCIL) - Tier 1; OTC
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 OIL (brand for cvs mineral oil enema) - Tier 2; OTC

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

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

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

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

mineral oil heavy oral oil - Tier 1; OTC

mineral oil oral oil - Tier 1; OTC

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

MIRALAX ORAL POWDER (brand for gavilax) - Tier 2; ONLY powder bottle; OTC; QL

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

natural daily fiber (generic for METAMUCIL) - 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**

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

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

natural fiber oral powder 48.57 % (generic for METAMUCIL) - Tier 1; OTC

natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC

natural fiber supplement (generic for EVAC) - Tier 1; OTC

natural vegetable (generic for HYDROCIL) - Tier 1; OTC

natural vegetable fiber (generic for METAMUCIL) - 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

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

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2; OTC
citroma (generic for CITROMA) - Tier 1; OTC; PD; QL
CITRUCCEL (brand for cvs soluble 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 DOCUSOL MINI) - Tier 1; OTC; QL
docusate sodium oral capsule (generic for COLACE) - Tier 1; OTC; QL
docusate sodium oral liquid - Tier 1; OTC; QL
docusate sodium oral syrup - Tier 1; OTC
DOCUSOL MINI (brand for docusate mini) - Tier 2; OTC; QL
docuzen (generic for SENEXON-S) - Tier 1; OTC
dss (generic for COLACE) - Tier 1; OTC; QL
easy-lax plus (generic for SENEXON-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 + calcium (generic for FIBERCON) - Tier 1; OTC
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - 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
geri-kot (generic for SENOKOT) - 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

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 (generic for SENEXON-S) - Tier 1; OTC
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; OTC
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 laxative (generic for COLACE) - Tier 1; OTC; QL
natural senna laxative (generic for SENOKOT) - Tier 1; OTC
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; OTC
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; OTC; PD; QL
ONELAX SENNA (brand for senna) - 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

p col-rite (generic for SENEXON-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 SENEXON-S) - Tier 1; OTC
senexon-s (generic for SENEXON-S) - Tier 1; OTC
senna lax (generic for SENOKOT) - Tier 1; OTC
senna laxative (generic for SENOKOT) - Tier 1; OTC
senna oral liquid (generic for ONELAX SENNA) - Tier 1; OTC
senna oral syrup (generic for ONELAX SENNA) - Tier 1; OTC
senna oral tablet (generic for SENOKOT) - Tier 1; OTC
senna plus oral tablet (generic for SENEXON-S) - Tier 1; OTC
senna s (generic for SENEXON-S) - Tier 1; OTC
senna smooth (generic for SENNA SMOOTH) - Tier 1; OTC
senna-docusate sodium (generic for SENEXON-S) - Tier 1; OTC
senna-lax (generic for SENOKOT) - Tier 1; OTC
senna-plus (generic for SENEXON-S) - Tier 1; OTC
senna-s (generic for SENEXON-S) - Tier 1; OTC
senna-tabs (generic for SENOKOT) - Tier 1; OTC
senna-time (generic for SENOKOT) - Tier 1; OTC
senna-time s (generic for SENEXON-S) - Tier 1; OTC
sennazon (generic for ONELAX SENNA) - Tier 1; OTC
SENOKOT (brand for cvs senna) - Tier 2; OTC
SENOKOT S (brand for cvs senna plus) - Tier 2; OTC
soluble fiber therapy (generic for CITRUCEL) - Tier 1; OTC
stimulant laxative oral tablet 8.6-50 mg (generic for SENEXON-S) - 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>stool softener laxative oral capsule (generic for COLACE) - Tier 1; OTC; QL</i></p> <p><i>stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; OTC; QL</i></p> <p><i>stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1; OTC</i></p> <p><i>stool softener oral capsule 250 mg - Tier 1; OTC; QL</i></p> <p><i>stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1; OTC</i></p> <p><i>stool softener pls laxative (generic for SENEXON-S) - Tier 1; OTC</i></p> <p><i>stool softener plus laxative (generic for SENEXON-S) - Tier 1; OTC</i></p> <p><i>stool softener/laxative (generic for SENEXON-S) - Tier 1; OTC</i></p> <p><i>stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1; OTC</i></p> <p><i>vegetable lax+stool softener (generic for SENEXON-S) - Tier 1; OTC</i></p> <p><i>vegetable laxative (generic for SENOKOT) - Tier 1; OTC</i></p>	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - Tier 2; PA; SP; QL</p> <p>CREON - Tier 2</p> <p>CYSTAGON - Tier 2; SP; QL</p> <p>NITYR - Tier 2; DX2RX; SP; CH; QL</p> <p>RAVICTI - Tier 2; PA; SP; CH; QL</p> <p><i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; CH; QL</i></p> <p><i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; CH; QL</i></p> <p>STRENSIQ - Tier 2; PA; SP</p> <p>TEGSEDI - Tier 2; PA; SP; QL</p> <p>VYNDAMAX - Tier 2; PA; SP; QL</p> <p>VYNDAQEL - Tier 2; PA; SP; QL</p> <p>ZENPEP - Tier 2</p>	<p>CERDELGA - Tier 2; PA; SP; QL</p> <p>EVRYSDI - Tier 2; PA; SP; QL</p> <p><i>KUVAN ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; CH; QL</i></p> <p><i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; CH; QL</i></p> <p>PERTZYE - Tier 2; PA</p> <p>VIKACE - Tier 2; PA</p> <p>ZAVESCA (brand for miglustat) - 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
Genitourinary Agents	
Antispasmodics, Urinary	
<p><i>oxybutynin chloride er (generic for DITROPAN XL) - Tier 1; QL</i> <i>oxybutynin chloride oral syrup - Tier 1; QL</i> <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i> OXYTROL FOR WOMEN - Tier 2; OTC; QL <i>tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL</i> <i>trospium chloride - Tier 1; ST; QL</i></p>	<p><i>DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL</i> <i>DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; QL</i> <i>DITROPAN XL (brand for oxybutynin chloride er) - Tier 2; PA; QL</i> MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL</i> <i>VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</i></p>
Benign Prostatic Hypertrophy Agents	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i></p>	
Genitourinary Agents, Other	
<p><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></p>	<p><i>CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP</i> <i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</i> <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP</i> THIOLA EC - 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
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>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1; OTC</i> <i>phenazopyridine hcl oral (generic for PHENAZO) - Tier 1; QL</i> <i>PYRIDIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1; OTC</i> VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM - Tier 2; OTC; PD; GE</p>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p>CORTISONE ACETATE ORAL - Tier 2; QL <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></p>	<p>ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL EMFLAZA ORAL TABLET 6 MG - Tier 2; PA; SP; QL TAPERDEX 12-DAY - Tier 2; PA; QL <i>TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA</i> TAPERDEX 7-DAY - 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
<p><i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i> <i>prednisone oral solution - Tier 1; QL</i> <i>prednisone oral tablet - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p>	
<p>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 (brand for chorionic gonadotropin) - 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 PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA; SP</p>	<p>GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP HUMATROPE - Tier 2; PA; SP NORDITROPIN FLEXPPO - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SAIZEN - Tier 2; PA; SP ZOMACTON - 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>GONAL-F - Tier 2; PA; SP GONAL-F RFF - Tier 2; PA; SP GONAL-F RFF REDIRECT - Tier 2; PA; SP OVIDREL - Tier 2; PA; SP SKYTROFA SUBCUTANEOUS CARTRIDGE 3.6 MG - 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
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM - Tier 2; PA; SP; QL <i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylegonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone (generic for MIFEPREX) - Tier 1; PA; Coverage based on benefit; CH; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<i>danazol oral - Tier 1; QL</i> <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL</i> <i>testosterone enanthate intramuscular - Tier 1; QL</i> <i>testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL</i>	ANDRODERM - Tier 2; PA; QL FORTESTA (brand for testosterone) - Tier 2; PA NATESTO - Tier 2; PA; QL TESTIM (brand for testosterone) - Tier 2; PA; QL VOGELXO (brand for testosterone) - Tier 2; PA; QL XYOSTED - Tier 2; PA; QL

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

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) - 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
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 fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
aurovela fe 1/20 (generic for 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 fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
briellyn (generic for BALZIVA) - Tier 1; PD; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; PD; QL; GE
cryselle-28 - Tier 1; PD; QL; GE
cyred eq - Tier 1; PD; QL; GE
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
delyla (generic for AFIRMELLE) - Tier 1; PD; QL; GE

ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL
ANGELIQ - Tier 2; PA
ANNOVERA - Tier 2; PA; PD; QL
BALCOLTRA - Tier 2; PA; PD; QL
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL
BIJUVA - Tier 2; PA; QL
CLIMARA (brand for estradiol) - Tier 2; PA; QL
CLIMARA PRO - Tier 2; PA
COMBIPATCH - Tier 2; PA; QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA
ELESTRIN - Tier 2; PA

ESTRACE (brand for estradiol) - Tier 2; PA; QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.75 mg/0.75gm, 1.25 mg/1.25gm (generic for DIVIGEL) - Tier 1; PA; QL
estradiol transdermal gel 0.5 mg/0.5gm, 1 mg/gm (generic for DIVIGEL) - Tier 1; PA
EVAMIST - Tier 2; PA
FEMRING - Tier 2; PA; QL
fyavolv oral tablet 0.5-2.5 mg-mcg - Tier 1; PA
fyavolv oral tablet 1-5 mg-mcg - Tier 1; PA; QL
jinteli - Tier 1; PA; QL
LO LOESTRIN FE - Tier 2; PA; PD; QL
loryna - Tier 1; PA; PD; QL
MENEST - Tier 2; PA; QL
mimvey - Tier 1; 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

DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1; PD; QL; GE
dotti (generic for DOTTI) - Tier 1; QL
DUAVEE - Tier 2; QL
elinest - Tier 1; PD; QL; GE
eluryng (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
falmina (generic for AFIRMELLE) - Tier 1; PD; QL; GE
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL;
GE
hailey fe 1/20 (generic for AUROVELA 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

Non-Preferred Agents

MINIVELLE (brand for estradiol) - Tier 2; PA; QL
NATAZIA - Tier 2; PA; PD; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; PD; QL;
GE
ocella - Tier 1; PA; PD; QL
PREFEST - Tier 2; PA; QL
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL
SEASONIQUE (brand for levonorgest-eth estrad 91-day) - Tier 2; PA; PD;
QL
syeda - Tier 1; PA; PD; QL
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
vestura - Tier 1; PA; PD; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; PD; QL
YAZ (brand for drospirenone-ethinyl estradiol) - 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**

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 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE
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
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 fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE
larin fe 1/20 (generic for AUROVELA 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 oral tablet 0.15-0.03 mg (generic for ICLEVIA) - 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

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**

levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; PD; QL; GE
low-ogestrel - Tier 1; PD; QL; GE
lutera (generic for AFIRMELLE) - Tier 1; PD; QL; GE
lyllana (generic for DOTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - 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
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD;
QL; GE
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL;
GE
milli (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
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE
1.5/30) - Tier 1; PD; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1;
PD; QL; GE
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; PD; QL;
GE
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; PD; QL;
GE
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-
35 mcg (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) - Tier 1; PD; QL; GE
nortrel 1/35 (28) (generic for DASETTA 1/35) - 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

nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
nylia 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE
nymyo (generic for ESTARYLLA) - Tier 1; PD; QL; GE
philith (generic for BALZIVA) - Tier 1; PD; QL; GE
pimtrea (generic for AZURETTE) - Tier 1; PD; QL; GE
pirmella 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE
pirmella 7/7/7 (generic for DASETTA 7/7/7) - 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
sprintec 28 (generic for ESTARYLLA) - Tier 1; PD; QL; GE
sronyx (generic for AFIRMELLE) - Tier 1; PD; QL; GE
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - 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-mili (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE
tri-nymyo (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 (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE</i> <i>tyblume - Tier 1; PD; QL; GE</i> <i>velivet - Tier 1; PD; QL</i> <i>vienva (generic for AFIRMELLE) - Tier 1; PD; QL; GE</i> <i>viorele (generic for AZURETTE) - Tier 1; PD; QL; GE</i> <i>volnea (generic for AZURETTE) - Tier 1; PD; QL; GE</i> <i>vyfemla (generic for BALZIVA) - Tier 1; PD; QL; GE</i> <i>vylibra (generic for ESTARYLLA) - Tier 1; PD; QL; GE</i> <i>wera - Tier 1; PD; QL; GE</i> <i>xulane - Tier 1; PD; QL; GE</i> <i>yuvafem (generic for YUVAFEM) - Tier 1; QL</i> <i>zafemy - Tier 1; PD; QL; GE</i> <i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; PD; QL; GE</i> </p>	
Progestins	
<p> <i>camila (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>deblitane (generic for CAMILA) - Tier 1; PD; QL; GE</i> ELLA - Tier 2; PD; QL <i>errin (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>heather (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>incassia (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>jencycla (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>lyleq (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>lyza (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; PD; QL; GE</i> <i>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i> <i>megestrol acetate oral suspension 40 mg/ml - Tier 1; CH; QL</i> </p>	<p> DEPO-SUBQ PROVERA 104 - Tier 2; PA; PD; QL 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>megestrol acetate oral tablet 20 mg - Tier 1; CH</i> <i>megestrol acetate oral tablet 40 mg - Tier 1; CH; QL</i> <i>nora-be (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>norethindrone acetate oral (generic for AYGESTIN) - Tier 1; QL</i> <i>norethindrone oral (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>norlyroc (generic for CAMILA) - Tier 1; PD; QL; GE</i> <i>progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL</i> <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><i>EVISTA (brand for raloxifene hcl) - Tier 2; PA; PD; CH; QL</i> <i>OSPHENA - Tier 2; PA; CH; QL; GE</i></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> <i>curae (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; OTC; PD; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i></p>	
<p>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs</p>	
<p><i>CLOMID - Tier 2; CH</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
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>	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	
	ARMOUR THYROID - Tier 2; PA; QL
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; CH; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; CH; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP</i> LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP LUPRON DEPOT-PED (6-MONTH) - Tier 2; SP <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP</i> <i>octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL</i>	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; 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>octreotide acetate injection solution 200 mcg/ml - Tier 1; SP</i> <i>octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL</i> <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; SP</i> <i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; SP; QL</i> ORILISSA - Tier 2; PA; CH; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL</p>	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
MENOPUR - Tier 2; PA; SP	CETROTIDE - Tier 2; PA; SP <i>ganirelix acetate (generic for FYREMADEL) - Tier 1; PA; SP</i>
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

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	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL	BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP TAKHZYRO - Tier 2; PA; SP; QL
Immunological Agents, Other	
ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL COSENTYX - Tier 2; PA; SP; QL ILARIS - 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 - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP; QL TREMFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL XOLAIR - Tier 2; PA; SP; QL	ADBRY - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS - Tier 2; PA; SP; QL DUPIXENT - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL TALTZ - 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
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP PEGASYS - Tier 2; PA; SP; QL	
Immunosuppressants	
<i>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</i> CIMZIA VIAL KIT - Tier 2; PA; SP; QL CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA; SP; QL <i>cyclosporine modified (generic for GENGRAF) - Tier 1; QL</i> <i>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</i> <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1</i> <i>gengraf oral capsule (generic for GENGRAF) - Tier 1; QL</i> HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL HUMIRA PEN-PSOR/UEVIT STARTER - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML - Tier 2; PA; SP; QL <i>leflunomide oral (generic for ARAVA) - Tier 1; QL</i> <i>methotrexate oral - Tier 1; CH</i> <i>methotrexate sodium (pf) - Tier 1</i> <i>methotrexate sodium injection - Tier 1</i> <i>methotrexate sodium oral - Tier 1; CH</i> <i>mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL</i> <i>mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL</i> SIMPONI - Tier 2; PA; SP; QL <i>sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL</i>	ENBREL - Tier 2; PA; SP; QL ENSPRYNG - Tier 2; PA; SP; QL OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL REDITREX - Tier 2; PA; QL TREXALL - Tier 2; PA; 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
<p><i>sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL</i></p> <p><i>sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1</i></p> <p><i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i></p> <p><i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i></p>	
Vaccines	
<p>ACTHIB - Tier 2; PD</p> <p>ADACEL - Tier 2; QL</p> <p>BEXSERO - Tier 2; PD; QL</p> <p>BOOSTRIX - Tier 2; QL</p> <p>DAPTACEL - Tier 2; QL</p> <p>ENGERIX-B - Tier 2; PD; QL</p> <p>GARDASIL 9 - Tier 2; PD; QL</p> <p>HAVRIX - Tier 2; PD; QL</p> <p>HIBERIX - Tier 2; PD</p> <p>INFANRIX - Tier 2; QL</p> <p>IPOL - Tier 2; PD</p> <p>MENACTRA - Tier 2; PD; QL</p> <p>MENQUADFI - Tier 2; PD; QL</p> <p>MENVEO - Tier 2; PD; QL</p> <p>M-M-R II - Tier 2; PD; QL</p> <p>PEDIARIX - Tier 2; QL</p> <p>PEDVAX HIB - Tier 2; PD</p> <p>PENTACEL - Tier 2; QL</p> <p>PREHEVBRIO - Tier 2; PD; QL</p> <p>PRIORIX - Tier 2; PD; QL</p> <p>PROQUAD - Tier 2; PD; QL</p> <p>QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL</p> <p>RECOMBIVAX HB - Tier 2; PD; QL</p> <p>ROTARIX ORAL SUSPENSION RECONSTITUTED - Tier 2; PD</p> <p>ROTATEQ - Tier 2; PD</p> <p>SHINGRIX - Tier 2; PD; QL; AL</p> <p><i>TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i></p> <p>TENIVAC - Tier 2; 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>TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i> 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</p>	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
<p>AFLURIA QUADRIVALENT - Tier 2; PD; QL DENG VAXIA - Tier 2; PD; QL FLUAD QUADRIVALENT - Tier 2; PD; QL FLUARIX QUADRIVALENT - Tier 2; PD; QL FLUBLOK QUADRIVALENT - Tier 2; PD; QL FLUCELVAX QUADRIVALENT - Tier 2; PD; QL FLULAVAL QUADRIVALENT - Tier 2; PD; QL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; PD; QL FLUZONE QUADRIVALENT - Tier 2; PD; QL HEPLISAV-B - Tier 2; PD; QL; AL HYPERTET - Tier 2; QL NOVAVAX COVID-19 VACCINE - Tier 2; PD; QL PNEUMOVAX 23 - Tier 2; PD; QL PREVNAR 13 - Tier 2; PD; QL PREVNAR 20 - Tier 2; PD; QL SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML - Tier 2; 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
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 oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> <i>SFROWASA - Tier 2; QL</i> <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> <i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</i> <i>DIPENTUM - Tier 2; PA; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</i>
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> <i>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</i>	<i>CORTIFOAM - Tier 2; PA; QL</i> <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i>
Metabolic Bone Disease Agents	
<i>alendronate sodium oral solution - Tier 1; 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>	<i>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA; CH</i> <i>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; CH; QL</i> <i>ATELVIA (brand for risedronate sodium) - Tier 2; PA; CH</i> <i>FORTEO - Tier 2; PA; SP; QL</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; CH; QL</i> <i>FOSAMAX PLUS D - Tier 2; PA; CH; QL</i> <i>RAYALDEE - Tier 2; PA; CH; QL</i> <i>TERIPARATIDE (RECOMBINANT) - Tier 2; PA; SP; 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
Miscellaneous Therapeutic Agents	
<p><i>acne control cleanser (generic for CLEARSKIN) - Tier 1; OTC</i></p> <p><i>acne medication 10 external lotion - Tier 1; OTC; QL</i></p> <p><i>acne medication 5 external lotion - Tier 1; OTC</i></p> <p><i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1; OTC</i></p> <p><i>adv acne spot treatment (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; OTC</i></p> <p><i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1; OTC</i></p> <p><i>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; OTC; QL; DME</i></p> <p><i>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</i></p> <p><i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL</i></p> <p><i>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; OTC; QL</i></p> <p><i>antifungal tolnaftate (generic for TINACTIN) - Tier 1; OTC; QL</i></p> <p><i>arthritis pain relieving - Tier 1; OTC; QL</i></p> <p><i>aspirin adults (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL</i></p> <p><i>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL</i></p> <p><i>aspirin ec oral tablet 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL</i></p> <p><i>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL</i></p> <p><i>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL</i></p> <p><i>aspirin oral tablet 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL</i></p>	<p><i>AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</i></p> <p><i>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL</i></p> <p><i>ARMONAIR DIGIHALER - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>EMPAVELI - Tier 2; PA; SP; QL</i></p> <p><i>GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL; DME</i></p> <p><i>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL; DME</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; OTC; QL; DME</i></p> <p><i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; OTC; QL; DME</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
<i>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL</i>	<i>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; OTC; QL; DME</i>
<i>aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL</i>	<i>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; OTC; QL; DME</i>
<i>aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL</i>	<i>INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; OTC; QL; DME</i>
<i>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2; OTC; PD; QL</i>	<i>INSULIN SYRINGES 31G X 5/16" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; OTC; QL; DME</i>
<i>aspirin rectal suppository 300 mg - Tier 1; OTC; PD</i>	MOUNJARO - Tier 2; PA; QL
<i>aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL</i>	OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL; DME
<i>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC</i>	OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL; DME
<i>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; OTC; QL</i>	ORLADEYO - Tier 2; PA; SP; QL
<i>athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC</i>	PREZISTA (brand for darunavir) - Tier 2; DX2RX; QL
<i>bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL</i>	QUVIVIQ - Tier 2; PA; QL
<i>bacitracin zinc external - Tier 1; OTC; QL</i>	RYALTRIS - Tier 2; PA; QL; DME
<i>bacitracin zinc first aid - Tier 1; OTC; QL</i>	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL
<i>bacitracin zinc-aloe - Tier 1; OTC; QL</i>	SOTYKTU - Tier 2; PA; SP; QL
<i>BAYER ASPIRIN ORAL TABLET (brand for aspirin) - Tier 2; OTC; PD; QL</i>	WINLEVI - Tier 2; PA; QL
<i>BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; OTC; PD; QL</i>	YONSA - 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

BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME

BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; OTC; QL; DME

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

BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

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

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

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

calamine external lotion - Tier 1; OTC

CALQUENCE - Tier 2; PA; SP; CH; QL

capsaicin external cream (generic for DERMACINRX PENETRAL) - Tier 1; OTC; QL

capsaicin hp (generic for ZOSTRIX HP) - Tier 1; OTC; QL

capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; OTC; QL

capzix (generic for ZOSTRIX 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

CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; 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**

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
 CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
 clearskin (generic for CLEARSKIN) - Tier 1; OTC
 CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
 CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
 CONDOMS - Tier 2; OTC; PD; QL; 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
 COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
 COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; 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**

COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; DME

COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

daily acne wash (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; OTC

darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL

DERMACINRX ATRIX ANTIBAC WASH (brand for cvs adv acne spot treatment) - Tier 2; OTC

DERMACINRX ATRIX CLARIFY TONER (brand for cvs adv acne spot treatment) - Tier 2; OTC

DERMELEVE ADVANCED FORMULA - Tier 2; OTC

DEXCOM G6 TRANSMITTER - Tier 2; PA; QL; DME

DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1; OTC

DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; OTC; 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

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**

ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL

eq liquid wart remover max st (generic for COMPOUND W) - Tier 1; OTC

EX-LAX ULTRA (brand for bisacodyl) - Tier 2; OTC; PD; QL

fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; OTC; QL

FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME

FEMCAP - Tier 2; PD; QL; DME

FLEET BISACODYL - Tier 2; OTC; QL

FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

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

FORMULA 3 THE TREATMENT (brand for tinaspore) - Tier 2; OTC

FORMULA 7 THE SOLUTION (brand for tinaspore) - Tier 2; OTC

fungi-guard (generic for TINACTIN) - Tier 1; OTC; QL

GENABIO COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME

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

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**

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

genuine aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL

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 oral (generic for ANASPAZ) - Tier 1; QL

hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL

hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL

hyosyne - Tier 1; QL

IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL; DME

INSPIREASE RESERVOIR BAGS - Tier 2; QL; DME

INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - 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**

jock itch spray powder (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

magnesium oxide (antacid) oral tablet - 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

MICOTRIN AL (brand for tinaspore) - Tier 2; OTC

mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL

NEODOT THERMOMETER - Tier 2; OTC; QL; DME

NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2; OTC

NULEV (brand for hyoscyamine sulfate) - Tier 2; QL

OMNIFLEX DIAPHRAGM - Tier 2; PD; QL; DME; GE

ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME

ONELAX (brand for bisacodyl) - 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**

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
PFIZER COVID-19 VAC BIVAL 5-11 - Tier 2; PD
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
poly bacitracin (generic for POLYSPORIN) - Tier 1; OTC
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2; OTC
qc athletes foot relief - Tier 1; OTC
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME
REZVOGLAR KWIKPEN - Tier 2; QL
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1; OTC
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1
SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; OTC; DME
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; OTC; PD; QL
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1
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
tinaspore (generic for FORMULA 3 THE TREATMENT) - 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

tm-tolnaftate (generic for FORMULA 3 THE TREATMENT) - Tier 1; OTC
tolnaftate antifungal (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
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
ZOSTRIX HP (brand for capsaicin) - 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

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

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

GAVRETO - Tier 2; PA; SP; CH; QL
GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; CH; QL
IRESSA (brand for gefitinib) - Tier 2; PA; SP; CH; QL
 LORBRENA - Tier 2; PA; SP; CH; QL
 NERLYNX - Tier 2; PA; SP; CH; QL
 RETEVMO - Tier 2; PA; SP; CH; QL
 TABRECTA - Tier 2; PA; SP; CH; QL
 TAGRISSO - Tier 2; PA; SP; CH; QL
TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; CH; QL
 VIZIMPRO - 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
VOTRIENT - Tier 2; PA; SP; CH; QL XALKORI - Tier 2; PA; SP; CH; QL	
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; CH; QL PONVORY STARTER PACK - Tier 2; PA; SP; CH; QL
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostaglandin Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - Tier 2; PA; QL TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL XALATAN (brand for latanoprost) - Tier 2; PA; QL XELPROS - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL

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, Other

altafrin (generic for ALTAFRIN) - Tier 1
atropine sulfate ophthalmic ointment - Tier 1
atropine sulfate ophthalmic solution 1 % (generic for ISOPTO ATROPINE) - Tier 1; QL
bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL
cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL
CYSTARAN - Tier 2; DX2RX; SP; QL
dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL
ISOPTO ATROPINE (brand for atropine sulfate) - Tier 2; QL
neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL
neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL
phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1
sulfacetamide-prednisolone - Tier 1
TOBRADEX OPHTHALMIC OINTMENT - Tier 2; QL
tobramycin-dexamethasone (generic for TOBRADEX) - Tier 1; QL
XIIDRA - Tier 2; PA; QL

CEQUA - Tier 2; PA; QL
COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL
COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL
COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA
RESTASIS (brand for cyclosporine) - Tier 2; PA; QL
RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL
ROCKLATAN - Tier 2; PA; QL
TOBRADEX ST - Tier 2; PA; QL
TYRVAYA - Tier 2; PA; QL
VERKAZIA - Tier 2; PA; QL
ZYLET - Tier 2; PA; QL

Ophthalmic Anti-allergy Agents

azelastine hcl ophthalmic - Tier 1; ST
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

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-Infectives

bacitracin ophthalmic - Tier 1; QL
bacitracin-polymyxin b ophthalmic (generic for POLYCYN) - Tier 1; QL
ciprofloxacin hcl ophthalmic - Tier 1; QL
erythromycin ophthalmic - Tier 1; PD; QL
gentamicin sulfate ophthalmic - Tier 1; QL
neomycin-bacitracin zn-polymyx (generic for NEO-POLYCYN) - Tier 1
neomycin-polymyxin-gramicidin - Tier 1; QL
neo-polycin (generic for NEO-POLYCYN) - Tier 1
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL
polycin (generic for POLYCYN) - Tier 1; QL
polymyxin b-trimethoprim (generic for POLYTRIM) - 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
CILOXAN - Tier 2; PA; QL
OCUFLOX (brand for ofloxacin) - Tier 2; PA; QL
VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL
ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL

Ophthalmic Anti-inflammatories

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

ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA
ACUVAIL - Tier 2; PA; QL
BROMSITE - Tier 2; PA; QL
DUREZOL (brand for difluprednate) - Tier 2; PA; QL
EYSUVIS - Tier 2; PA; QL
FLAREX - Tier 2; PA; QL
FML FORTE - Tier 2; PA; QL
ILEVRO - Tier 2; PA; QL
INVELTYS - Tier 2; PA; QL
LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL
LOTEMAX SM - Tier 2; PA; QL
NEVANAC - Tier 2; PA; QL
PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL
PROLENSA - 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 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 (generic for TIMOPTIC) - Tier 1; QL</i>	BETIMOL - Tier 2; PA; QL BETOPTIC-S - Tier 2; PA; QL ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL TIMOPTIC (brand for timolol maleate) - 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 (generic for ALPHAGAN P) - 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 AZOPT (brand for brinzolamide) - Tier 2; PA RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
<i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1; OTC</i> <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; OTC; QL</i> <i>altalube (generic for ALTALUBE) - Tier 1; OTC; QL</i> <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1; OTC</i> <i>astringent eye drops (generic for VISINE-AC) - Tier 1; OTC; QL</i> <i>BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC</i> <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; OTC; QL</i> <i>dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1; OTC; QL</i> <i>dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; OTC; 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**

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-AC) - Tier 1; OTC; QL
eye lubricant (generic for ALTALUBE) - Tier 1; OTC; QL
for sty relief (generic for ALTALUBE) - Tier 1; OTC; QL
GENTEAL SEVERE - Tier 2; OTC; QL
GENTEAL TEARS MODERATE PF (brand for cvs natural 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 cvs natural tears pf) - Tier 2; OTC
GENTEAL TEARS SEVERE DAY/NIGHT (brand for dry eye relief) - 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 long last (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

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

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

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

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

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

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

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

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

lubricating tears (generic for SYSTANE) - Tier 1; OTC; QL

lubricating tears eye drops (generic for GENTEAL TEARS) - Tier 1; OTC

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

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**

natural tears pf (generic for GENTEAL TEARS MODERATE PF) - Tier 1; OTC
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; OTC; QL
polyvinyl alcohol ophthalmic - Tier 1; OTC
pure & gentle lubricant - Tier 1; 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-AC) - Tier 1; OTC; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1; OTC
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

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>SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC; QL</p> <p>SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL</p> <p>SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC; QL</p> <p>SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; OTC; QL</p> <p>SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC; QL</p> <p>ultra fresh (generic for ULTRA FRESH) - Tier 1; OTC; QL</p> <p>ultra fresh pm (generic for ALTALUBE) - Tier 1; OTC; QL</p> <p>ultra lubricant drop (generic for SYSTANE) - Tier 1; OTC; QL</p> <p>ultra lubricating eye drops (generic for SYSTANE) - Tier 1; OTC; QL</p> <p>ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; OTC; QL</p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p>NAPHCON-A (brand for allergy eye) - Tier 2; OTC</p> <p>VISINE (brand for allergy eye) - Tier 2; OTC</p>	
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p>ALAWAY (brand for cvs allergy eye drops) - Tier 2; OTC; QL</p> <p>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; OTC; QL</p> <p>allergy eye drops (generic for ALAWAY) - Tier 1; OTC; QL</p> <p>CLARITIN EYE (brand for cvs allergy eye drops) - Tier 2; OTC; QL</p> <p>eye itch relief ophthalmic solution 0.025 % (generic for ALAWAY) - Tier 1; OTC; QL</p> <p>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; OTC; QL</p> <p>ZADITOR (brand for cvs allergy eye drops) - 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
Otic Agents	
<p><i>acetic acid otic - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone (generic for CIPRODEX) - Tier 1; DX2RX; QL</i> <i>hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1; QL</i> <i>neomycin-polymyxin-hc otic - Tier 1; QL</i> <i>ofloxacin otic - Tier 1; QL</i></p>	<p><i>CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL</i> <i>CIPRO HC - Tier 2; PA; QL</i> <i>CIPRODEX (brand for ciprofloxacin-dexamethasone) - Tier 2; DX2RX; QL</i> <i>ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; PA; QL</i> <i>OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL</i></p>
Otic Agents - Drugs to Treat Ear Conditions	
Otic Agents - Drugs for the Ear	
<p><i>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2; OTC</i> <i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2; OTC</i> <i>ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</i> <i>earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC</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

Respiratory Tract/Pulmonary Agents

Antihistamines

<p><i>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</i></p> <p><i>allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</i></p> <p><i>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</i></p> <p><i>allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>allergy medication (generic for BANOPHEN) - Tier 1; OTC; QL</i></p> <p><i>allergy medicine (generic for BANOPHEN) - Tier 1; OTC; QL</i></p> <p><i>allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL</i></p> <p><i>allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL</i></p> <p><i>allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</i></p> <p><i>allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</i></p> <p><i>allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; OTC; QL</i></p> <p><i>allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL</i></p>	<p><i>DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL; DME</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**

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

allergy relief/indoor/outdoor oral tablet 10 mg (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 solution 0.1 %, 137 mcg/spray - 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 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - 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**

cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; OTC; QL

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL

clemastine fumarate oral tablet 2.68 mg - Tier 1; QL

complete allergy (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

cyproheptadine hcl oral - Tier 1; QL

DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate) - 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

diphenhydramine hcl oral tablet chewable (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; OTC; QL

geri-dryl (generic for BANOPHEN) - 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><i>h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; OTC; QL</i></p> <p><i>levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>MM ALLER-BEN (brand for allergy relief) - Tier 2; OTC; QL</i></p> <p><i>NARAMIN (brand for allergy childrens) - Tier 2; OTC; QL</i></p> <p><i>pharbedryl (generic for BANOPHEN) - Tier 1; OTC; QL</i></p> <p><i>siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>total allergy (generic for BANOPHEN) - Tier 1; OTC; QL</i></p> <p><i>total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL</i></p> <p><i>ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; OTC; QL</i></p>	
<p>Anti-inflammatories, Inhaled Corticosteroids</p>	
<p>ARNUITY ELLIPTA - Tier 2; QL</p> <p>ASMANEX (120 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX (14 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX (30 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX (60 METERED DOSES) - Tier 2; QL</p> <p>ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA; QL</p> <p><i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL</i></p> <p><i>FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL</i></p> <p><i>fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL; DME</i></p>	<p>ALVESCO - Tier 2; PA</p> <p>BECONASE AQ - Tier 2; PA; QL; DME</p> <p>FLOVENT DISKUS - Tier 2; PA; QL</p> <p><i>FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; PA; QL</i></p> <p>OMNARIS - Tier 2; PA; QL; DME</p> <p>PULMICORT FLEXHALER - Tier 2; PA; QL</p> <p><i>PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA; QL; AL</i></p> <p>QNASL - Tier 2; PA; QL; DME</p> <p>QNASL CHILDRENS - Tier 2; PA; QL; DME</p> <p>QVAR REDHALER - Tier 2; PA; QL</p> <p>XHANCE - Tier 2; PA; QL; DME</p> <p>ZETONNA - 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
Antileukotrienes	
<i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i>	<i>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL</i> <i>SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL</i> <i>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</i> <i>ZYFLO - Tier 2; PA</i>
Bronchodilators, Anticholinergic	
<i>ATROVENT HFA - Tier 2; QL</i> <i>INCRUSE ELLIPTA - Tier 2; QL</i> <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL; DME</i>	<i>LONHALA MAGNAIR REFILL KIT - Tier 2; PA; QL</i> <i>LONHALA MAGNAIR STARTER KIT - Tier 2; PA; QL</i> <i>SPIRIVA HANDIHALER - Tier 2; PA; QL</i> <i>SPIRIVA RESPIMAT - Tier 2; PA; QL</i> <i>YUPELRI - Tier 2; PA; QL</i>
Bronchodilators, Sympathomimetic	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL</i> <i>ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL</i> <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i> <i>ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% - Tier 2; QL</i> <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>albuterol sulfate oral syrup - Tier 1; QL</i> <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i> <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i>	<i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i> <i>BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL</i> <i>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i> <i>PROAIR RESPICLICK - Tier 2; PA; QL</i> <i>PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> <i>SEREVENT DISKUS - Tier 2; PA; QL</i> <i>XOPENEX HFA (brand for levalbuterol tartrate) - 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
STRIVERDI RESPIMAT - Tier 2; QL SYMJEPI - Tier 2; QL VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; 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 <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i> TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL	<i>BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL</i> TOBI PODHALER - Tier 2; PA; SP; QL
Mast Cell Stabilizers	
<i>cromolyn sodium inhalation - Tier 1; QL</i>	
Phosphodiesterase Inhibitors, Airways Disease	
<i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> THEO-24 - Tier 2 <i>theophylline (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i> <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i>	

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
------------------	----------------------

Pulmonary Antihypertensives

<p>ADEMPAS - Tier 2; DX2RX; SP; QL <i>ambrisentan (generic for LETAIRIS)</i> - Tier 1; DX2RX; SP; QL <i>bosentan (generic for TRACLEER)</i> - Tier 1; DX2RX; SP; QL OPSUMIT - Tier 2; DX2RX; SP; QL <i>sildenafil citrate oral suspension reconstituted (generic for REVATIO)</i> - Tier 1; DX2RX; SP; QL <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO)</i> - Tier 1; DX2RX; SP; QL</p>	<p>ADCIRCA (<i>brand for tadalafil (pah)</i>) - Tier 2; PA; SP; QL LETAIRIS (<i>brand for ambrisentan</i>) - Tier 2; DX2RX; SP; QL 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 REVATIO ORAL (<i>brand for sildenafil citrate</i>) - Tier 2; DX2RX; SP; QL <i>tadalafil (pah) (generic for ADCIRCA)</i> - Tier 1; PA; SP; QL TADLIQ - Tier 2; PA; SP; QL TRACLEER (<i>brand for bosentan</i>) - Tier 2; DX2RX; SP; QL TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL UPTRAVI ORAL TABLET - Tier 2; PA; SP; QL</p>
--	--

Pulmonary Fibrosis Agents

<p>OFEV - Tier 2; PA; SP; QL <i>pirfenidone oral capsule (generic for ESBRIET)</i> - Tier 1; PA; SP; QL <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET)</i> - Tier 1; PA; SP; QL</p>	<p>ESBRIET (<i>brand for pirfenidone</i>) - Tier 2; PA; SP; QL</p>
--	--

Respiratory Tract Agents, Other

<p><i>acetylcysteine inhalation solution 10 %</i> - Tier 1; QL <i>acetylcysteine inhalation solution 20 %</i> - Tier 1 FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL <i>promethazine vc</i> - Tier 1; QL; AL</p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - 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**

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
 4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2; OTC; DME
 AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2; OTC; DME
 altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; OTC; DME
 altarussin (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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
 BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; OTC; QL; AL
 chest congestion relief oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL
 chest congestion relief oral tablet (generic for XPECT) - Tier 1; OTC
 CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; OTC; AL
 cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; OTC; AL
 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

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**

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

ed bron gp - Tier 1; OTC; AL

ephri nose drops (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME

geri-tussin oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

guaifenesin oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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 ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

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

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

mucus & chest congestion oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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

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 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 ROBAFEN MUCUS/CHEST CONGESTION) - 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 max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1; OTC
mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; OTC; QL; AL
mucus+chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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
nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; OTC; DME
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
nasal four spray (generic for 4-WAY FAST ACTING) - 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 MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2; OTC; DME
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - 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 AFRIN SALINE NASAL MIST) - 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
nose drops nasal decongest (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME
nose drops nasal solution 1 % (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

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**

robafen mucus/chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; OTC; DME

saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; OTC; DME

sb mucus relief (generic for XPECT) - Tier 1; OTC

siltussin sa (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

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

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

tusnel-ex (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin adult chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin chest congestion oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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**

tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; OTC; AL

tussin cough long-acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; OTC; AL

tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; OTC; AL

tussin expectorant adult (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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 cong (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin mucus & chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin mucus/chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin mucus/congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin mucus+chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin mucus+chest congest sf (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

tussin mucus+chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; OTC; QL; AL

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

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 - 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 (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
 allerg 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 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

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 tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; OTC; QL

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

allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; OTC; QL

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

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

chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; OTC; QL

CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; OTC; QL

CHLOR-TRIMETON ORAL SYRUP (brand for ed chlorped jr) - Tier 2; OTC; QL

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

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

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

ed chlorped jr (generic for CHLOR-TRIMETON) - Tier 1; OTC; QL

fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - 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

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>loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; OTC; QL</i></p> <p><i>loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL</i></p> <p><i>loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL</i></p> <p><i>loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL</i></p> <p><i>loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; OTC; QL</i></p> <p><i>TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; OTC; QL</i></p>	
<p>Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs</p>	
<p><i>24 hour nasal allergy (generic for KLS ALLER-CORT) - Tier 1; OTC; QL; DME</i></p> <p><i>aller-cort (generic for KLS ALLER-CORT) - Tier 1; OTC; QL; DME</i></p> <p><i>allergy spray 24 hour nasal aerosol (generic for KLS ALLER-CORT) - Tier 1; OTC; QL; DME</i></p> <p><i>NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; OTC; QL; DME</i></p> <p><i>nasal allergy 24 hour (generic for KLS ALLER-CORT) - Tier 1; OTC; QL; DME</i></p> <p><i>nasal allergy nasal aerosol 55 mcg/lact (generic for KLS ALLER-CORT) - Tier 1; OTC; QL; DME</i></p> <p><i>nasal allergy spray (generic for KLS ALLER-CORT) - Tier 1; OTC; QL; DME</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
------------------	----------------------

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

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

Mast Cell Stabilizers - Drugs for the Lungs

<p><i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; OTC; QL; DME</i> NASALCROM (brand for cromolyn sodium) - Tier 2; OTC; QL; DME</p>	
---	--

Respiratory Tract Agents, Other - Asthma/Lung Drugs

<p><i>12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME</i> <i>12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME</i> <i>12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME</i> <i>12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME</i> ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; OTC; AL AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2; OTC; DME ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; OTC; QL; AL</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

allerclear d-12hr (generic for KLS ALLERCLEAR 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 ALLERCLEAR D-12HR) - Tier 1; OTC; QL; AL
allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; OTC; QL; AL
allergy relief d-24 (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 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

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

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
altarusin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
APRODINE - Tier 2; OTC; AL
benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL
chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
childrens cold & allergy - Tier 1; OTC; AL
childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; OTC; QL; AL
CLARITIN-D 24 HOUR (brand for allergy relief d-24) - 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 & cough childrens oral liquid 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

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**

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 CGHICHEST CONG DM CHILD) - Tier 1; OTC

cough childrens (generic for DELSYM CGHICHEST CONG DM CHILD) - Tier 1; OTC

cough dm childrens (generic for DELSYM) - Tier 1; OTC; QL; AL

cough dm er (generic for DELSYM) - Tier 1; OTC; QL; AL

cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; OTC; QL; AL

DELSYM CGHICHEST CONG DM CHILD (brand for childrens cough) - Tier 2; OTC

DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; OTC; QL; AL

DELSYM COUGHICHEST CONGEST DM (brand for childrens cough) - 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

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**

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

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

guaicon dms (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL

guaifenesin ac - Tier 1; OTC; QL; AL

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

ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - 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: 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**

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

lorata-dine 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 (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 CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2; OTC

MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2; 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**

MUCINEX COUGH CHILDRENS (brand for childrens cough) - 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 strength) - Tier 2; OTC; AL

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

MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2; OTC

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

MUCINEX SINUS-MAX SINUS/ALLERGY (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 cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC

mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - 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: 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**

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

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 (generic for MUCINEX D) - Tier 1; OTC; AL

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

nasal decongestant 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME

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

nasal decongestant max st (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

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

nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nasal spray moisturizing (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

nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME

nebusal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1

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

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**

promethazine vcl/codeine - Tier 1; QL; AL
promethazine-codeine - 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 (generic for PULMOSAL) - Tier 1
qc nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME
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 childrens cough) - Tier 2; OTC
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL
rynex pe - Tier 1; OTC; AL
rynex pse - Tier 1; OTC; AL
siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - 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

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

sinus congestion max strength (generic for SUDOGEST) - Tier 1; OTC; QL; 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 PULMOSAL) - 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 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME

sudogest maximum strength (generic for SUDOGEST) - Tier 1; OTC; QL; DME

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

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
------------------	----------------------

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 congest oral syrup 100-10 mg/5ml (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 cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL
tussin dm max (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 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: 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
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>	<i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i> <i>LORZONE (brand for chlorzoxazone) - Tier 2; PA; 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>	<i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL</i> <i>AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA</i> <i>BELSOMRA - Tier 2; PA</i> <i>DAYVIGO - Tier 2; PA; QL</i> <i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL</i> <i>EDLUAR - Tier 2; PA; QL</i> <i>estazolam - Tier 1; PA; QL</i> <i>HALCION (brand for triazolam) - Tier 2; PA; QL</i> <i>LUNESTA (brand for eszopiclone) - Tier 2; PA; QL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; PA; QL</i> <i>RESTORIL (brand for temazepam) - Tier 2; PA; QL</i> <i>ROZEREM (brand for ramelteon) - Tier 2; PA; QL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i> <i>temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i>
Wakefulness Promoting Agents	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	<i>NUVIGIL (brand for armodafinil) - Tier 2; DX2RX; QL</i> <i>PROVIGIL (brand for modafinil) - Tier 2; 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
Sleep Disorder Agents - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Drugs for Sleeping	
<p><i>night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL</i></p> <p><i>nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL</i></p> <p><i>rest simply (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL</i></p> <p><i>SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; PA; OTC; QL</i></p> <p><i>sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL</i></p> <p><i>sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL</i></p> <p><i>sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL</i></p> <p><i>sleep tabs (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL</i></p>	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<p><i>adclf (0.5mg/ml) - Tier 1</i></p> <p><i>animal shapes complete (generic for CEROVITE JR) - Tier 1; OTC; QL</i></p> <p><i>ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; OTC; QL</i></p> <p><i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; OTC; QL</i></p> <p><i>BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; OTC; QL</i></p> <p><i>BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; OTC; QL</i></p> <p><i>calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL</i></p> <p><i>calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; OTC; QL</i></p> <p><i>calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL</i></p> <p><i>calcium carbonate oral tablet chewable 1250 (500 ca) mg - 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 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
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
effer-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL
fruity c - Tier 1; OTC; QL
klor-con/ef - Tier 1; QL
k-prime - 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**

multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL
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
OBSTETRIX EC ORAL TABLET 29-1 MG - Tier 2
OBTREX - Tier 2; OTC
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 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
tri-vitelfluoride oral solution 0.25 mg/ml - Tier 1; QL
tri-vitelfluoride oral solution 0.5 mg/ml - 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

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 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 PUREWAY-C) - 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 PUREWAY-C) - Tier 1; OTC; QL
vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; OTC; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins acd-fluoride - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; 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
b6 - Tier 1; OTC; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1; OTC
e-400-clear - 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
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 - Tier 2; PA; QL

Vaccines

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

JANSSEN COVID-19 VACCINE - 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

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.....	157	ACCU-CHEK FASTCLIX LANCET KIT	71	acetazolamide oral.....	56
12 hour decongestant.....	161	ACCU-CHEK GUIDE CONTROL.....	71	acetic acid otic.....	143
12 hour nasal decongestant.....	161	ACCU-CHEK GUIDE TEST STRIPS.....	71	acetylcysteine inhalation solution 10 %.....	150
12 hour nasal relief spray.....	161	ACCU-CHEK SMARTVIEW.....	71	acetylcysteine inhalation solution 20 %.....	150
12 hour nasal spray.....	161	ACCU-CHEK SMARTVIEW CONTROL.....	71	acid controller.....	87
12hr allergy relief.....	158	ACCU-CHEK SOFTCLIX LANCET		acid gone.....	89
24 hour nasal allergy.....	160	DEVICE KIT.....	71	acid reducer oral capsule delayed release	
24hr allergy relief.....	158	ACCURETIC ORAL TABLET 10-12.5 MG..	56	20.6 (20 base) mg.....	88
3 day.....	28	accutane.....	63	acid reducer oral tablet 10 mg.....	87
3 day vaginal.....	29	ACCUTREND GLUCOSE CONTROL.....	71	acid reducer oral tablet 200 mg.....	87
3-day vaginal vaginal cream 2 %.....	29	acebutolol hcl oral.....	55	acidophilus lactobacillus oral.....	89
4-WAY FAST ACTING.....	151	acetaminophen 8 hour.....	8	acidophilus oral capsule , 10 mg.....	89
4-WAY MENTHOL.....	151	acetaminophen 8 hours.....	8	acidophilus probiotic oral capsule 10 mg.....	89
8 hour arthritis pain.....	8	acetaminophen 8hr arth pain.....	8	acidophilus probiotic oral tablet , 0.5 mg.....	89
8 hour arthritis pain reliever.....	8	acetaminophen 8hr musc ache.....	8	acidophilus/l-sporogenes.....	89
8 hour arthritis relief.....	8	acetaminophen childrens oral suspension		ACIPHEX.....	88
8 hour pain relief oral tablet extended		160 mg/5ml.....	8	acitretin.....	63
release 650 mg.....	8	acetaminophen childrens oral tablet		acne control cleanser.....	124
8 hour pain reliever.....	8	chewable 160 mg.....	8	acne medication 10 external lotion.....	124
8 hr arthritis pain relief.....	8	acetaminophen er.....	8	acne medication 5 external lotion.....	124
8hr arthritis pain relief.....	8	acetaminophen ex st oral liquid 500		acne treatment external cream 10 %.....	124
8hr muscle aches & pain.....	8	mg/15ml.....	8	ACTEMRA ACTPEN.....	119
a-25.....	80	acetaminophen ex st oral tablet 500 mg.....	9	ACTEMRA SUBCUTANEOUS.....	119
abacavir sulfate.....	44	acetaminophen extra strength.....	9	ACTHAR.....	107
abacavir sulfate-lamivudine.....	44	acetaminophen infants.....	9	ACTHIB.....	121
abatine.....	89	acetaminophen oral liquid 160 mg/5ml.....	9	ACTIMMUNE.....	120
ABILIFY.....	40	acetaminophen oral solution 160 mg/5ml,		ACTIVELLA.....	110
ABILIFY MAINTENA.....	40	325 mg/10.15ml, 650 mg/20.3ml.....	9	ACTONEL ORAL TABLET 150 MG.....	123
abiraterone acetate.....	33	acetaminophen oral suspension 160		ACTONEL ORAL TABLET 35 MG.....	123
ABREVA.....	70	mg/5ml, 650 mg/20.3ml.....	9	ACULAR LS.....	137
ABSORICA.....	63	acetaminophen oral tablet 325 mg.....	9	ACUVAIL.....	137
ABSORICA LD.....	63	acetaminophen oral tablet 500 mg.....	9	acyclovir oral.....	42
acamprosate calcium.....	15	acetaminophen oral tablet chewable 160		ADACEL.....	121
ACANYA.....	63	mg.....	9	ADBRY.....	119
acarbose oral.....	47	acetaminophen rectal suppository 120 mg....	9	adclf (0.5mg/ml).....	174
ACCOLATE.....	148	acetaminophen rectal suppository 650 mg....	9	ADCIRCA.....	150
ACCU-CHEK AVIVA DEVICE.....	71	acetaminophen-codeine.....	6	ADDERALL XR.....	60
ACCU-CHEK AVIVA PLUS TEST STRIPS..	71	acetazolamide er.....	56	ADEMPAS.....	150

ADMELOG.....	49	ALBUTEROL SULFATE INHALATION	<i>allergy childrens oral liquid.....</i>	144
ADMELOG SOLOSTAR.....	49	NEBULIZATION SOLUTION (5 MG/ML)	<i>allergy childrens oral solution.....</i>	158
<i>adult 50+ probiotic.....</i>	89	0.5%.....	<i>allergy eye drops.....</i>	142
<i>adult probiotic.....</i>	89	<i>albuterol sulfate inhalation nebulization</i>	<i>allergy medication.....</i>	144
<i>adv acne spot treatment.....</i>	124	<i>solution 0.63 mg/3ml, 1.25 mg/3ml.....</i>	<i>allergy medicine.....</i>	144
ADVAIR DISKUS.....	161	<i>albuterol sulfate oral syrup.....</i>	<i>allergy nasal mist no drip.....</i>	162
ADVAIR HFA.....	161	<i>alclometasone dipropionate external</i>	<i>allergy oral capsule 25 mg.....</i>	144
<i>advanced acne spot treat.....</i>	124	<i>ointment.....</i>	<i>allergy oral liquid 12.5 mg/5ml.....</i>	144
<i>advanced antacid.....</i>	89	ALCOHOL PREP PADS PAD , 70 %.....	<i>allergy oral tablet 25 mg.....</i>	144
<i>advanced healing external ointment</i>	69	ALECENSA.....	<i>allergy rel child (loratadine).....</i>	158
ADVIL COLD/SINUS.....	161	<i>alendronate sodium oral solution.....</i>	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	144
ADVIL JUNIOR STRENGTH.....	4	<i>alendronate sodium oral tablet 10 mg, 35</i>	<i>allergy relief (loratadine) oral tablet.....</i>	158
ADVIL ORAL TABLET.....	4	<i>mg.....</i>	<i>allergy relief adult.....</i>	144
AFINITOR ORAL TABLET 10 MG, 2.5 MG,	5 MG.....	<i>alendronate sodium oral tablet 70 mg.....</i>	<i>allergy relief cetirizine.....</i>	144
AFINITOR ORAL TABLET 7.5 MG.....	35	ALEVE ORAL TABLET.....	<i>allergy relief childrens oral liquid 12.5</i>	144
<i>afirmelle.....</i>	110	<i>alfuzosin hcl er.....</i>	<i>mg/5ml.....</i>	144
AFLURIA QUADRIVALENT.....	122	<i>all day allergy d.....</i>	<i>allergy relief childrens oral solution 5</i>	158
AFREZZA.....	49	<i>all day allergy oral tablet 10 mg.....</i>	<i>mg/5ml.....</i>	158
AFRIN NODRIP ORIGINAL.....	161	<i>all day allergy relief oral tablet 10 mg.....</i>	<i>allergy relief childrens oral tablet chewable</i>	144
AFRIN SALINE NASAL MIST.....	151	<i>all day allergy-d oral tablet extended</i>	<i>12.5 mg.....</i>	144
<i>aftera.....</i>	116	<i>release 12 hour 5-120 mg.....</i>	<i>allergy relief d oral tablet extended release</i>	157
AIMOVIG.....	31	<i>all day pain relief.....</i>	<i>12 hour 5-120 mg.....</i>	162
AJOVY.....	31	<i>all day relief.....</i>	<i>allergy relief d-12.....</i>	162
AKYNZEO ORAL.....	27	ALLEGRA ALLERGY.....	<i>allergy relief d-24.....</i>	162
<i>ala-cort.....</i>	64	ALLEGRA HIVES 24HR.....	<i>allergy relief max st.....</i>	144
ALAVERT ALLERGY/SINUS.....	161	<i>allerclear.....</i>	<i>allergy relief nasal decong.....</i>	162
ALAWAY.....	142	<i>allerclear d-12hr.....</i>	<i>allergy relief oral capsule 25 mg.....</i>	144
ALAWAY CHILDRENS ALLERGY.....	142	<i>allerclear d-24hr.....</i>	<i>allergy relief oral liquid 25 mg/10ml.....</i>	144
<i>albendazole oral.....</i>	37	<i>aller-cort.....</i>	<i>allergy relief oral tablet 10 mg.....</i>	158
<i>albuterol sulfate hfa aerosol solution 108</i>	<i>(90 base) mcg/act inhalation.....</i>	<i>aller-ease.....</i>	<i>allergy relief oral tablet 180 mg.....</i>	158
ALBUTEROL SULFATE HFA AEROSOL	148	<i>aller-fex.....</i>	<i>allergy relief oral tablet 25 mg.....</i>	145
SOLUTION 108 (90 BASE) MCG/ACT		<i>allerg rel child (lorat).....</i>	<i>allergy relief oral tablet 60 mg.....</i>	158
INHALATION.....	148	<i>allerg relief child (lorat).....</i>	<i>allergy relief oral tablet chewable 12.5 mg..</i>	145
<i>albuterol sulfate inhalation nebulization</i>		<i>allergy & congestion oral tablet extended</i>	<i>allergy relief oral tablet dispersible 10 mg..</i>	159
<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>		<i>release 24 hour 10-240 mg.....</i>	<i>allergy relief oral tablet extended release</i>	157
<i>mg/0.5ml.....</i>	148	<i>allergy & congestion relief.....</i>	<i>12 hour 5-120 mg.....</i>	157
		<i>allergy (cetirizine).....</i>	<i>allergy relief oral tablet extended release</i>	159
		<i>allergy 24hour indoor/outdoor.....</i>	<i>12 mg.....</i>	159
		<i>allergy 24-hr.....</i>	<i>allergy relief(cetirizine).....</i>	145

<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	145	<i>amantadine hcl oral capsule</i>	38	ANORO ELLIPTA.....	161
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	159	<i>amantadine hcl oral solution</i>	38	<i>antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	89
<i>allergy relief/nasal decong</i>	162	AMBIEN.....	173	<i>antacid & anti-gas oral suspension 400-400-40 mg/5ml</i>	89
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	157	AMBIEN CR.....	173	<i>antacid & gas relief</i>	89
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	162	<i>ambrisentan</i>	150	<i>antacid advanced</i>	89
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	157, 162	<i>amiloride hcl oral</i>	57	<i>antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	89
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	162	<i>amiloride-hydrochlorothiazide</i>	56	<i>antacid anti-gas</i>	89
<i>allergy relief-d12</i>	162	<i>aminocaproic acid oral</i>	52	<i>antacid anti-gas ex st oral suspension 400-400-40 mg/5ml</i>	89
<i>allergy spray 24 hour nasal aerosol</i>	160	<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	54	<i>antacid anti-gas max strength</i>	90
<i>allergy/congestion relief</i>	163	AMITIZA.....	85	<i>antacid calcium</i>	90
<i>aller-tec</i>	145	<i>amitriptyline hcl oral</i>	26	<i>antacid calcium rich</i>	90
<i>aller-tec d</i>	157	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	124	<i>antacid extra strength oral suspension 160-105 mg</i>	90
<i>allopurinol oral tablet 100 mg, 300 mg</i>	31	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML.....	124	<i>antacid extra strength oral tablet chewable 750 mg</i>	90
<i>almacone double strength</i>	89	<i>amlodipine besylate oral</i>	55	<i>antacid fast relief</i>	90
ALOGLIPTIN BENZOATE.....	47	<i>ammonium lactate external</i>	64	<i>antacid i</i>	90
ALOGLIPTIN-METFORMIN HCL.....	47	<i>amnesteem</i>	63	<i>antacid iii</i>	90
ALOGLIPTIN-PIOGLITAZONE.....	47	<i>amoxapine</i>	26	<i>antacid kids</i>	90
ALORA.....	110	<i>amoxicillin oral capsule</i>	19	<i>antacid liquid</i>	90
ALPHAGAN P.....	138	<i>amoxicillin oral suspension reconstituted</i>	19	<i>antacid m</i>	90
<i>aprazolam oral tablet</i>	46	<i>amoxicillin oral tablet 875 mg</i>	19	<i>antacid maximum</i>	90
<i>atachlore ophthalmic ointment</i>	138	<i>amoxicillin oral tablet chewable</i>	19	<i>antacid maximum strength</i>	90
<i>atachlore ophthalmic solution</i>	138	<i>amoxicillin-potassium clavulanate</i>	19	<i>antacid maximum strength oral tablet chewable 1000 mg</i>	90
<i>altafrin</i>	136	<i>amphetamine-dextroamphetamine</i>	60	<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	90
<i>altalube</i>	138	<i>ampicillin</i>	19	<i>antacid oral tablet chewable 1000 mg</i>	90
<i>altamist spray</i>	151	AMPYRA.....	61	<i>antacid oral tablet chewable 500 mg</i>	91
<i>altarussin</i>	151	AMRIX.....	173	<i>antacid oral tablet chewable 750 mg</i>	91
<i>altarussin dm</i>	163	AMZEEQ.....	68	<i>antacid plus antigas</i>	91
<i>altavera</i>	110	<i>anagrelide hcl</i>	52	<i>antacid regular strength oral suspension</i>	91
ALTOPREV.....	58	ANASPAZ.....	124	<i>antacid regular strength oral tablet chewable</i>	91
ALUNBRIG.....	134	<i>anastrozole oral</i>	34		
ALVESCO.....	147	ANDRODERM.....	109		
<i>alyacen 1/35</i>	110	ANECREAM EXTERNAL CREAM.....	15		
<i>alyacen 7/7/7</i>	110	<i>anefrin spray</i>	163		
		ANGELIQ.....	110		
		<i>animal shapes complete</i>	174		
		ANNOVERA.....	110		

<i>antacid ultra strength oral tablet chewable 1000 mg</i>	91	APRODINE.....	163	ASMANEX HFA.....	147
<i>antacid/antigas</i>	91	APTENSIO XR.....	59	<i>aspirin adults</i>	124
<i>antacid/anti-gas max st</i>	91	APTIOM.....	24	<i>aspirin childrens</i>	124
<i>antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	91	APTIVUS.....	45	<i>aspirin ec oral tablet 325 mg</i>	124
<i>antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	91	<i>aqueous vitamin d</i>	80	<i>aspirin ec oral tablet delayed release 325 mg</i>	124
<i>antacid/gas relief max st</i>	91	<i>aranelle</i>	110	<i>aspirin ec oral tablet delayed release 81 mg</i>	124
ANTARA.....	58	ARANESP (ALBUMIN FREE) INJECTION SOLUTION.....	52	<i>aspirin oral tablet 325 mg</i>	124
<i>antibiotic</i>	21, 124	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML.....	52	<i>aspirin oral tablet chewable 81 mg</i>	124
<i>anti-diarr/ant-gas</i>	91	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.....	52	<i>aspirin oral tablet delayed release 325 mg</i>	125
<i>anti-diarrheal anti-gas</i>	91	<i>aripiprazole oral solution</i>	40	<i>aspirin oral tablet delayed release 81 mg..</i>	125
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	91	<i>aripiprazole oral tablet</i>	40	ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG.....	125
<i>anti-diarrheal oral tablet 2 mg</i>	86	<i>aripiprazole oral tablet dispersible</i>	40	<i>aspirin rectal suppository 300 mg</i>	125
<i>anti-diarrheal/anti-gas</i>	92	ARISTADA.....	40	<i>aspirin regimen</i>	125
<i>antifungal (tolnaftate)</i>	124	ARISTADA INITIO.....	40	<i>astrigent eye drops</i>	138
<i>antifungal external cream</i>	29	<i>armodafinil</i>	173	<i>astrigent solution</i>	69
<i>antifungal external powder</i>	29	ARMONAIR DIGIHALER.....	124	<i>atazanavir sulfate</i>	45
<i>antifungal foot care</i>	29	ARMOUR THYROID.....	117	ATELVIA.....	123
<i>antifungal miconazole</i>	29	ARNUITY ELLIPTA.....	147	<i>atenolol oral</i>	55
<i>antifungal tolnaftate</i>	124	<i>arthritis pain oral tablet extended release 650 mg</i>	9	<i>atenolol-chlorthalidone</i>	56
<i>anti-gas oral capsule 180 mg</i>	92	<i>arthritis pain relief oral tablet extended release 650 mg</i>	9	<i>atheletes foot</i>	29
<i>anti-hist allergy</i>	145	<i>arthritis pain reliever oral</i>	10	<i>athletes foot (terbinafine)</i>	29
<i>anti-itch aloe</i>	64	<i>arthritis pain relieving</i>	124	<i>athletes foot (tolnaftate) external aerosol powder 1 %</i>	125
<i>anti-itch intensive heal</i>	64	<i>artificial tears ophthalmic solution</i>	138	<i>athletes foot (tolnaftate) external cream 1 %</i>	125
<i>anti-itch maximum strength external cream 1 %</i>	64	<i>ascomp-codeine</i>	6	<i>athletes foot external aerosol powder 2 %... 29</i>	29
<i>anti-nausea</i>	28	<i>ascorbic acid oral tablet 500 mg</i>	174	<i>athletes foot external cream 1 %</i>	29
<i>antiseptic</i>	21	ASMANEX (120 METERED DOSES).....	147	<i>athletes foot external powder 2 %</i>	29
<i>apap-caff-dihydrocodeine</i>	6	ASMANEX (14 METERED DOSES).....	147	<i>athletes foot powder spray external aerosol powder 1 %</i>	125
APIDRA SOLOSTAR.....	49	ASMANEX (30 METERED DOSES).....	147	<i>athletes foot powder spray external aerosol powder 2 %</i>	30
APIDRA VIAL.....	49	ASMANEX (60 METERED DOSES).....	147	<i>athletes foot spray external aerosol 2 %</i>	30
APOKYN.....	39			<i>atomoxetine hcl</i>	59
<i>apra</i>	9			<i>atorvastatin calcium oral</i>	58
<i>apraclonidine hcl</i>	138			<i>atovaquone</i>	37
<i>aprepitant</i>	27				
<i>apri</i>	110				
APRISO.....	123				

ATRALIN.....	63	BABY AYR SALINE.....	151	BD ULTRA-FINE PEN NEEDLES 29G X	
<i>atropine sulfate ophthalmic ointment</i>	136	<i>baby basics diaper rash</i>	69	12.7MM.....	126
<i>atropine sulfate ophthalmic solution 1 %</i>	136	<i>bac</i>	6	BD ULTRA-FINE PEN NEEDLES 31G X 5	
ATROVENT HFA.....	148	<i>bacitracin external</i>	125	MM.....	126
AUBAGIO.....	61	<i>bacitracin ophthalmic</i>	137	BD ULTRA-FINE PEN NEEDLES 31G X 8	
<i>aubra eq</i>	110	<i>bacitracin zinc external</i>	125	MM.....	126
<i>aurovela 1.5/30</i>	110	<i>bacitracin zinc first aid</i>	125	<i>beauty 360 pure glycerin</i>	69
<i>aurovela 1/20</i>	110	<i>bacitracin zinc-aloe</i>	125	<i>beauty 360 soothing bath</i>	69
<i>aurovela fe 1.5/30</i>	110	<i>bacitracin-polymyxin b ophthalmic</i>	137	BECONASE AQ.....	147
<i>aurovela fe 1/20</i>	110	<i>bacitra-neomycin-polymyxin-hc</i>	136	BELBUCA.....	6
AURYXIA.....	80	<i>baclofen oral tablet</i>	41	BELSOMRA.....	173
AUSTEDO.....	60	BAFIERTAM.....	61	BENADRYL ALLERGY CHILDRENS	
AUVI-Q.....	148	BALCOLTRA.....	110	ORAL LIQUID.....	145
AVAR-E EMOLLIENT.....	69	<i>balsalazide disodium</i>	123	BENADRYL ALLERGY CHILDRENS	
AVAR-E GREEN.....	69	BALVERSA.....	35	ORAL TABLET CHEWABLE.....	145
AVEDANA GLYCERIN (ADULT).....	102	<i>balziva</i>	110	BENADRYL ALLERGY ORAL TABLET.....	145
<i>aviane</i>	110	<i>banophen oral capsule 25 mg</i>	145	BENADRYL ALLERGY ULTRATABS.....	145
AVITA.....	63	<i>banophen oral tablet</i>	145	<i>benazepril hcl oral</i>	54
AVONEX PEN.....	61	BAQSIMI ONE PACK.....	48	<i>benazepril-hydrochlorothiazide</i>	56
AVONEX PREFILLED.....	61	BAQSIMI TWO PACK.....	48	BENLYSTA SUBCUTANEOUS.....	119
AYR.....	151	BARACLUDGE ORAL SOLUTION.....	42	BENZAC AC WASH.....	126
AYR SALINE NASAL DROPS.....	151	BASAGLAR KWIKPEN.....	49	BENZAMYCIN.....	63
<i>ayuna</i>	110	BAYER ASPIRIN ORAL TABLET.....	125	BENZNIDAZOLE.....	37
AZASITE.....	137	BAYER LOW DOSE ORAL TABLET		<i>benzonatate oral capsule 100 mg, 200 mg</i>	163
<i>azathioprine oral tablet 50 mg</i>	120	CHEWABLE.....	125	<i>benztropine mesylate oral</i>	38
<i>azelaic acid external</i>	63	<i>baza antifungal</i>	30	BERINERT.....	119
<i>azelastine hcl nasal solution 0.1 %, 137</i>		<i>b-complex oral tablet</i>	80	BESIVANCE.....	137
<i>mcg/spray</i>	145	<i>b-complex with b-12</i>	80	BETADINE EXTERNAL SOLUTION 10 %...21	
<i>azelastine hcl ophthalmic</i>	136	<i>b-complex/b-12 oral</i>	80	<i>betamethasone dipropionate aug</i>	64
<i>azithromycin oral suspension reconstituted</i> ..	20	BD AUTOSHIELD DUO PEN NEEDLES.....	71	<i>betamethasone dipropionate external lotion</i>	64
<i>azithromycin oral tablet</i>	20	BD ECLIPSE NEEDLE 25G X 5/8".....	125	<i>betamethasone dipropionate external</i>	
azo.....	107	BD ULTRA-FINE INSULIN SYRINGES.....	71	<i>ointment</i>	64
AZOPT.....	138	BD ULTRA-FINE INSULIN SYRINGES		<i>betamethasone valerate external cream</i>	64
AZSTARYS.....	60	30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML,		<i>betamethasone valerate external lotion</i>	64
<i>azurette</i>	110	30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML.....	126	<i>betamethasone valerate external ointment</i> ..	64
<i>b complex</i>	80	BD ULTRA-FINE INSULIN SYRINGES		BETAPACE.....	54
<i>b complex vitamins</i>	80	31G X 15/64" 0.3 ML, 31G X 15/64" 0.5		BETAPACE AF.....	54
<i>b-1</i>	178	ML, 31G X 15/64" 1 ML.....	126	BETASERON.....	61
<i>b6</i>	178	BD ULTRA-FINE PEN NEEDLES.....	71	<i>betatemp childrens</i>	10

<i>betaxolol hcl ophthalmic</i>	138	BOUDREAUXS BUTT PASTE OINTMENT		<i>butalbital-apap-caffeine oral tablet</i>	6
<i>betaxolol hcl oral</i>	55	40 % EXTERNAL.....	69	<i>butalbital-asa-caff-codeine</i>	6
<i>bethanechol chloride oral</i>	106	<i>bp 10-1</i>	69	<i>butalbital-aspirin-caffeine</i>	6
BETHKIS.....	149	<i>bp wash external liquid 2.5 %</i>	126	<i>butorphanol tartrate nasal</i>	6
BETIMOL.....	138	BPROTECTED PEDIA D-VITE.....	80	BUTRANS.....	6
BETOPTIC-S.....	138	BPROTECTED PEDIA IRON.....	75	BYDUREON BCISE AUTOINJECTOR.....	47
BEVESPI AEROSPHERE.....	161	BPROTECTED PEDIA POLY-VITE.....	174	BYETTA 10 MCG PEN.....	47
<i>bexarotene external</i>	36	BPROTECTED PEDIA POLY-VITE/FE.....	174	BYETTA 5 MCG PEN.....	47
<i>bexarotene oral</i>	36	BPROTECTED VITAMIN C.....	174	<i>cabergoline</i>	117
BEXSERO.....	121	BREATHE COMFORT HUMIDIFIER.....	126	CABLIVI.....	52
BEYAZ.....	110	BREO ELLIPTA.....	161	CABOMETYX.....	134
<i>bicalutamide</i>	33	BREZTRI AEROSPHERE.....	161	<i>caffeine citrate oral</i>	60
BIDIL.....	56	<i>briellyn</i>	110	<i>cal mag zinc +d3</i>	75
BIJUVA.....	110	BRILINTA.....	52	<i>calamine external lotion</i>	126
BIKTARVY ORAL TABLET 30-120-15 MG..	43	<i>brimonidine tartrate ophthalmic</i>	138	<i>calamine external lotion , 8-8 %</i>	70
BIKTARVY ORAL TABLET 50-200-25 MG..	43	BRIVIACT ORAL.....	22	<i>calamine-zinc oxide external lotion</i>	70
BINAXNOW COVID-19 AG HOME TEST..	126	BROMSITE.....	137	<i>calcipotriene external cream</i>	67
BIOLLE TEARS.....	138	BRONCHITOL.....	62	<i>calcipotriene external ointment</i>	67
<i>biotinex</i>	92	BROVANA.....	148	<i>calcipotriene external solution</i>	67
<i>bisacodyl ec</i>	126	BRUKINSA.....	134	<i>calcitonin (salmon) nasal</i>	123
<i>bisacodyl laxative</i>	126	BRYHALI.....	64	<i>calcitriol external</i>	67
<i>bisacodyl oral</i>	126	BUCKLEYS CHEST CONGESTION.....	151	<i>calcitriol oral capsule</i>	123
<i>bisacodyl rectal</i>	126	<i>budesonide inhalation</i>	147	<i>calcitriol oral solution</i>	123
<i>bismatrol oral tablet chewable</i>	92	<i>budesonide oral</i>	123	<i>calcium 600 oral tablet 1500 (600 ca) mg..</i>	174
<i>bismuth</i>	92	<i>bumetanide oral</i>	57	<i>calcium 600/vit d/minerals oral tablet 600-</i>	
<i>bismuth subsalicylate oral</i>	92	<i>buprenorphine</i>	6	<i>200 mg-unit</i>	75
<i>bisoprolol fumarate oral</i>	55	<i>buprenorphine hcl sublingual</i>	7	<i>calcium 600/vit d/minerals oral tablet</i>	
<i>bisoprolol-hydrochlorothiazide</i>	56	<i>buprenorphine hcl-naloxone hcl</i>	15	<i>chewable 600-400 mg-unit</i>	75
<i>blisovi fe 1.5/30</i>	110	<i>bupropion hcl er (sr)</i>	25	<i>calcium 600/vitamin d</i>	75
<i>blisovi fe 1/20</i>	110	<i>bupropion hcl er (xl) oral tablet extended</i>		<i>calcium 600/vitamin d-3</i>	75
BLOOD GLUCOSE TEST STRIPS.....	71	<i>release 24 hour 150 mg, 300 mg</i>	25	<i>calcium 600+d oral tablet 600-10 mg-mcg...</i>	75
BONINE.....	27	<i>bupropion hcl oral</i>	25	<i>calcium 600+d oral tablet 600-5 mg-mcg...</i>	174
BOOSTRIX.....	121	<i>buspirone hcl oral</i>	46	<i>calcium acetate (phos binder) oral tablet</i>	80
<i>boro-packs</i>	69	<i>butalbital-acetaminophen oral tablet 50-</i>		<i>calcium acetate oral tablet 667 mg</i>	80
<i>bosentan</i>	150	<i>325 mg</i>	6	<i>calcium antacid</i>	92
BOSULIF.....	134	<i>butalbital-apap-caff-cod oral capsule 50-</i>		<i>calcium antacid ex st oral tablet chewable</i>	
<i>boudreauxs butt paste ointment 40 %</i>		<i>325-40-30 mg</i>	6	<i>750 mg</i>	92
<i>external</i>	69	<i>butalbital-apap-caffeine oral capsule 50-</i>		<i>calcium antacid extra strength</i>	92
		<i>325-40 mg</i>	6		

<i>calcium carb-cholecalciferol oral tablet</i>	CAPLYTA.....	40	<i>cefprozil</i>	19
<i>600-10 mg-mcg, 600-5 mg-mcg</i>	CAPRELSA.....	134	<i>cefuroxime axetil</i>	19
<i>calcium carbonate antacid oral suspension</i>	<i>capsaicin external cream</i>	126	<i>celecoxib oral</i>	4
<i>calcium carbonate antacid oral tablet</i>	<i>capsaicin hp</i>	126	CELEXA.....	26
<i>calcium carbonate antacid oral tablet</i>	<i>capsaicin pain relief</i>	126	CENTRUM FLAVOR BURST KIDS.....	127
<i>chewable</i>	<i>captopril oral</i>	54	CENTRUM KIDS.....	127
<i>calcium carbonate oral tablet 1500 (600</i>	<i>captopril-hydrochlorothiazide</i>	56	CENTRUM SPECIALIST PRENATAL.....	80
<i>ca) mg</i>	<i>capzix</i>	126	<i>cephalexin oral capsule</i>	19
<i>calcium carbonate oral tablet chewable</i>	CARAC.....	67	<i>cephalexin oral suspension reconstituted</i>	19
<i>1250 (500 ca) mg</i>	<i>carbamazepine er</i>	24	CEQUA.....	136
<i>calcium cit plus vit d-3</i>	<i>carbamazepine oral</i>	24	CERDELGA.....	105
<i>calcium citrate + d3 maximum</i>	<i>carbidopa oral</i>	39	<i>cerovel</i>	70
<i>calcium citrate +d3</i>	<i>carbidopa-levodopa er</i>	39	<i>cerovite jr</i>	175
<i>calcium citrate plus vit d</i>	<i>carbidopa-levodopa oral tablet</i>	39	<i>cetiri-d</i>	157
<i>calcium citrate+d oral tablet 315-6.25 mg-</i>	<i>carboxymethylcellulose sodium ophthalmic</i>		<i>cetirizine allergy relief</i>	145
<i>mcg</i>	<i>solution</i>	138	<i>cetirizine hcl oral solution 1 mg/ml</i>	145
<i>calcium citrate+d3 oral tablet</i>	CAREPOINT POLY HUB NEEDLE 18G X		<i>cetirizine hcl oral tablet</i>	145
<i>calcium citrate+d3 w/magne</i>	1".....	51	<i>cetirizine-pseudoephedrine er</i>	157
<i>calcium citrate-vit d</i>	CAREPOINT POLY HUB NEEDLE 25G X		CETRAXAL.....	143
<i>calcium citrate-vitamin d oral tablet 315-5</i>	5/8".....	126	CETROTIDE.....	118
<i>mg-mcg</i>	CAREPOINT SAFETY 1ST NEEDLE 25G		<i>chateal eq</i>	110
<i>calcium fast dissolution</i>	X 5/8".....	126	CHEMET.....	79
<i>calcium high potency</i>	CARESTART COVID-19 HOME TEST.....	126	CHEMSTRIP 10 MD.....	71
<i>calcium high potency/vitamin d</i>	CARETOUCH CONTROL SOL LEVEL 2....	71	CHEMSTRIP 10/SG.....	71
<i>calcium oral tablet 1500 (600 ca) mg</i>	CARETOUCH HYPODERMIC NEEDLE		CHEMSTRIP 2 GP.....	71
<i>calcium oyster shell oral tablet 1250 (500</i>	25G X 5/8".....	126	CHEMSTRIP 5 OB.....	71
<i>ca) mg</i>	<i>carglumic acid</i>	74	CHEMSTRIP 7.....	71
<i>calcium plus vitamin d</i>	<i>carteolol hcl</i>	138	CHEMSTRIP 9.....	71
<i>calcium plus vitamin d3</i>	<i>cartia xt</i>	56	CHEMSTRIP K.....	71
<i>calcium soft chews oral tablet chewable</i>	<i>carvedilol</i>	55	CHEMSTRIP UGK.....	71
<i>500-200-40 mg-unt-mcg</i>	CASTIVA WARMING.....	127	<i>chest congest/cough child</i>	163
<i>calcium/minerals/vitamin d</i>	CAYA.....	127	<i>chest congestion relief dm oral syrup</i>	163
<i>calcium-magnesium-zinc oral tablet 333-</i>	CAYSTON.....	149	<i>chest congestion relief oral liquid</i>	151
<i>133-5 mg, 333.33-133.33-5 mg</i>	<i>cefaclor oral capsule</i>	19	<i>chest congestion relief oral tablet</i>	151
<i>cal-gest antacid</i>	<i>cefaclor oral suspension reconstituted 250</i>		<i>chewable c</i>	175
CALQUENCE.....	<i>mg/5ml</i>	19	<i>chewable c with rose hips</i>	175
<i>camila</i>	<i>cefadroxil</i>	19	<i>chewable childrens vitamin</i>	175
CANASA.....	<i>cefdinir</i>	19	<i>chewy not chalky flavor</i>	92
<i>capecitabine</i>	<i>cefixime oral capsule</i>	19	<i>childrens acetaminophen</i>	10

<i>childrens allergy oral liquid 12.5 mg/5ml....</i>	146	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML.....	120	<i>clindacin-p.....</i>	68
<i>childrens animal shapes.....</i>	175	CIMZIA VIAL KIT.....	120	<i>clindamycin hcl oral capsule 150 mg, 300 mg.....</i>	18
<i>childrens apap.....</i>	10	<i>cinacalcet hcl.....</i>	123	<i>clindamycin palmitate hcl.....</i>	18
<i>childrens aspirin oral tablet chewable 81 mg.....</i>	127	CINRYZE.....	119	<i>clindamycin phosphate external gel.....</i>	68
<i>childrens chewables/iron.....</i>	175	CIPRO HC.....	143	<i>clindamycin phosphate external lotion.....</i>	68
<i>childrens cold & allergy.....</i>	163	CIPRO ORAL SUSPENSION RECONSTITUTED.....	20	<i>clindamycin phosphate external solution.....</i>	68
<i>childrens complete oral tablet chewable 18 mg.....</i>	175	CIPRODEX.....	143	<i>clindamycin phosphate external swab.....</i>	68
<i>childrens cough.....</i>	163	<i>ciprofloxacin hcl ophthalmic.....</i>	137	<i>clindamycin phosphate vaginal.....</i>	18
<i>childrens loratadine.....</i>	159	<i>ciprofloxacin hcl oral.....</i>	20	CLINDESSE.....	18
<i>childrens mucus relief cough.....</i>	163	<i>ciprofloxacin hcl otic.....</i>	143	CLINERE EARWAX REMOVAL KIT OTIC SOLUTION.....	143
<i>childrens non-aspirin.....</i>	10	<i>ciprofloxacin-dexamethasone.....</i>	143	CLINITEST RAPID COVID-19 TEST KIT IN VITRO.....	127
<i>childrens silapap.....</i>	10	<i>citalopram hydrobromide oral solution.....</i>	26	<i>clobazam.....</i>	23
<i>childrens soothe.....</i>	92	<i>citalopram hydrobromide oral tablet.....</i>	26	<i>clobetasol prop emollient base.....</i>	64
<i>childrens vitamins/iron.....</i>	175	<i>citroma.....</i>	102	<i>clobetasol propionate e.....</i>	64
<i>childs non-aspirin.....</i>	10	CITRUCEL.....	102	<i>clobetasol propionate external cream.....</i>	64
<i>chlordiazepoxide hcl.....</i>	46	<i>claravis.....</i>	63	<i>clobetasol propionate external ointment.....</i>	64
<i>chlorhexidine gluconate mouth/throat.....</i>	62	<i>clarithromycin er.....</i>	20	<i>clobetasol propionate external solution.....</i>	64
<i>chloroquine phosphate oral.....</i>	37	<i>clarithromycin oral.....</i>	20	CLOBEX.....	64
<i>chlorpheniramine maleate er.....</i>	159	CLARITIN ALLERGY CHILDRENS.....	159	CLOBEX SPRAY.....	64
<i>chlorpromazine hcl oral tablet.....</i>	40	CLARITIN EYE.....	142	CLOMID.....	116
<i>chlorthalidone.....</i>	57	CLARITIN ORAL TABLET.....	159	<i>clonazepam oral tablet.....</i>	46
CHLOR-TRIMETON ALLERGY.....	159	CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG.....	159	<i>clonidine hcl oral.....</i>	53
CHLOR-TRIMETON ORAL SYRUP.....	159	CLARITIN-D 12 HOUR.....	163	<i>clopidogrel bisulfate oral.....</i>	52
<i>chlorzoxazone oral tablet 500 mg.....</i>	173	CLARITIN-D 24 HOUR.....	163	<i>clorazepate dipotassium.....</i>	46
CHOLBAM.....	105	<i>classic prenatal.....</i>	80	<i>clotrimazole 3.....</i>	30
<i>cholestyramine light oral powder.....</i>	58	<i>c-lax laxative.....</i>	127	<i>clotrimazole 7.....</i>	30
<i>cholestyramine oral powder.....</i>	58	CLEARCANAL EARWAX SOFTENER.....	143	<i>clotrimazole external cream 1 %.....</i>	68
CIBINQO.....	70	CLEARDETECT COVID-19 AG HOME.....	127	<i>clotrimazole external solution 1 %.....</i>	68
<i>ciclodan.....</i>	68	<i>clearlax oral powder 17 gm/scoop.....</i>	99	<i>clotrimazole mouth/throat troche 10 mg.....</i>	28
<i>ciclopirox external solution.....</i>	68	<i>clearskin.....</i>	127	<i>clotrimazole vaginal.....</i>	30
<i>cilostazol.....</i>	52	<i>clemastine fumarate oral tablet 2.68 mg....</i>	146	<i>clotrimazole vaginal cream 1 %.....</i>	30
CILOXAN.....	137	CLENPIQ.....	86	<i>clotrimazole-betamethasone.....</i>	67
CIMDUO.....	44	CLIMARA.....	110	<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	41
<i>cimetidine oral tablet 200 mg.....</i>	87	CLIMARA PRO.....	110	CLOZARIL.....	41
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg.....</i>	87	<i>clindacin etz external swab.....</i>	68	<i>codeine sulfate oral tablet 30 mg, 60 mg.....</i>	6
				COLACE.....	102

COLAZAL.....	123	CONTOUR NEXT GEN MONITOR.....	71	CRESTOR.....	58
COLCHICINE ORAL CAPSULE.....	31	CONTOUR NEXT GEN TEST STRIPS.....	71	<i>cromolyn sodium inhalation</i>	149
<i>colchicine oral tablet</i>	31	CONTOUR NEXT MONITOR KIT		<i>cromolyn sodium nasal</i>	161
COLCRYS.....	31	W/DEVICE.....	71	<i>cromolyn sodium ophthalmic</i>	136
<i>cold & allergy</i>	163	CONTOUR NEXT ONE KIT.....	71	CROTAN.....	68
<i>cold & allergy childrens oral elixir 1-15</i>		CONTOUR TEST STRIPS.....	71	CRUEX PRESCRIPTION STRENGTH.....	30
<i>mg/5ml</i>	163	COOL MIST HUMIDIFER.....	127	<i>cryselle-28</i>	110
<i>cold & cough childrens oral liquid 2.5-1-5</i>		COPAXONE.....	61	CUPRIMINE.....	106
<i>mg/5ml</i>	163	COPIKTRA.....	35	<i>curae</i>	116
<i>cold & sinus</i>	163	CORICIDIN HBP COUGH/COLD.....	151	<i>cyanocobalamin injection solution 1000</i>	
<i>cold & sinus relief oral tablet 30-200 mg</i>	163	CORLANOR.....	56	<i>mcg/ml</i>	178
<i>cold/cough</i>	164	<i>corn & callus remover</i>	127	<i>cyclobenzaprine hcl oral tablet 10 mg, 5</i>	
<i>cold/cough childrens</i>	164	<i>corn and callus remover</i>	127	<i>mg</i>	173
<i>cold/cough dm childrens oral liquid 2.5-1-5</i>		CORTIFOAM.....	123	<i>cyclopentolate hcl ophthalmic</i>	136
<i>mg/5ml</i>	164	CORTISONE ACETATE ORAL.....	107	<i>cyclophosphamide oral capsule</i>	33
<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> ..	164	<i>cortisone intense healing</i>	64	CYCLOPHOSPHAMIDE ORAL TABLET.....	33
<i>col-rite oral capsule 250 mg</i>	102	<i>cortisone maximum strength external</i>		<i>cycloserine oral</i>	33
COMBIGAN.....	136	<i>cream</i>	64	<i>cyclosporine modified</i>	120
COMBIPATCH.....	110	CORTROPHIN.....	107	<i>cyclosporine oral</i>	120
COMBIVENT RESPIMAT.....	161	COSENTYX.....	119	CYMBALTA.....	61
COMETRIQ (100 MG DAILY DOSE).....	134	COSOPT.....	136	<i>cyproheptadine hcl oral</i>	146
COMETRIQ (140 MG DAILY DOSE).....	134	COSOPT PF.....	136	<i>cyred eq</i>	110
COMETRIQ (60 MG DAILY DOSE).....	134	COTELLIC.....	35	CYSTAGON.....	105
<i>comfort gel</i>	92	<i>cough & chest congestion</i>	164	CYSTARAN.....	136
<i>comfort gel antacid anti-gas oral</i>		<i>cough & cold</i>	151	<i>d3 high potency oral capsule 25 mcg (1000</i>	
<i>suspension 400-400-40 mg/5ml</i>	92	<i>cough & cold hbp</i>	151	<i>ut)</i>	81
COMPLERA.....	43	<i>cough childrens</i>	164	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg</i>	
<i>complete allergy</i>	146	<i>cough dm childrens</i>	164	<i>(2000 ut)</i>	81
<i>complete allergy medicine oral capsule</i>	146	<i>cough dm er</i>	164	<i>d3 oral capsule 125 mcg (5000 ut)</i>	81
<i>complete allergy relief</i>	146	<i>cough dm oral suspension extended</i>		<i>d3 oral capsule 25 mcg (1000 ut)</i>	81
COMPLETE NATAL DHA.....	80	<i>release 30 mg/5ml</i>	164	<i>d-3-5</i>	81
COMPLETENATE.....	80	<i>cough relief oral syrup 15 mg/5ml</i>	151	<i>d3-50</i>	81
<i>compro</i>	27	<i>cough/cold hbp</i>	151	<i>daily acne wash</i>	128
COMTAN.....	38	COVID-19 AT HOME ANTIGEN TEST.....	127	<i>daily fiber oral capsule 0.52 gm</i>	99
CO-NATAL FA.....	80	COVID-19 AT HOME TEST KIT.....	127	<i>daily multivitamins/iron</i>	175
CONCERTA.....	59	COVID-19 AT-HOME TEST KIT IN VITRO		<i>dalfampridine er</i>	61
CONDOMS.....	127	.....	127, 128	<i>danazol oral</i>	109
<i>constulose</i>	85	CREON.....	105	<i>dantrolene sodium oral</i>	41
CONTOUR NEXT EZ KIT W/DEVICE.....	71	CRESEMBA ORAL.....	28	<i>dapsone oral</i>	32

DAPTACEL.....	121	<i>desipramine hcl oral</i>	26	<i>diazepam oral solution</i>	46
<i>darunavir</i>	128	<i>desmopressin ace spray refrig</i>	108	<i>diazepam oral tablet</i>	46
<i>dasetta 1/35</i>	110	<i>desmopressin acetate oral</i>	108	<i>diazepam rectal</i>	23
<i>dasetta 7/7/7</i>	110	<i>desmopressin acetate spray</i>	108	<i>dibromm childrens cold/cgh</i>	165
DAURISMO.....	35	<i>desogestrel-ethinyl estradiol oral tablet</i>		<i>diclofenac potassium oral tablet 50 mg</i>	4
DAYHIST ALLERGY 12 HOUR RELIEF ...	146	<i>0.15-0.02/0.01 mg (21/5)</i>	111	<i>diclofenac sodium er</i>	4
DAYTRANA.....	59	DETROL.....	106	<i>diclofenac sodium external gel 1 %</i>	4
DAYVIGO.....	173	DETROL LA.....	106	<i>diclofenac sodium external solution 1.5 %</i>	4
<i>deblitane</i>	115	<i>dexamethasone intensol</i>	107	<i>diclofenac sodium ophthalmic</i>	137
DECARA ORAL CAPSULE 1.25 MG		<i>dexamethasone oral elixir</i>	107	<i>diclofenac sodium oral</i>	4
(50000 UT).....	81	<i>dexamethasone oral solution</i>	107	<i>dicloxacillin sodium</i>	19
DECARA ORAL CAPSULE 625 MCG		<i>dexamethasone oral tablet 0.5 mg, 0.75</i>		<i>dicyclomine hcl oral capsule</i>	86
(25000 UT).....	81	<i>mg, 1 mg, 2 mg</i>	107	<i>dicyclomine hcl oral solution</i>	86
<i>deep sea nasal spray</i>	151	<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6</i>		<i>dicyclomine hcl oral tablet</i>	86
<i>deferasirox granules</i>	79	<i>mg</i>	107	DIFFERIN EXTERNAL CREAM.....	63
<i>deferasirox oral packet</i>	79	<i>dexamethasone sodium phosphate</i>		DIFFERIN EXTERNAL GEL 0.1 %.....	63
<i>deferasirox oral tablet</i>	79	<i>ophthalmic</i>	137	DIFFERIN EXTERNAL GEL 0.3 %.....	63
<i>deferasirox oral tablet soluble</i>	79	DEXCOM G6 RECEIVER.....	71	DIFICID.....	20
DELSTRIGO.....	43	DEXCOM G6 SENSOR.....	71	DIFLUCAN.....	28
DELSYM CGH/CHEST CONG DM CHILD	164	DEXCOM G6 TRANSMITTER.....	128	<i>digestive probiotic oral capsule</i>	93
DELSYM COUGH CHILDRENS.....	164	DEXCOM G7 RECEIVER.....	71	<i>digestive probiotic oral capsule 250 mg</i>	93
DELSYM COUGH/CHEST CONGEST DM	164	DEXCOM G7 SENSOR.....	71	<i>digoxin oral solution</i>	56
DELSYM ORAL SUSPENSION		DEXILANT.....	88	<i>digoxin oral tablet 125 mcg, 250 mcg</i>	56
EXTENDED RELEASE.....	164	<i>dexmethylphenidate hcl</i>	59	<i>dihydroergotamine mesylate injection</i>	31
<i>delyla</i>	110	<i>dexmethylphenidate hcl er</i>	59	DILANTIN ORAL CAPSULE 30 MG.....	24
DELZICOL.....	123	<i>dextroamphetamine sulfate er</i>	60	<i>diltiazem hcl er beads</i>	56
DENGVAXIA.....	122	<i>dextroamphetamine sulfate oral tablet 10</i>		<i>diltiazem hcl er coated beads</i>	56
DENTA 5000 PLUS.....	74	<i>mg, 5 mg</i>	60	<i>diltiazem hcl er oral capsule extended</i>	
DENTAGEL.....	74	<i>dextromethorphan polistirex er</i>	164	<i>release 12 hour</i>	56
DEPEN TITRATABS.....	106	<i>dextromethorphan-guaifenesin oral syrup</i> ..	164	<i>diltiazem hcl er oral capsule extended</i>	
DEPO-ESTRADIOL.....	110	DHIVY.....	39	<i>release 24 hour</i>	56
DEPO-SUBQ PROVERA 104.....	115	DIACOMIT.....	24	<i>diltiazem hcl oral</i>	56
DERMACINRX ATRIX ANTIBAC WASH...	128	DIALYVITE 800 ORAL TABLET.....	81	<i>dilt-xr</i>	56
DERMACINRX ATRIX CLARIFY TONER..	128	DIALYVITE VITAMIN D 5000.....	81	<i>dimaphen dm cold/cough</i>	165
DERMELEVE ADVANCED FORMULA.....	128	<i>diamode</i>	86	<i>dimethyl fumarate oral</i>	61
DESCOVY.....	44	<i>diaper rash external ointment</i>	69	<i>dimethyl fumarate starter pack</i>	61
DESENEX EXTERNAL POWDER.....	30	<i>diarrhea</i>	92	<i>diotame instydose</i>	93
DESENEX JOCK ITCH.....	30	<i>diarrhea relief</i>	92	DIPENTUM.....	123
<i>desgen dm oral liquid</i>	157	DIATRUST COVID-19 HOME TEST.....	128	<i>diphedryl allergy</i>	146

<i>diphen</i>	146	DORAL.....	46	DUOPA.....	39
<i>diphenhydramine hcl childrens</i>	146	DORZOLAMIDE HCL SOLUTION 2 %		DUPIXENT.....	119
<i>diphenhydramine hcl oral capsule</i>	146	OPHTHALMIC.....	138	DUREZOL.....	137
<i>diphenhydramine hcl oral elixir</i>	146	<i>dorzolamide hcl solution 2 % ophthalmic</i> ...	138	D-VI-SOL.....	81
<i>diphenhydramine hcl oral liquid</i>	146	<i>dorzolamide hcl-timolol mal</i>	136	<i>d-vite pediatric</i>	81
<i>diphenhydramine hcl oral tablet</i>	146	<i>dotti</i>	111	DYANAVEL XR.....	60
<i>diphenhydramine hcl oral tablet chewable</i>	146	<i>double antibiotic external ointment 500-10000 unit/gm</i>	128	DYMISTA.....	146
<i>diphenoxylate-atropine</i>	86	DOVATO.....	43	<i>e</i>	178
<i>dipyridamole oral</i>	52	<i>doxazosin mesylate oral</i>	53	E.E.S. 400.....	20
<i>disopyramide phosphate</i>	54	<i>doxepin hcl external</i>	64	<i>e-400-clear</i>	178
<i>disulfiram oral tablet 250 mg</i>	15	<i>doxepin hcl oral capsule</i>	26	<i>ear drops</i>	143
<i>disulfiram oral tablet 500 mg</i>	15	<i>doxepin hcl oral concentrate</i>	26	<i>ear wax kit</i>	143
DITROPAN XL.....	106	<i>doxepin hcl oral tablet</i>	173	<i>ear wax removal</i>	143
DIURIL.....	57	<i>doxycycline hyclate oral capsule</i>	21	<i>ear wax removal system</i>	143
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	47	<i>doxycycline hyclate oral tablet 100 mg</i>	21	<i>earwax removal</i>	143
<i>divalproex sodium oral capsule delayed release sprinkle</i>	47	<i>doxycycline monohydrate oral capsule 100 mg</i>	21	<i>earwax removal drops</i>	143
<i>divalproex sodium oral tablet delayed release</i>	47	<i>doxycycline monohydrate oral capsule 50 mg</i>	21	<i>earwax removal kit</i>	143
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM.....	111	<i>doxycycline monohydrate oral capsule 50 mg</i>	21	EASIVENT.....	128
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM.....	111	DR SMITHS ADULT BARRIER.....	69	EASIVENT MASK LARGE.....	128
<i>dm maximum adult</i>	165	DR SMITHS DIAPER QUICK RELIEF.....	69	EASIVENT MASK MEDIUM.....	128
<i>docosanol external</i>	70	<i>driminate</i>	27	EASIVENT MASK SMALL.....	128
<i>docusate calcium</i>	102	<i>dronabinol</i>	27	<i>easygel</i>	74
<i>docusate mini</i>	102	DROPSAFE ALCOHOL PREP.....	128	<i>easy-lax plus</i>	102
<i>docusate sodium oral capsule</i>	102	DROXIA ORAL CAPSULE 200 MG, 300 MG.....	52	EASYMAX 15 LEVEL 2 CONTROL.....	72
<i>docusate sodium oral liquid</i>	102	DROXIA ORAL CAPSULE 400 MG.....	52	EASYMAX 15 LEVEL 2-3 CONTROL.....	72
<i>docusate sodium oral syrup</i>	102	<i>droxidopa oral capsule 100 mg</i>	53	<i>ec-naproxen</i>	4
DOCUSOL MINI.....	102	<i>dry eye relief ophthalmic gel 0.4-0.3 %</i>	138	<i>econtra one-step</i>	116
<i>docuzen</i>	102	<i>dry-eye relief nighttime</i>	138	<i>eczema anti-itch</i>	64
DODEX.....	178	<i>dss</i>	102	ED A-HIST ORAL LIQUID.....	157
<i>dofetilide</i>	54	DUAKLIR PRESSAIR.....	161	<i>ed bron gp</i>	152
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	25	DUAVEE.....	111	<i>ed chlorped jr</i>	159
<i>donepezil hcl oral tablet 23 mg</i>	25	DUEXIS.....	4	<i>ed-apap</i>	10
DOPTELET.....	52	DULERA.....	161	EDARBI.....	53
		<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	61	EDARBYCLOR.....	56
		DUOBRII.....	67	EDLUAR.....	173
				EDURANT.....	43
				<i>efavirenz</i>	43
				<i>efavirenz-emtricitab-tenofo df</i>	43
				<i>efavirenz-lamivudine-tenofovir</i>	43

<i>effe-k oral tablet effervescent 25 meq</i>	175	<i>enema rectal enema , 16-6 gml/133ml, 19-7 gml/118ml</i>	93	ESBRIET	150
EFFIENT	52	ENEMEEZ MINI	102	<i>escitalopram oxalate oral tablet</i>	26
EFUDEX.....	67	ENFAMIL ENFALYTE.....	76	<i>esomeprazole magnesium oral capsule delayed release</i>	88
EGRIFTA SV.....	108	ENFAMIL EXPECTA.....	81	<i>esomeprazole magnesium oral packet</i>	88
<i>electrolyte solution oral solution</i>	76	ENGERIX-B.....	121	<i>estarylla</i>	111
ELESTRIN.....	111	<i>enoxaparin sodium</i>	51	<i>estazolam</i>	173
<i>elinest</i>	111	<i>enpresse-28</i>	111	ESTRACE.....	111
ELIQUIS.....	51	<i>enskyce</i>	111	<i>estradiol oral</i>	111
ELIQUIS DVT/PE STARTER PACK.....	51	ENSPRYNG.....	120	<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.75 mg/0.75gm, 1.25 mg/1.25gm</i>	111
<i>elixophyllin</i>	149	ENSTILAR.....	67	<i>estradiol transdermal gel 0.5 mg/0.5gm, 1 mg/gm</i>	111
ELLA.....	115	<i>entacapone</i>	38	<i>estradiol transdermal patch twice weekly</i> ...111	
ELLUME COVID-19 HOME TEST.....	128	<i>entecavir</i>	42	<i>estradiol transdermal patch weekly</i>	111
ELMIRON.....	106	<i>enteric aspirin</i>	129	<i>estradiol vaginal</i>	111
<i>eluryng</i>	111	ENTRESTO.....	56	<i>eszopiclone</i>	173
ELYXYB.....	4	<i>enulose</i>	85	<i>ethambutol hcl oral tablet 100 mg</i>	33
EMEND ORAL.....	27	EPCLUSA.....	42	<i>ethambutol hcl oral tablet 400 mg</i>	33
EMETROL ORAL SOLUTION.....	28	<i>ephrine nose drops</i>	152	<i>ethosuximide oral</i>	22
EMFLAZA ORAL TABLET 6 MG.....	107	EPIDIOLEX.....	22	<i>ethynodiol diac-eth estradiol</i>	111
EMGALITY.....	31	EPIDUO.....	63	<i>etodolac</i>	4
EMGALITY (300 MG DOSE).....	31	EPIDUO FORTE.....	63	<i>etonogestrel-ethinyl estradiol</i>	111
EMPAVELI.....	129	<i>epinephrine injection solution auto-injector</i> 148		<i>etoposide oral</i>	34
<i>emtricitabine</i>	44	EPIPEN 2-PAK.....	148	<i>etravirine</i>	43
<i>emtricitabine-tenofovir df</i>	44	EPIPEN JR 2-PAK.....	148	EUCRISA.....	64
EMTRIVA ORAL SOLUTION.....	44	<i>epitol</i>	24	EULEXIN.....	33
EMVERM.....	37	EPOGEN.....	52	<i>euthyrox</i>	117
<i>enalapril maleate oral solution</i>	54	<i>eq liquid wart remover max st</i>	129	EVAC.....	99
<i>enalapril maleate oral tablet</i>	54	<i>ergocalciferol oral capsule</i>	175	EVAMIST.....	111
<i>enalapril-hydrochlorothiazide</i>	56	ERIVEDGE.....	35	EVEKEO.....	60
ENBREL.....	120	ERLEADA ORAL TABLET 240 MG.....	33	EVEKEO ODT.....	60
ENDACOF-DM.....	165	ERLEADA ORAL TABLET 60 MG.....	33	<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	120
ENDARI.....	74	<i>erlotinib hcl</i>	134	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg</i> . 35	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	6	<i>errin</i>	115	<i>everolimus oral tablet 7.5 mg</i>	35
ENDOMETRIN.....	115	ERYTHROCIN STEARATE.....	20	<i>everolimus oral tablet soluble</i>	35
<i>enema</i>	93	<i>erythromycin base oral</i>	20	EVISTA.....	116
<i>enema disposable</i>	93	<i>erythromycin ethylsuccinate oral</i>	20	EVOTAZ.....	45
<i>enema mineral oil</i>	99	<i>erythromycin external</i>	68		
<i>enema ready-to-use</i>	93	<i>erythromycin ophthalmic</i>	137		
		<i>erythromycin oral</i>	20		

EVRYSID	105	<i>fenofibrate micronized oral capsule</i>	134	FIASP FLEXTOUCH	49
EXCEDRIN EXTRA STRENGTH	10	<i>mg, 200 mg, 67 mg</i>	58	FIASP PENFILL	49
EXCEDRIN MIGRAINE	10	<i>fenofibrate oral capsule 134 mg, 200 mg,</i>		<i>fiber laxative + calcium</i>	102
EXELON	25	<i>67 mg</i>	58	<i>fiber laxative oral capsule 0.52 gm</i>	99
<i>exemestane</i>	34	<i>fenofibrate oral tablet 145 mg</i>	58	<i>fiber laxative oral tablet 500 mg</i>	102
EXKIVITY	35	<i>fenofibrate oral tablet 160 mg, 54 mg</i>	58	<i>fiber oral capsule 0.52 gm</i>	99
EX-LAX MAXIMUM STRENGTH	102	FENOGLIDE	58	<i>fiber oral powder 28.3 %</i>	99
EX-LAX ULTRA	129	FENSOLVI (6 MONTH)	117	<i>fiber oral powder 48.57 %</i>	99
EXTAVIA	61	<i>fentanyl transdermal patch 72 hour 100</i>		<i>fiber oral powder 58.6 %</i>	99
<i>eye drops advanced relief</i>	138	<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>		<i>fiber oral tablet 500 mg</i>	102
<i>eye drops long lasting</i>	139	<i>75 mcg/hr</i>	6	<i>fiber oral tablet 625 mg</i>	102
<i>eye drops ophthalmic solution 0.05 %</i>	139	<i>ferate</i>	76	<i>fiber therapy oral capsule 0.52 gm</i>	99
<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>		FER-IN-SOL	76	<i>fiber therapy oral powder 28.3 %</i>	100
<i>%</i>	139	<i>ferosul</i>	76	<i>fiber therapy oral tablet 500 mg</i>	102
<i>eye drops ophthalmic solution 0.05-0.25 %</i>	139	<i>ferretts</i>	76	<i>fiber therapy oral tablet 625 mg</i>	102
<i>eye itch relief ophthalmic solution 0.025 %</i>	142	<i>ferrex 150 capsule 150 mg oral</i>	76	<i>fiber-caps</i>	102
<i>eye lubricant</i>	139	FERREX 150 CAPSULE 150 MG ORAL	77	<i>fiber-lax</i>	102
EYSUVIS	137	FERRIC X-150	77	FINACEA	63
<i>ezetimibe</i>	58	<i>ferrous fumarate oral tablet 324 (106 fe)</i>		<i>finasteride oral tablet 5 mg</i>	106
EZFE 200	76	<i>mg, 324 mg</i>	77	<i>ingolimod hcl</i>	61
<i>falmina</i>	111	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	77	FINTEPLA	22
<i>famotidine acid reducer oral tablet 10 mg</i>	87	<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>		<i>first aid antibiotic external ointment 3.5-</i>	
<i>famotidine oral suspension reconstituted</i>	87	<i>mg</i>	77	<i>400-5000 , 3.5-400-5000 mg-unit</i>	21
<i>famotidine oral tablet 10 mg</i>	87	<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	77	<i>first aid antiseptic external solution 10 %</i>	21
<i>famotidine oral tablet 20 mg</i>	87	<i>ferrous sulfate oral elixir</i>	77	FIRVANQ	18
<i>famotidine oral tablet 40 mg</i>	87	<i>ferrous sulfate oral solution 75 (15 fe)</i>		FLAGYL	18
<i>famotidine orig st</i>	87	<i>mg/ml</i>	77	FLAREX	137
FANAPT	40	<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	77	<i>flecainide acetate</i>	54
FANAPT TITRATION PACK	40	<i>ferrous sulfate oral tablet delayed release</i>	77	FLECTOR	4
FARXIGA	47	FETZIMA	26	FLEET BISACODYL	129
FASENRA PEN	150	<i>fever reducer/pain reliever</i>	10	FLEET ENEMA	93
<i>fast relief laxative</i>	129	<i>fever reducing childrens</i>	10	FLEET OIL	100
FASTEP COVID-19 ANTIGEN TEST	129	<i>feverall adults</i>	10	FLEET PEDIATRIC	93
<i>febuxostat</i>	31	<i>feverall childrens</i>	10	<i>floranex tablet oral</i>	93
<i>felbamate oral suspension</i>	22	FEVERALL INFANTS	10	FLORANEX TABLET ORAL	93
<i>felbamate oral tablet</i>	22	FEVERALL JUNIOR STRENGTH	10	FLOVENT DISKUS	147
<i>felodipine er</i>	55	<i>fe-vite iron</i>	77	FLOVENT HFA	147
FEMCAP	129	<i>fexofenadine hcl oral</i>	159	FLOWFLEX COVID-19 AG HOME TEST	129
FEMRING	111	FIASP	49	FLUAD QUADRIVALENT	122

FLUARIX QUADRIVALENT.....	122	<i>foaming antacid oral tablet chewable 80-20 mg</i>	93	<i>g tussin ac</i>	165
FLUBLOK QUADRIVALENT.....	122	FOCALIN.....	59	<i>gabapentin oral capsule</i>	23
FLUCELVAX QUADRIVALENT.....	122	<i>folic acid oral tablet 1 mg</i>	129	<i>gabapentin oral solution 250 mg/5ml</i>	23
<i>fluconazole oral</i>	28	<i>folic acid oral tablet 400 mcg, 800 mcg</i>	129	<i>gabapentin oral tablet 600 mg, 800 mg</i>	23
<i>fludrocortisone acetate oral</i>	107	FOLLISTIM AQ.....	108	<i>galantamine hydrobromide oral solution</i>	25
FLULAVAL QUADRIVALENT.....	122	<i>foot & sneaker</i>	129	<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	25
<i>fluocinolone acetonide body</i>	64	<i>foot care (terbinafine)</i>	30	<i>galantamine hydrobromide oral tablet 4 mg</i> .25	
<i>fluocinolone acetonide external cream 0.025 %</i>	65	<i>for sty relief</i>	139	<i>ganirelix acetate</i>	118
<i>fluocinolone acetonide external ointment</i>	65	FORFIVO XL.....	25	GARDASIL 9.....	121
<i>fluocinolone acetonide external solution</i>	65	FORMULA 3 THE TREATMENT.....	129	<i>gas relief extra strength oral capsule 125 mg</i>	93
<i>fluocinolone acetonide scalp</i>	65	FORMULA 7 THE SOLUTION.....	129	<i>gas relief extra strength oral tablet chewable 125 mg</i>	93
<i>fluocinonide emulsified base</i>	65	FORTEO.....	123	<i>gas relief extstrength</i>	93
<i>fluocinonide external cream</i>	65	FORTESTA.....	109	<i>gas relief infants</i>	93
<i>fluocinonide external solution</i>	65	FOSAMAX.....	123	<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	93
<i>fluorometholone</i>	137	FOSAMAX PLUS D.....	123	<i>gas relief infants oral suspension</i>	93
<i>fluorouracil external cream 5 %</i>	67	<i>fosamprenavir calcium</i>	45	<i>gas relief oral capsule 125 mg</i>	94
<i>fluorouracil external solution</i>	67	<i>fosinopril sodium</i>	54	<i>gas relief oral capsule 180 mg</i>	94
<i>fluoxetine hcl oral capsule</i>	26	<i>fosinopril sodium-hctz</i>	56	<i>gas relief oral tablet chewable 125 mg</i>	94
<i>fluoxetine hcl oral solution</i>	26	FREESTYLE LIBRE 14 DAY READER.....	72	<i>gas relief oral tablet chewable 80 mg</i>	94
<i>fluphenazine decanoate injection</i>	40	FREESTYLE LIBRE 14 DAY SENSOR.....	72	<i>gas relief ultra strength</i>	94
<i>fluphenazine hcl injection</i>	40	FREESTYLE LIBRE 2 READER.....	72	<i>gas relief ultstrength</i>	94
<i>fluphenazine hcl oral concentrate</i>	40	FREESTYLE LIBRE 2 SENSOR.....	72	GAS-X EXTRA STRENGTH ORAL CAPSULE.....	94
<i>fluphenazine hcl oral elixir</i>	40	FREESTYLE LIBRE 3 SENSOR.....	72	GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE.....	94
<i>fluphenazine hcl oral tablet</i>	40	FREESTYLE LIBRE READER.....	72	GAS-X ULTRA STRENGTH.....	94
<i>flurbiprofen sodium</i>	137	FREESTYLE PRECISION NEO TEST.....	72	GATTEX.....	86
FLUTICASONE FUROATE-VILANTEROL.....	161	FREESTYLE TEST.....	72	<i>gavilax oral powder</i>	100
<i>fluticasone propionate external cream</i>	65	<i>freeze dried acidophilus</i>	93	<i>gavilyte-c</i>	86
<i>fluticasone propionate external ointment</i>	65	FROVA.....	32	<i>gavilyte-g</i>	86
FLUTICASONE PROPIONATE HFA.....	147	<i>fruity c</i>	175	GAVISCON.....	94
<i>fluticasone propionate nasal</i>	147	<i>full spectrum b/vitamin c</i>	81	GAVISCON EXTRA RELIEF FORMULA.....	94
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER.....		FULPHILA.....	52	GAVISCON EXTRA STRENGTH.....	94
BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.....	161	<i>fungi-guard</i>	129	GAVRETO.....	134
<i>fluvoxamine maleate</i>	26	<i>furosemide oral solution 10 mg/ml</i>	57	<i>gefitinib</i>	134
FLUZONE HIGH-DOSE QUADRIVALENT.....	122	<i>furosemide oral tablet</i>	57		
FLUZONE QUADRIVALENT.....	122	FUZEON.....	44		
FML FORTE.....	137	<i>fyavolv oral tablet 0.5-2.5 mg-mcg</i>	111		
		<i>fyavolv oral tablet 1-5 mg-mcg</i>	111		
		FYCOMPA.....	22		

GELUSIL.....	94	<i>glipizide er</i>	47	<i>griseofulvin microsize oral</i>	28
<i>gemfibrozil oral</i>	58	<i>glipizide ir</i>	47	<i>griseofulvin ultramicrosize</i>	28
GEMTESA.....	41	<i>glipizide xl</i>	47	<i>guaicon dms</i>	165
GENABIO COVID-19 RAPID TEST.....	129	GLUCAGEN HYPOKIT.....	48	<i>guaifenesin ac</i>	165
<i>generlac</i>	85	GLUCAGON EMERGENCY INJECTION		<i>guaifenesin oral liquid</i>	152
<i>gengraf oral capsule</i>	120	SOLUTION RECONSTITUTED.....	48	<i>guaifenesin oral tablet 400 mg</i>	152
GENOTROPIN.....	108	<i>glucagon emergency kit 1 mg injection</i>	48	<i>guaifenesin-codeine</i>	165
GENOTROPIN MINIQUICK.....	108	GLUCAGON EMERGENCY KIT 1 MG		<i>guaifenesin-dm oral syrup</i>	165
<i>gentamicin sulfate external</i>	68	INJECTION.....	48	<i>guanfacine hcl</i>	53
<i>gentamicin sulfate ophthalmic</i>	137	GLUCOSE CONTROL SOLUTIONS.....	72	<i>guanfacine hcl er</i>	59
GENTEAL SEVERE.....	139	<i>glucose oral tablet chewable 4 gm</i>	51	GUARDIAN CONNECT TRANSMITTER...	130
GENTEAL TEARS MODERATE PF.....	139	<i>glyburide micronized</i>	47	GUARDIAN LINK 3 TRANSMITTER.....	130
GENTEAL TEARS NIGHT-TIME.....	139	<i>glyburide oral</i>	47	GUARDIAN SENSOR (3).....	72
GENTEAL TEARS OPHTHALMIC		<i>glyburide-metformin</i>	47	GUARDIAN SENSOR 3.....	72
SOLUTION 0.1-0.2-0.3 %.....	139	<i>glycerin (adult) rectal suppository 2 gm</i>	102	<i>gummy dinos</i>	130
GENTEAL TEARS PF.....	139	<i>glycerin (infants & children) rectal</i>		<i>gummy multivitamin kids</i>	130
GENTEAL TEARS SEVERE DAY/NIGHT.	139	<i>suppository 1 gm</i>	103	GVOKE HYPOPEN 1-PACK.....	48
<i>gentle laxative oral tablet delayed release</i>		<i>glycerin adult rectal suppository 2 gm</i>	103	GVOKE HYPOPEN 2-PACK.....	48
<i>5 mg</i>	129	<i>glycerin child rectal suppository 1 gm, 1.2</i>		GVOKE KIT.....	48
<i>gentle laxative rectal suppository 10 mg</i>	129	<i>gm</i>	103	GVOKE PFS.....	48
<i>gentle laxative womens</i>	129	<i>glycerin childrens</i>	103	GYNAZOLE-1.....	28
<i>gentlelax</i>	100	<i>glycerin external</i>	69	GYNE-LOTRIMIN.....	30
<i>genuine aspirin</i>	130	<i>glycerin external liquid 99.5 %</i>	69	GYNE-LOTRIMIN 3.....	30
GENVOYA.....	43	<i>glycerin pediatric rectal suppository 1.2 gm</i>		<i>habitrol</i>	16
GEODON ORAL.....	40	.....	103	HAEGARDA.....	119
<i>geri-dryl</i>	146	<i>glycolax</i>	100	<i>hailey 1.5/30</i>	111
<i>geri-kot</i>	102	<i>glycopyrrolate oral tablet 1 mg</i>	86	<i>hailey fe 1.5/30</i>	111
<i>geri-lanta</i>	94	<i>glycopyrrolate oral tablet 2 mg</i>	86	<i>hailey fe 1/20</i>	111
<i>geri-lanta maximum strength</i>	94	GLYXAMBI.....	48	HALCION.....	173
<i>geri-mox</i>	95	<i>gnp anti-nausea relief</i>	28	<i>halobetasol propionate external cream</i>	65
<i>geri-tussin dm oral syrup</i>	165	GOCOVRI.....	38	<i>haloette</i>	111
<i>geri-tussin oral liquid</i>	152	GONAL-F.....	108	<i>haloperidol decanoate intramuscular</i>	40
GILENYA.....	61	GONAL-F RFF.....	108	<i>haloperidol oral</i>	40
GILOTRIF.....	134	GONAL-F RFF REDIJECT.....	108	HARVONI.....	42
<i>giltuss severe sinus</i>	165	<i>gormel</i>	70	HAVRIX.....	121
<i>glatiramer acetate</i>	61	<i>gormel 10</i>	70	<i>headache formula</i>	10
<i>glatopa</i>	61	GRALISE ORAL TABLET 300 MG, 600		<i>headache relief</i>	11
GLEEVEC.....	134	MG.....	60	<i>headache relief extra str</i>	11
<i>glimepiride</i>	47	GRANIX.....	52	<i>heartburn antacid</i>	95

<i>heartburn antacid ex st</i>	95	HUMIRA SUBCUTANEOUS PREFILLED		<i>hydrocortisone max st/12 moist</i>	66
<i>heartburn prevention oral tablet 10 mg</i>	87	SYRINGE KIT 10 MG/0.1ML, 20		<i>hydrocortisone oral tablet 10 mg, 20 mg, 5</i>	
<i>heartburn relief ex st</i>	95	MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML,		<i>mg</i>	107
<i>heartburn relief oral tablet 10 mg</i>	87	80 MG/0.8ML, 80 MG/0.8ML &		<i>hydrocortisone plus 12</i>	66
<i>heartburn relief oral tablet 200 mg</i>	87	40MG/0.4ML.....	120	<i>hydrocortisone plus external cream 1 %</i>	66
<i>heartburn relief oral tablet chewable 160-</i>		HUMULIN 70/30 KWIKPEN.....	49	<i>hydrocortisone rectal enema 100 mg/60ml</i>	123
<i>105 mg</i>	95	HUMULIN 70/30 VIAL.....	49	<i>hydrocortisone/aloe</i>	66
<i>heartland gas relief</i>	95	HUMULIN N KWIKPEN.....	49	<i>hydrocortisone/aloe max str</i>	66
<i>heather</i>	115	HUMULIN N VIAL.....	49	<i>hydrocortisone-acetic acid</i>	143
<i>h-e-b aspirin</i>	130	HUMULIN R U-500 KWIKPEN.....	49	<i>hydrocortisone-aloe max st</i>	66
<i>h-e-b childrens allergy</i>	146	HUMULIN R U-500 VIAL		<i>hydrolatum</i>	69
HEMANGEOL.....	55	(CONCENTRATED).....	49	<i>hydromet</i>	130
HEMLIBRA.....	53	HUMULIN R VIAL.....	49	<i>hydromorphone hcl oral</i>	7
<i>hemorrhoidal rectal suppository 0.25-3-</i>		HYCAMTIN ORAL.....	34	<i>hydromorphone hcl rectal</i>	7
<i>85.5 %</i>	70	<i>hydralazine hcl oral</i>	58	<i>hydrophor</i>	69
<i>heparin sodium (porcine)</i>	51	<i>hydrochlorothiazide oral capsule</i>	57	<i>hydroxychloroquine sulfate oral tablet 200</i>	
<i>heparin sodium (porcine) pf</i>	51	<i>hydrochlorothiazide oral tablet 12.5 mg</i>	57	<i>mg</i>	37
HEPLISAV-B.....	122	<i>hydrochlorothiazide oral tablet 25 mg, 50</i>		<i>hydroxyurea oral</i>	34
<i>her style</i>	116	<i>mg</i>	57	<i>hydroxyzine hcl oral</i>	46
<i>hi cal</i>	77	<i>hydrocodone bit-homatrop mbr</i>	130	<i>hydroxyzine pamoate oral</i>	46
HIBERIX.....	121	<i>hydrocodone-acetaminophen oral solution</i>		<i>hyoscyamine sulfate oral</i>	130
<i>high potency probiotic</i>	95	<i>7.5-325 mg/15ml</i>	7	<i>hyoscyamine sulfate sl</i>	130
HORIZANT.....	60	<i>hydrocodone-acetaminophen oral tablet</i>		<i>hyoscyamine sulfate sublingual</i>	130
HUMALOG INJECTION.....	49	<i>10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>hyosyne</i>	130
HUMALOG JUNIOR KWIKPEN.....	49	<i>hydrocortisone (perianal) external cream</i>		HYPERSAL INHALATION NEBULIZATION	
HUMALOG KWIKPEN.....	49	<i>2.5 %</i>	123	SOLUTION 7 %.....	165
HUMALOG MIX 50/50.....	49	<i>hydrocortisone anti-itch</i>	65	HYPERTET.....	122
HUMALOG MIX 50/50 KWIKPEN.....	49	<i>hydrocortisone butyrate external ointment</i> ...	65	HYPOTEARs.....	139
HUMALOG MIX 75/25.....	49	<i>hydrocortisone butyrate external solution</i>	65	HYSINGLA ER.....	6
HUMALOG MIX 75/25 KWIKPEN.....	49	<i>hydrocortisone cream 1 % external (otc)</i>	65	IBRANCE.....	35
HUMALOG SUBCUTANEOUS.....	49	<i>hydrocortisone cream 1 % external (rx)</i>	65	<i>ibu-200</i>	4
HUMATROPE.....	108	<i>hydrocortisone external cream 0.5 %</i>	65	<i>ibuprofen</i>	4
HUMIRA PEN-PEDIATRIC UC START.....	120	<i>hydrocortisone external cream 1 %</i>	65	<i>ibuprofen childrens oral tablet chewable</i>	
HUMIRA PEN-PSOR/UEVIT STARTER....	120	<i>hydrocortisone external cream 2.5 %</i>	65	<i>100 mg</i>	4
HUMIRA SUBCUTANEOUS PEN-		<i>hydrocortisone external lotion 2.5 %</i>	65	<i>ibuprofen cold & sinus</i>	165
INJECTOR KIT 40 MG/0.4ML, 40		<i>hydrocortisone external ointment 0.5 %</i>	66	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	165
MG/0.8ML.....	120	<i>hydrocortisone external ointment 1 %</i>	66	<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	
HUMIRA SUBCUTANEOUS PEN-		<i>hydrocortisone external ointment 2.5 %</i>	66	.....	165
INJECTOR KIT 80 MG/0.8ML.....	120	<i>hydrocortisone max st external cream</i>	66	<i>ibuprofen ib childrens</i>	4

<i>ibuprofen ib oral tablet 200 mg</i>	4	<i>infants pain & fever</i>	11	INVEGA TRINZA.....	40
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	4	<i>infants pain relief drops</i>	11	INVELTYS.....	137
<i>ibuprofen jr oral tablet 100 mg</i>	4	<i>infants pain/fever</i>	11	INVOKAMET.....	48
<i>ibuprofen junior</i>	4	INGREZZA.....	60	INVOKAMET XR.....	48
<i>ibuprofen junior strength</i>	4	INLYTA.....	134	INVOKANA.....	48
<i>ibuprofen oral suspension 100 mg/5ml</i>	5	INSPIREASE.....	130	IPOL.....	121
<i>ibuprofen oral tablet 200 mg</i>	5	INSPIREASE RESERVOIR BAGS.....	130	<i>ipratropium bromide inhalation</i>	148
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	5	<i>instacort 5</i>	66	<i>ipratropium bromide nasal</i>	148
<i>icatibant acetate</i>	119	INSULIN ASPART.....	49	<i>ipratropium-albuterol</i>	161
<i>iclevia</i>	111	INSULIN ASPART PROT & ASPART.....	49	<i>irbesartan</i>	53
ICLUSIG.....	134	INSULIN GLARGINE.....	49	IRESSA.....	134
IDHIFA.....	34	INSULIN GLARGINE SOLOSTAR.....	49	<i>iron (ferrous sulfate) oral solution</i>	77
<i>iferex 150</i>	77	INSULIN GLARGINE-YFGN.....	49	<i>iron infant/toddler</i>	77
IHEALTH COVID-19 RAPID TEST.....	130	INSULIN LISPRO.....	49	<i>iron oral tablet 240 (27 fe) mg</i>	77
ILARIS.....	119	INSULIN LISPRO (1 UNIT DIAL).....	49	<i>iron oral tablet 325 (65 fe) mg</i>	77
ILEVRO.....	137	INSULIN LISPRO JUNIOR KWIKPEN.....	50	<i>iron supplement childrens</i>	78
ILUMYA.....	119	INSULIN LISPRO PROT & LISPRO.....	50	<i>iron supplement oral elixir</i>	78
<i>imatinib mesylate</i>	134	INSULIN PEN NEEDLES.....	72	ISENTRESS HD.....	43
IMBRUVICA.....	134	INSULIN PEN NEEDLES 29G X 12.7MM..	130	ISENTRESS ORAL PACKET.....	43
<i>imipramine hcl oral</i>	26	INSULIN PEN NEEDLES 29G X 12MM ,		ISENTRESS ORAL TABLET.....	43
<i>imiquimod external cream 5 %</i>	67	31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	130	ISENTRESS ORAL TABLET CHEWABLE..	43
IMITREX.....	32	INSULIN PEN NEEDLES 32G X 4 MM ,		<i>isibloom</i>	111
IMODIUM A-D ORAL TABLET.....	86	32G X 6 MM.....	72	<i>isoniazid oral</i>	33
IMODIUM MULTI-SYMPTOM RELIEF.....	95	INSULIN SYRINGES 28G X 1/2" 0.5 ML,		ISOPTO ATROPINE.....	136
INBRIJA.....	39	28G X 1/2" 1 ML.....	130	<i>isosorbide dinitrate</i>	59
<i>incassia</i>	115	INSULIN SYRINGES 29G X 1/2" 0.3 ML,		<i>isosorbide mononitrate</i>	59
INCRELEX.....	108	29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	130	<i>isosorbide mononitrate er</i>	59
INCRUSE ELLIPTA.....	148	INSULIN SYRINGES 29G X 1/2" 1 ML,		<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	63
<i>indapamide</i>	57	30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML.....	130	ISTALOL.....	138
INDICAID COVID-19 RAPID TEST.....	130	INSULIN SYRINGES 30G X 5/16" 1 ML....	130	<i>itraconazole oral</i>	28
<i>indomethacin oral</i>	5	INSULIN SYRINGES 31G X 5/16" 0.3 ML.	130	<i>ivermectin oral</i>	37
<i>indoor/outdoor allergy rlf</i>	147	INSULIN SYRINGES 31G X 5/16" 0.5 ML.	130	JAKAFI.....	35
INFANRIX.....	121	INTELENCE ORAL TABLET 25 MG.....	43	JANSSEN COVID-19 VACCINE.....	178
<i>infant gas relief</i>	95	INTELISWAB COVID-19 RAPID TEST.....	130	<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	51
INFANTS ADVIL.....	5	<i>introvale</i>	111	<i>jantoven oral tablet 6 mg</i>	51
<i>infants gas relief</i>	95	INTUNIV.....	59	JANUMET.....	48
<i>infants ibuprofen</i>	5	INVEGA.....	40	JANUMET XR.....	48
		INVEGA HAFYERA.....	40		
		INVEGA SUSTENNA.....	40		

JANUVIA.....	48	<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	137	LAMISIL AT EXTERNAL CREAM.....	30
JARDIANCE.....	48	<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	137	LAMISIL AT JOCK ITCH.....	30
<i>jencycla</i>	115	<i>ketorolac tromethamine oral</i>	5	<i>lamivudine oral solution</i>	44
JENTADUETO.....	48	KETOSTIX.....	72	<i>lamivudine oral tablet 100 mg</i>	42
JENTADUETO XR.....	48	<i>ketotifen fumarate ophthalmic</i>	142	<i>lamivudine oral tablet 150 mg, 300 mg</i>	44
<i>jinteli</i>	111	KEVZARA.....	119	<i>lamivudine-zidovudine</i>	44
<i>jock itch external cream 1 %</i>	30	KINERET.....	119	<i>lamotrigine oral tablet</i>	22
<i>jock itch max st</i>	130	KISQALI (200 MG DOSE).....	35	<i>lamotrigine oral tablet chewable</i>	22
<i>jock itch spray powder</i>	130	KISQALI (400 MG DOSE).....	35	<i>lamotrigine starter kit-blue</i>	22
<i>jolessa</i>	111	KISQALI (600 MG DOSE).....	35	<i>lamotrigine starter kit-green</i>	22
JORNAY PM.....	59	KISQALI FEMARA (200 MG DOSE).....	35	<i>lamotrigine starter kit-orange</i>	22
JUBLIA.....	68	KISQALI FEMARA (400 MG DOSE).....	35	LANCETS.....	72
<i>juleber</i>	112	KISQALI FEMARA (600 MG DOSE).....	35	<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	88
JULUCA.....	43	<i>klor-con</i>	74	<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	88
<i>junel 1.5/30</i>	112	<i>klor-con 10</i>	74	<i>lansoprazole oral capsule delayed release 15 mg</i>	88
<i>junel 1/20</i>	112	<i>klor-con m10</i>	74	<i>lansoprazole oral capsule delayed release 30 mg</i>	88
<i>junel fe oral tablet 1.5-30 mg-mcg</i>	112	<i>klor-con m20</i>	74	<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	88
<i>junel fe oral tablet 1-20 mg-mcg</i>	112	<i>klor-con/ef</i>	175	<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	88
JUST RIGHT 5000 DENTAL GEL.....	74	KLOXXADO.....	16	LANTUS SOLOSTAR.....	50
KALETRA.....	45	KOMBIGLYZE XR.....	48	LANTUS U-100 VIAL.....	50
<i>kalliga</i>	112	<i>konsyl daily fiber oral powder 28.3 %</i>	100	<i>lapatinib ditosylate</i>	134
KALYDECO.....	149	KORLYM.....	109	<i>larin 1.5/30</i>	112
KAPVAY.....	59	KOSELUGO.....	35	<i>larin 1/20</i>	112
<i>kariva</i>	112	K-PHOS.....	78	<i>larin fe 1.5/30</i>	112
KATERZIA.....	55	<i>k-prime</i>	175	<i>larin fe 1/20</i>	112
KAZANO.....	48	KRINTAFEL.....	37	<i>latanoprost ophthalmic</i>	135
<i>kelnor 1/35</i>	112	<i>kurvelo</i>	112	LATUDA.....	40
<i>kelnor 1/50</i>	112	KUVAN ORAL PACKET 100 MG.....	105	<i>laxacin</i>	103
KERENDIA.....	56	KYNMOBI.....	39	<i>laxaclear</i>	100
KERYDIN.....	68	<i>labetalol hcl oral</i>	55	<i>laxative max str</i>	103
KESIMPTA.....	61	LAC-HYDRIN FIVE.....	66	<i>laxative maximum strength oral tablet 25 mg</i>	103
<i>ketoconazole external cream</i>	68	<i>lacosamide oral tablet</i>	24	<i>laxative oral powder 17 gm/scoop</i>	100
<i>ketoconazole external shampoo</i>	68	<i>lactobacillus oral tablet</i>	95		
<i>ketoconazole oral</i>	28	<i>lacto-pectin</i>	95		
KETO-DIASTIX.....	72	<i>lactulose encephalopathy</i>	85		
KETONE CARE.....	72	<i>lactulose oral solution</i>	85		
KETONE TEST.....	72	LAGEVRIO.....	45		
<i>ketoprofen oral capsule 50 mg</i>	5				

<i>laxative oral tablet delayed release 5 mg</i> ...	131	<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>lithium carbonate er</i>	47
<i>laxative pills max st</i>	103	<i>0.1-20 mg-mcg</i>	112	<i>lithium carbonate oral</i>	47
<i>laxative pills oral tablet 25 mg</i>	103	<i>levonorgestrel-ethinyl estrad oral tablet</i>		LIVALO.....	58
<i>laxative rectal suppository 10 mg</i>	131	<i>0.15-30 mg-mcg</i>	112	LMX 4.....	15
<i>laxative regular strength</i>	103	<i>levonorg-eth estrad triphasic</i>	112	LO LOESTRIN FE.....	113
LEDIPASVIR-SOFOSBUVIR.....	42	<i>levora 0.15/30 (28)</i>	112	LOKELMA.....	80
<i>leena</i>	112	<i>levo-t</i>	117	<i>long acting nasal spray</i>	166
<i>leflunomide oral</i>	120	<i>levothyroxine sodium oral tablet</i>	117	<i>long lasting antacid</i>	95
<i>lenalidomide</i>	34	<i>levoxyl</i>	117	<i>long lasting nasal spray</i>	166
LENVIMA (10 MG DAILY DOSE).....	134	LEXIVA ORAL SUSPENSION.....	45	LONHALA MAGNAIR REFILL KIT.....	148
LENVIMA (12 MG DAILY DOSE).....	134	LIALDA.....	123	LONHALA MAGNAIR STARTER KIT.....	148
LENVIMA (14 MG DAILY DOSE).....	134	LICART.....	5	LONSURF.....	34
LENVIMA (18 MG DAILY DOSE).....	134	<i>lice killing</i>	38, 68	<i>loperamide hcl oral capsule</i>	86
LENVIMA (20 MG DAILY DOSE).....	134	<i>lice killing max st external shampoo 0.33-4</i>		<i>loperamide hcl oral tablet</i>	86
LENVIMA (24 MG DAILY DOSE).....	134	<i>%</i>	38	<i>loperamide-simethicone</i>	95
LENVIMA (4 MG DAILY DOSE).....	134	<i>lice killing max strength</i>	38	<i>lopinavir-ritonavir</i>	45
LENVIMA (8 MG DAILY DOSE).....	134	<i>lice killing maximum strength</i>	38	<i>loradamed</i>	159
LESCOL XL.....	58	<i>lice maximum strength</i>	38	<i>lorata-d</i>	166
<i>lessina</i>	112	<i>lice treatment creme rinse</i>	68	<i>loratadine allergy relief oral tablet 10 mg</i> ...	159
LETAIRIS.....	150	<i>lice treatment external liquid 1 %</i>	68	<i>loratadine allergy relief oral tablet</i>	
<i>letrozole oral</i>	34	<i>lice treatment external lotion 1 %</i>	68	<i>dispersible 10 mg</i>	159
<i>leucovorin calcium oral tablet 10 mg</i>	36	<i>lice treatment external shampoo 0.33-4 %</i> ...	38	<i>loratadine childrens oral solution</i>	160
<i>leucovorin calcium oral tablet 15 mg, 25</i>		<i>lidocaine external cream</i>	15	<i>lorata-dine d</i>	166
<i>mg, 5 mg</i>	36	<i>lidocaine external patch 5 %</i>	15	<i>loratadine d 12hr</i>	166
LEUKERAN.....	33	<i>lidocaine hcl external cream 3 %</i>	15	<i>loratadine oral solution</i>	160
LEUKINE.....	52	<i>lidocaine viscous hcl</i>	15	<i>loratadine oral tablet</i>	160
<i>leuprolide acetate injection</i>	117	<i>lidocaine-prilocaine external cream</i>	15	<i>loratadine oral tablet dispersible</i>	160
<i>levalbuterol hcl inhalation</i>	148	<i>lidopin external cream 3 %</i>	15	<i>loratadine-d</i>	166
LEVEMIR FLEXPEN.....	50	<i>linezolid oral suspension reconstituted</i>	18	<i>loratadine-d 12hr</i>	166
LEVEMIR U-100 VIAL.....	50	<i>linezolid oral tablet</i>	18	<i>loratadine-d 24hr</i>	166
<i>levetiracetam oral solution</i>	22	LINZESS.....	85	<i>lorazepam oral tablet</i>	46
<i>levetiracetam oral tablet</i>	22	<i>liothyronine sodium oral</i>	117	LORBRENA.....	134
<i>levobunolol hcl</i>	138	LIPITOR.....	58	LOREEV XR.....	46
<i>levocetirizine dihydrochloride oral tablet</i> ...	147	LIPOFEN.....	58	<i>loryna</i>	113
<i>levofloxacin oral tablet</i>	20	<i>liquid acetaminophen</i>	11	LORZONE.....	173
<i>levonest</i>	112	<i>liquid allergy relief</i>	147	<i>losartan potassium oral</i>	53
<i>levonorgest-eth estrad 91-day oral tablet</i>		<i>liquid pain relief</i>	11	<i>losartan potassium-hctz</i>	57
<i>0.15-0.03 mg</i>	112	<i>lisinopril oral</i>	54	LOTEMAX.....	137
<i>levonorgestrel</i>	116	<i>lisinopril-hydrochlorothiazide</i>	56	LOTEMAX SM.....	137

<i>lovastatin oral</i>	58	LUPRON DEPOT (6-MONTH)		<i>marlissa</i>	113
LOVAZA.....	58	INTRAMUSCULAR KIT 45MG.....	117	MASK VORTEX/CHILD/FROG.....	131
<i>low-ogestrel</i>	113	LUPRON DEPOT-PED (1-MONTH).....	117	MASK VORTEX/TODDLER/LADYBUG.....	131
<i>loxapine succinate</i>	40	LUPRON DEPOT-PED (3-MONTH).....	117	MATULANE.....	33
<i>lubricant drops fast act</i>	139	LUPRON DEPOT-PED (6-MONTH).....	117	MAVENCLAD (10 TABS).....	61
<i>lubricant drops long last</i>	139	<i>lurasidone hcl</i>	40	MAVENCLAD (4 TABS).....	61
<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	139	<i>lutea</i>	113	MAVENCLAD (5 TABS).....	61
<i>lubricant drops ophthalmic solution</i>	139	LUXIQ.....	66	MAVENCLAD (6 TABS).....	61
<i>lubricant eye drops (pf) ophthalmic solution</i>		LYBALVI.....	40	MAVENCLAD (7 TABS).....	61
<i>0.4-0.3 %</i>	139	<i>lyleq</i>	115	MAVENCLAD (8 TABS).....	61
<i>lubricant eye drops (pf) ophthalmic solution</i>		<i>lyllana</i>	113	MAVENCLAD (9 TABS).....	61
<i>0.5 %</i>	139	LYNPARZA.....	35	MAVYRET ORAL PACKET.....	42
<i>lubricant eye drops ophthalmic solution</i>		LYRICA CR.....	61	MAVYRET ORAL TABLET.....	42
<i>0.4-0.3 %</i>	140	LYSODREN.....	117	MAX RELIEF JUNIOR.....	11
<i>lubricant eye drops ophthalmic solution 0.5</i>		LYUMJEV.....	50	MAX TUSSIN MUCUS & CHEST CONG... 152	
<i>%</i>	140	LYUMJEV KWIKPEN.....	50	MAXALT.....	32
<i>lubricant eye drops ophthalmic solution 0.6</i>		<i>lyza</i>	115	<i>maxi-tuss ac</i>	166
<i>%</i>	140	MAALOX CHILDRENS.....	95	<i>maxi-tuss gmx</i>	166
<i>lubricant eye drops pf</i>	140	MAALOX MAX ORAL SUSPENSION.....	95	<i>maxi-tuss pe max</i>	152
<i>lubricant eye nighttime</i>	140	MAALOX MULTI SYMPTOM MAX ST.....	95	MAYZENT.....	61
<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>		<i>mag-al plus</i>	95	MAYZENT STARTER PACK.....	61
.....	140	<i>mag-al plus xs</i>	96	<i>m-dryl</i>	147
<i>lubricant pm</i>	140	<i>magnesium citrate oral solution</i>	103	<i>meclizine hcl oral tablet</i>	27
<i>lubricating eye drop</i>	140	<i>magnesium oral tablet 500 mg</i>	78	<i>meclizine hcl oral tablet chewable</i>	27
<i>lubricating eye drops</i>	140	<i>magnesium oxide (antacid) oral tablet</i>	131	<i>medicated spot</i>	131
<i>lubricating eyel/overnight</i>	140	<i>magnesium oxide -mg supplement oral</i>		<i>medifin 400</i>	152
<i>lubricating plus eye drops</i>	140	<i>tablet 400 (240 mg) mg</i>	78	<i>medifin mucus relief child</i>	152
<i>lubricating plus ophthalmic solution 0.5 %</i>	140	<i>magnesium oxide -mg supplement oral</i>		<i>medi-first triple antibiotic</i>	21
<i>lubricating tears</i>	140	<i>tablet 500 mg</i>	78	<i>mediproxen</i>	5
<i>lubricating tears eye drops</i>	140	<i>magnesium oxide oral tablet 400 mg</i>	131	MEDISENSE GLUCOSE KETONE	
<i>lubrifresh p.m.</i>	140	<i>magnesium oxide oral tablet 420 mg</i>	131	CONTR.....	72
LUMAKRAS.....	36	<i>magnesium-oxide</i>	78	MEDISENSE HI/MID/LOW CONTROL.....	72
LUMIGAN.....	135	<i>malathion</i>	68	MEDPURA HYDROCORTISONE.....	66
LUNESTA.....	173	MAOX.....	131	MEDROL ORAL TABLET 2 MG.....	107
LUPKYNIS.....	118	<i>mapap acetaminophen extra str</i>	11	<i>medroxyprogesterone acetate</i>	
LUPRON DEPOT (1-MONTH).....	117	<i>mapap arthritis pain</i>	11	<i>intramuscular</i>	115
LUPRON DEPOT (3-MONTH).....	117	<i>mapap childrens</i>	11	<i>medroxyprogesterone acetate oral</i>	115
LUPRON DEPOT (4-MONTH)		<i>mapap oral capsule</i>	11	<i>mefloquine hcl</i>	37
INTRAMUSCULAR KIT 30MG.....	117	<i>maraviroc</i>	44	<i>mega probiotic</i>	96

<i>megestrol acetate oral suspension 40 mg/ml</i>	115	<i>methsuximide</i>	22	<i>miconazole 7 vaginal suppository 100 mg</i> ...	29
<i>megestrol acetate oral tablet 20 mg</i>	115	METHYLDOPA.....	53	<i>miconazole antifungal</i>	31
<i>megestrol acetate oral tablet 40 mg</i>	116	<i>methylergonovine maleate oral</i>	109	<i>miconazole nitrate external cream</i>	31
<i>meijer allergy relief-d</i>	166	METHYLIN.....	59	<i>miconazole nitrate vaginal</i>	29
<i>meijer antacid</i>	96	<i>methylphenidate hcl er (cd)</i>	59	<i>miconazorb af</i>	31
<i>meijer anti-diarrheal</i>	86	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	59	MICOTRIN AL.....	131
MEKINIST ORAL TABLET.....	35	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	59	MICOTRIN AP.....	31
<i>meloxicam oral tablet</i>	5	<i>methylphenidate hcl er oral tablet extended release</i>	59	<i>microgestin 1.5/30</i>	113
<i>melphalan</i>	36	<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	59	<i>microgestin 1/20</i>	113
<i>memantine hcl oral solution</i>	25	<i>methylphenidate hcl oral tablet</i>	60	<i>microgestin fe 1.5/30</i>	113
<i>memantine hcl oral tablet</i>	25	<i>methylprednisolone oral</i>	107	<i>microgestin fe 1/20</i>	113
MENACTRA.....	121	<i>metoclopramide hcl oral solution</i>	27	<i>midodrine hcl</i>	53
MENEST.....	113	<i>metoclopramide hcl oral tablet</i>	27	<i>mifepristone</i>	109
MENOPUR.....	118	<i>metolazone</i>	57	MIGERGOT.....	31
MENQUADFI.....	121	<i>metoprolol succinate er</i>	55	<i>migraine formula oral tablet 250-250-65 mg</i>	11
MENVEO.....	121	<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	55	<i>migraine headache relief</i>	11
<i>mercaptapurine oral</i>	34	<i>metoprolol tartrate oral tablet 25 mg</i>	55	<i>migraine relief</i>	11
<i>mesalamine er oral capsule 0.375 gm</i>	123	METROGEL.....	18	MIGRANAL.....	31
<i>mesalamine rectal</i>	123	<i>metronidazole external</i>	18	<i>mili</i>	113
MESNEX ORAL.....	36	<i>metronidazole oral tablet</i>	18	<i>milk of magnesia</i>	96
<i>metformin hcl er (osm)</i>	48	<i>metronidazole vaginal</i>	18	<i>milk of magnesia oral suspension 400 mg/5ml</i>	96
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	48	<i>mexiletine hcl oral</i>	54	<i>mimvey</i>	113
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	48	<i>micaderm</i>	30	<i>mineral oil enema</i>	100
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	48	MICATIN.....	30	<i>mineral oil heavy oral</i>	100
<i>methazolamide oral</i>	138	<i>miconazole 3</i>	28	<i>mineral oil heavy oral oil</i>	100
<i>methenamine hippurate</i>	18	<i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	28	<i>mineral oil oral oil</i>	100
<i>methergine</i>	109	<i>miconazole 3 combo pack app</i>	28	<i>mineral oil rectal enema</i>	100
<i>methimazole oral</i>	118	<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	28	<i>mini nicotine</i>	17
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	173	<i>miconazole 7 day treatment</i>	28	MINIVELLE.....	113
<i>methotrexate oral</i>	120	<i>miconazole 7 vaginal cream 2 %</i>	29	<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	21
<i>methotrexate sodium (pf)</i>	120			<i>minoxidil oral</i>	58
<i>methotrexate sodium injection</i>	120			<i>mintox maximum strength</i>	96
<i>methotrexate sodium oral</i>	120			<i>mintox plus</i>	96
<i>methoxsalen rapid</i>	67			MIRALAX ORAL POWDER.....	100
				<i>mirtazapine oral tablet 15 mg, 30 mg</i>	25
				<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	25
				MIRVASO.....	63

<i>misoprostol oral</i>	87	MS CONTIN.....	6	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	168
MITIGARE.....	31	MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML.....	166	<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	168
<i>mm acetaminophen ex str</i>	11	MUCINEX CHILDRENS STUFFY NOSE..	166	<i>mucus relief er oral tablet extended release 12 hour 1200 mg</i>	153
MM ALLER-BEN.....	147	MUCINEX COUGH CHILDRENS.....	166	<i>mucus relief max st</i>	153
<i>mm arthritis pain</i>	12	MUCINEX D.....	167	<i>mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	153
<i>mm aspirin</i>	131	MUCINEX D MAX STRENGTH.....	167	<i>mucus relief oral tablet 400 mg</i>	153
<i>mm clearlax</i>	100	MUCINEX DM.....	167	<i>mucus relief oral tablet extended release 12 hour 1200 mg</i>	153
<i>mm ibuprofen</i>	5	MUCINEX FAST-MAX CHEST CONG MS	152	<i>mucus+chest congestion</i>	153
<i>mm stool softener laxative</i>	103	MUCINEX FAST-MAX DM MAX.....	167	<i>mucus-d</i>	168
M-M-R II.....	121	MUCINEX MAXIMUM STRENGTH.....	152	<i>mucus-dm</i>	168
M-NATAL PLUS.....	81	MUCINEX SINUS-MAX CLEAR & COOL..	167	<i>mucus-er oral tablet extended release 12 hour 1200 mg</i>	153
<i>modafinil</i>	173	MUCINEX SINUS-MAX SINUS/ALLRGY..	167	MULPLETA.....	52
<i>mometasone furoate external</i>	66	<i>mucus & chest congestion oral liquid 100 mg/5ml</i>	152	MULTAQ.....	54
<i>mondoxylene nl</i>	21	<i>mucus & cough relief child</i>	167	<i>multiple vitamins/iron</i>	175
MONOJECT HYPODERMIC NEEDLE 18G X 1".....	51	<i>mucus d</i>	167	<i>multivitamin infant & toddler oral solution</i>	.176
<i>mono-lynyah</i>	113	<i>mucus d extended release</i>	167	<i>multi-vitamin/fluoride</i>	81
<i>montelukast sodium oral</i>	148	<i>mucus d max st er</i>	167	<i>multi-vitamin/fluoride/iron</i>	81
<i>mood support probiotic</i>	96	<i>mucus dm</i>	167	<i>multi-vitamin/iron</i>	176
<i>morphine sulfate (concentrate)</i>	7	<i>mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i>	167	<i>mupirocin external</i>	68
<i>morphine sulfate er</i>	6	<i>mucus er maximum str</i>	152	MURO 128 OPHTHALMIC OINTMENT.....	140
<i>morphine sulfate er beads</i>	6	<i>mucus er oral tablet extended release 12 hour 1200 mg</i>	152	MURO 128 OPHTHALMIC SOLUTION 5 %.....	140
<i>morphine sulfate oral</i>	7	<i>mucus extended release oral tablet extended release 12 hour 1200 mg</i>	152	<i>my choice</i>	116
<i>morphine sulfate rectal</i>	7	<i>mucus relief 12 hour max st</i>	152	<i>my way</i>	116
MOTEGRITY.....	85	<i>mucus relief chest oral tablet 400 mg</i>	153	<i>mycophenolate mofetil oral</i>	120
<i>motion sickness oral tablet 50 mg</i>	27	<i>mucus relief childrens oral liquid 100 mg/5ml</i>	153	<i>mycophenolate sodium</i>	120
<i>motion sickness relief oral tablet 50 mg</i>	27	<i>mucus relief cough childrens</i>	167	MYCOZYL AP.....	31
<i>motion sickness relief oral tablet chewable 25 mg</i>	27	<i>mucus relief d max strength</i>	167	MYDAYIS.....	60
<i>motion-time</i>	27	<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg</i>	167	MYFEMBREE.....	85
MOTRIN CHILDRENS.....	5	<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	168	MYLERAN.....	33
MOTRIN IB ORAL TABLET.....	5	<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i>	168	MYLICON INFANTS GAS RELIEF.....	96
MOTRIN INFANTS DROPS.....	5			<i>mynephrocaps oral capsule 1 mg</i>	81
MOUNJARO.....	131			MYNEPHRON.....	81
MOVANTIK.....	85				
MOVIPREP.....	86				
<i>moxifloxacin hcl oral</i>	20				
MOZOBIL.....	52				
<i>m-pap</i>	12				

MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER.....	106	NASAL MOIST NASAL SOLUTION.....	153	<i>neomycin sulfate oral</i>	18
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR.....	106	<i>nasal moisturizing spray</i>	154	<i>neomycin-bacitracin zn-polymyx</i>	137
MYTESI.....	86	<i>nasal relief</i>	169	<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	136
<i>nabumetone oral</i>	5	<i>nasal spray 12 hour</i>	169	<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	136
<i>nadolol oral</i>	55	<i>nasal spray extra moist</i>	169	<i>neomycin-polymyxin-gramicidin</i>	137
<i>naloxone hcl injection</i>	16	<i>nasal spray extra moisturizing</i>	169	<i>neomycin-polymyxin-hc otic</i>	143
<i>naloxone hcl nasal</i>	16	<i>nasal spray fast acting</i>	154	NEONATAL PLUS.....	81
<i>naltrexone hcl oral</i>	15	<i>nasal spray moisturizing</i>	169	<i>neo-polycin</i>	137
NAMZARIC.....	24	<i>nasal spray nasal solution 0.05 %</i>	169	<i>neo-polycin hc</i>	136
NAPHCN-A.....	142	<i>nasal spray nasal solution 1 %</i>	154	NEOSPORIN ORIGINAL.....	21
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG.....	5	<i>nasal spray no drip</i>	169	NEO-SYNEPHRINE COLD/ALLRGY EXT.....	154
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	5	<i>nasal spray saline</i>	154	<i>nephro vitamins</i>	82
NAPROSYN.....	5	<i>nasal spray sinus</i>	169	NEPHRO-VITE.....	82
<i>naproxen oral</i>	5	NASALCROM.....	161	NERLYNX.....	134
<i>naproxen sodium oral tablet 220 mg</i>	5	NASCOBAL.....	178	NESINA.....	48
NARAMIN.....	147	NATAZIA.....	113	NEULASTA.....	52
<i>naratriptan hcl</i>	32	<i>nateglinide</i>	48	NEULASTA ONPRO.....	52
NARCAN.....	16	NATESTO.....	109	NEUPOGEN.....	52
NASACORT ALLERGY 24HR.....	160	<i>natural daily fiber</i>	100	NEUPRO.....	39
<i>nasal allergy 24 hour</i>	160	<i>natural fiber oral capsule 0.52 gm</i>	100	NEURONTIN.....	23
<i>nasal allergy nasal aerosol 55 mcg/act</i>	160	<i>natural fiber oral powder 28.3 %</i>	101	NEUTEK 2TEK CONTROL.....	72
<i>nasal allergy spray</i>	160	<i>natural fiber oral powder 48.57 %</i>	101	NEUTROGENA OIL-FREE ACNE WASH.....	131
<i>nasal decongestant 12 hour</i>	168	<i>natural fiber oral powder 58.6 %</i>	101	NEVANAC.....	137
<i>nasal decongestant 12hr</i>	168	<i>natural fiber supplement</i>	101	<i>nevirapine</i>	43
<i>nasal decongestant max st</i>	168	<i>natural senna laxative</i>	103	<i>nevirapine er</i>	43
<i>nasal decongestant oral tablet 30 mg</i>	168	<i>natural tears pf</i>	140	<i>new day</i>	116
<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i>	168	<i>natural vegetable</i>	101	NEXAVAR.....	35
<i>nasal decongestant pe max st</i>	153	<i>natural vegetable fiber</i>	101	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	88
<i>nasal decongestant pe oral tablet 10 mg</i> ...	153	<i>natural vegetable laxative oral tablet 8.6 mg</i>	103	NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG.....	88
<i>nasal decongestant pe oral tablet 30 mg</i> ...	168	<i>natural vitamin e</i>	178	NEXIUM ORAL PACKET 2.5 MG, 5 MG.....	88
<i>nasal decongestant spray</i>	168	<i>natura-lax</i>	101	NEXLETOL.....	58
<i>nasal four</i>	153	<i>nausea control</i>	28	NEXLIZET.....	58
<i>nasal four spray</i>	153	<i>nausea relief</i>	28	NEXTSTELLIS.....	85
<i>nasal mist nasal solution</i>	168	NAYZILAM.....	23	<i>niacin er (antihyperlipidemic)</i>	58
		<i>nebusal inhalation nebulization solution 3 %</i>	169		
		<i>necon 0.5/35 (28)</i>	113		
		NEODOT THERMOMETER.....	131		

<i>niacin er oral capsule extended release 250 mg</i>	82	NINLARO.....	34	<i>norlyroc</i>	116
<i>niacin er oral capsule extended release 500 mg</i>	82	<i>nitazoxanide oral</i>	37	NORPACE CR.....	54
<i>niacin er oral tablet extended release 1000 mg</i>	82	NITRO-BID.....	59	<i>nortrel 0.5/35 (28)</i>	113
<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	82	NITRO-DUR.....	59	<i>nortrel 1/35 (21)</i>	113
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	82	<i>nitrofurantoin</i>	18	<i>nortrel 1/35 (28)</i>	113
NICODERM CQ.....	16	<i>nitrofurantoin macrocrystal</i>	18	<i>nortrel 7/7/7</i>	113
NICORETTE.....	17	<i>nitrofurantoin monohydrate macrocrystals</i> ...	18	<i>nortriptyline hcl oral</i>	26
NICORETTE MINI.....	17	<i>nitroglycerin sublingual</i>	59	NORVIR ORAL PACKET.....	45
NICORETTE STARTER KIT.....	17	<i>nitroglycerin transdermal</i>	59	<i>nose drops extstrength</i>	154
<i>nicotine gum mouth/throat gum 2 mg</i>	17	<i>nitroglycerin translingual</i>	59	<i>nose drops nasal decongest</i>	154
<i>nicotine gum mouth/throat gum 4 mg</i>	17	NITYR.....	105	<i>nose drops nasal solution 1 %</i>	154
<i>nicotine gum mouth/throat lozenge 2 mg</i>	17	NIVA-PLUS.....	82	NOURIANZ.....	38
<i>nicotine gum mouth/throat lozenge 4 mg</i>	17	NIVESTYM.....	52	NOVAREL.....	108
<i>nicotine mini</i>	17	<i>no drip extra moisturizing</i>	169	NOVAVAX COVID-19 VACCINE.....	122
<i>nicotine mouth/throat gum 2 mg</i>	17	<i>no drip nasal relief</i>	169	NOVOLIN 70/30 FLEXPEN.....	50
<i>nicotine mouth/throat gum 4 mg</i>	17	<i>no drip nasal spray</i>	169	NOVOLIN 70/30 RELION.....	50
<i>nicotine mouth/throat lozenge 2 mg</i>	17	<i>no drip original 12 hours</i>	169	NOVOLIN 70/30 VIAL.....	50
<i>nicotine mouth/throat lozenge 4 mg</i>	17	NOCDURNA.....	108	NOVOLIN N FLEXPEN.....	50
<i>nicotine polacrilex mini</i>	17	<i>nohist-lq</i>	157	NOVOLIN N RELION.....	50
<i>nicotine polacrilex mouth/throat</i>	17	NOKOR VENTED NEEDLE.....	51	NOVOLIN N VIAL.....	50
<i>nicotine step 1</i>	16	<i>non-aspirin</i>	12	NOVOLIN R FLEXPEN.....	50
<i>nicotine step 2</i>	16	<i>non-aspirin 8 hour</i>	12	NOVOLIN R RELION.....	50
<i>nicotine step 3</i>	16	<i>non-aspirin childrens</i>	12	NOVOLIN R VIAL.....	50
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	16	<i>non-aspirin extra strength</i>	12	NOVOLOG FLEXPEN.....	50
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	16	<i>non-aspirin jr strength</i>	12	NOVOLOG FLEXPEN RELION.....	50
<i>nicotine transdermal system</i>	16	<i>non-aspirin pain relief</i>	12	NOVOLOG MIX 70/30 FLEXPEN.....	50
<i>nifedipine er</i>	55	<i>non-pseudo sinus decongestant</i>	154	NOVOLOG MIX 70/30 VIAL.....	50
<i>nifedipine er osmotic release</i>	55	<i>nora-be</i>	116	NOVOLOG PENFILL.....	50
<i>nifedipine oral</i>	55	NORDITROPIN FLEXPEN.....	108	NOVOLOG RELION.....	50
<i>night time sleep aid</i>	174	<i>norethin ace-eth estrad-fe oral tablet</i>	113	NOVOLOG U-100 VIAL.....	50
<i>nighttime dry-eye relief</i>	141	<i>norethindrone acetate oral</i>	116	NOXAFIL ORAL PACKET.....	29
<i>nighttime sleep aid oral tablet 25 mg</i>	174	<i>norethindrone acet-ethinyl est</i>	113	NOXAFIL ORAL SUSPENSION.....	29
<i>nimodipine oral</i>	55	<i>norethindrone oral</i>	116	NOXAFIL ORAL TABLET DELAYED RELEASE.....	29
		<i>norethindron-ethinyl estrad-fe</i>	113	NUBEQA.....	33
		<i>norgestimate-eth estradiol</i>	113	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	150
		<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	113	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	150
		NORITATE.....	18		
		NORLIQVA.....	55		

NUCYNTA.....	7	<i>octreotide acetate subcutaneous solution</i>		ONE VITE WOMENS.....	82
NUCYNTA ER.....	6	<i>prefilled syringe 100 mcg/ml, 50 mcg/ml....</i>	118	ONE VITE WOMENS PLUS.....	82
NUEDEXTA.....	60	<i>octreotide acetate subcutaneous solution</i>		<i>one-daily multi-vitamin/iron.....</i>	176
NU-IRON.....	78	<i>prefilled syringe 500 mcg/ml.....</i>	118	<i>one-daily/iron.....</i>	176
NULEV.....	131	OCUFLOX.....	137	ONELAX.....	131
NURTEC.....	31	ODEFSEY.....	44	ONELAX MAGNESIUM CITRATE.....	103
NUTRAPLUS.....	70	ODOMZO.....	35	ONELAX SENNA.....	103
NUTROPIN AQ NUSPIN 10.....	108	OFEV.....	150	ONETOUCH ULTRA 2 KIT W/DEVICE.....	73
NUTROPIN AQ NUSPIN 20.....	108	<i>ofloxacin ophthalmic.....</i>	137	ONETOUCH ULTRA CONTROL.....	73
NUTROPIN AQ NUSPIN 5.....	108	<i>ofloxacin oral.....</i>	20	ONETOUCH ULTRA TEST STRIPS.....	72
NUVARING.....	114	<i>ofloxacin otic.....</i>	143	ONETOUCH VERIO FLEX SYSTEM KIT	
NUVESSA.....	18	<i>ointment base.....</i>	69	W/DEVICE.....	73
NUVIGIL.....	173	<i>olanzapine oral tablet.....</i>	40	ONETOUCH VERIO IN VITRO SOLUTION	73
NUZYRA ORAL.....	21	<i>olanzapine oral tablet dispersible.....</i>	40	ONETOUCH VERIO REFLECT KIT	
<i>nyamyc.....</i>	68	<i>olmesartan medoxomil oral.....</i>	53	W/DEVICE.....	73
<i>nylia 1/35.....</i>	114	<i>olopatadine hcl ophthalmic.....</i>	136	ONETOUCH VERIO STRIP IN VITRO.....	73
<i>nylia 7/7/7.....</i>	114	OLUMIANT ORAL TABLET 1 MG, 2 MG... 119		ONEXTON.....	63
NYMALIZE.....	55	OLUX-E.....	66	ONGENTYS.....	38
<i>nymyo.....</i>	114	OMECLAMOX-PAK.....	86	ONGLYZA.....	48
<i>nystatin external.....</i>	68	<i>omega-3-acid ethyl esters.....</i>	58	<i>opcicon one-step.....</i>	116
<i>nystatin mouth/throat.....</i>	29	<i>omeprazole magnesium oral capsule</i>		OPSUMIT.....	150
<i>nystatin oral.....</i>	29	<i>delayed release.....</i>	88	<i>option 2.....</i>	116
<i>nystop.....</i>	68	<i>omeprazole magnesium oral tablet delayed</i>		OPZELURA.....	70
NYVEPRIA.....	52	<i>release.....</i>	88	ORACEA.....	21
OBSTETRIX DHA ORAL 29-1 & 387 MG.... 82		<i>omeprazole oral capsule delayed release</i>		<i>oralone.....</i>	62
OBSTETRIX EC ORAL TABLET 29-1 MG 176		<i>10 mg, 20 mg, 40 mg.....</i>	88	ORENCIA CLICKJECT.....	119
OBTREX.....	176	<i>omeprazole oral capsule delayed release</i>		ORENCIA SUBCUTANEOUS.....	119
OICALIVA ORAL TABLET 5 MG.....	86	<i>20.6 (20 base) mg.....</i>	88	ORENITRAM ORAL TABLET EXTENDED	
OCEAN FOR KIDS.....	154	<i>omeprazole oral tablet delayed release 20</i>		RELEASE 0.125 MG, 0.25 MG, 1 MG..... 150	
OCEAN NASAL SPRAY.....	154	<i>mg.....</i>	88	ORENITRAM ORAL TABLET EXTENDED	
<i>ocella.....</i>	114	OMNARIS.....	147	RELEASE 2.5 MG, 5 MG.....	150
<i>octreotide acetate injection solution 100</i>		OMNIFLEX DIAPHRAGM.....	131	ORFADIN.....	105
<i>mcg/ml, 50 mcg/ml.....</i>	117	OMNIPOD 5 G6 INTRO (GEN 5).....	131	ORGOVYX.....	18
<i>octreotide acetate injection solution 1000</i>		OMNIPOD 5 G6 POD (GEN 5).....	131	ORIAHNN.....	118
<i>mcg/ml.....</i>	117	OMNITROPE.....	108	ORILISSA.....	118
<i>octreotide acetate injection solution 200</i>		ON/GO COVID-19 ANTIGEN TEST.....	131	ORKAMBI.....	149
<i>mcg/ml.....</i>	117	ON/GO ONE COVID-19 HOME TEST.....	131	ORLADEYO.....	131
<i>octreotide acetate injection solution 500</i>		<i>ondansetron hcl oral tablet 4 mg, 8 mg.....</i>	27	<i>orphenadrine citrate er.....</i>	173
<i>mcg/ml.....</i>	118	<i>ondansetron odt.....</i>	27	OS-CAL CALCIUM + D3.....	78

<i>oseltamivir phosphate oral capsule</i>	45	<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	176	<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	14
<i>oseltamivir phosphate oral suspension reconstituted</i>	45	<i>oyster shell calcium/vit d</i>	78	<i>pain reliever extra strength oral tablet 500 mg</i>	14
OSENI.....	48	<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg</i>	176	<i>pain reliever oral tablet</i>	14
OSMOLEX ER.....	38	<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	78	<i>pain reliever plus</i>	14
OSPHENA.....	116	OZEMPIC.....	48	<i>pain-off</i>	14
OTEZLA.....	119	OZEMPIC (2 MG/DOSE).....	48	<i>paliperidone er</i>	40
OTOVEL.....	143	<i>p col-rite</i>	103	PANADOL CHILDRENS.....	14
OTREXUP.....	120	PACERONE.....	54	PANADOL EXTRA STRENGTH.....	14
OVACE PLUS WASH EXTERNAL LIQUID	131	<i>pain & fever child</i>	12	PANADOL INFANTS.....	14
OVACE WASH.....	132	<i>pain & fever childrens</i>	12	PANOXYL.....	132
OVIDREL.....	108	<i>pain & fever childrens oral suspension 160 mg/5ml</i>	12	<i>pantoprazole sodium oral packet</i>	88
<i>oxaprozin</i>	5	<i>pain & fever infants</i>	12	<i>pantoprazole sodium oral tablet delayed release</i>	88
<i>oxazepam</i>	46	<i>pain relief childrens oral elixir 160 mg/5ml</i> ...	12	<i>paromomycin sulfate oral</i>	18
OXBRYTA ORAL TABLET 300 MG.....	52	<i>pain relief childrens oral suspension</i>	12	<i>paroxetine hcl oral tablet</i>	26
OXBRYTA ORAL TABLET 500 MG.....	52	<i>pain relief childrens oral tablet chewable 160 mg</i>	12	PATADAY OPHTHALMIC SOLUTION 0.1 % , 0.2 %.....	136
OXBRYTA ORAL TABLET SOLUBLE.....	52	<i>pain relief extra st</i>	13	PAXIL.....	26
<i>oxcarbazepine oral suspension</i>	24	<i>pain relief extra strength oral capsule 500 mg</i>	13	PAXLOVID (150/100).....	45
<i>oxcarbazepine oral tablet</i>	24	<i>pain relief extra strength oral liquid 500 mg/15ml</i>	13	PAXLOVID (300/100).....	45
OXTELLAR XR.....	24	<i>pain relief oral liquid 500 mg/15ml</i>	13	<i>ped electrolyte freeze pop</i>	78
<i>oxybutynin chloride er</i>	106	<i>pain relief oral tablet 325 mg</i>	13	PEDIA-LAX ORAL LIQUID.....	104
<i>oxybutynin chloride oral syrup</i>	106	<i>pain relief oral tablet 500 mg</i>	13	PEDIALYTE FREEZER POPS.....	78
<i>oxybutynin chloride oral tablet 5 mg</i>	106	<i>pain relief oral tablet extended release 650 mg</i>	13	PEDIALYTE ORAL SOLUTION.....	78
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	7	<i>pain relief regular strength</i>	13	PEDIALYTE SINGLES.....	78
<i>oxycodone hcl oral solution</i>	7	<i>pain relief/rapid burst</i>	13	PEDIARIX.....	121
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>	15	<i>pain reliever</i>	13	<i>pediatric electrolyte oral solution</i>	79
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	15	<i>pain reliever childrens oral suspension 160 mg/5ml</i>	13	PEDVAX HIB.....	121
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....	7	<i>pain reliever ex st oral liquid 500 mg/15ml</i> ...	13	<i>peg 3350 oral powder</i>	101
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7	<i>pain reliever ex st oral tablet 500 mg</i>	13	<i>peg 3350-kcl-na bicarb-nacl</i>	86
OXYCONTIN.....	6			<i>peg-3350/electrolytes</i>	86
<i>oxymorphone hcl er</i>	6			PEGASYS.....	120
OXYTROL FOR WOMEN.....	106			<i>penicillamine oral tablet</i>	106
<i>oysco 500+d</i>	78			<i>penicillin v potassium</i>	19
<i>oyster shell calcium oral tablet 500 mg</i>	176			PENTACEL.....	121
<i>oyster shell calcium plus d</i>	78			<i>pentamidine isethionate inhalation</i>	37
<i>oyster shell calcium w/d</i>	78			PENTASA.....	123

<i>pentazocine-naloxone hcl</i>	7	PIFELTRO.....	43	POLYSPORIN.....	132
<i>pentoxifylline er</i>	57	<i>pilocarpine hcl ophthalmic</i>	138	<i>polyvinyl alcohol ophthalmic</i>	141
PEPTO-BISMOL ORAL SUSPENSION		<i>pilocarpine hcl oral tablet 5 mg</i>	62	POLY-VI-SOL.....	176
524 MG/30ML.....	96	<i>pilocarpine hcl oral tablet 7.5 mg</i>	62	POLY-VITE PEDIATRIC.....	176
PERDIEM OVERNIGHT RELIEF.....	104	PILOT COVID-19 AT-HOME TEST.....	132	POMALYST.....	34
PERFOROMIST.....	148	<i>pimecrolimus</i>	66	PONVORY.....	135
<i>periogard</i>	62	<i>pimozide</i>	40	PONVORY STARTER PACK.....	135
<i>permethrin external</i>	68	<i>pimtree</i>	114	<i>portia-28</i>	114
<i>perphenazine oral</i>	27	<i>pink bismuth maximum strength</i>	96	<i>potassium chloride crys er oral tablet</i>	
<i>perphenazine-amitriptyline oral tablet 2-10</i>		<i>pink bismuth oral suspension 262 mg/15ml</i>	96	<i>extended release 10 meq</i>	74
<i>mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	25	<i>pink bismuth oral suspension 525 mg/15ml</i>	96	<i>potassium chloride crys er oral tablet</i>	
<i>perphenazine-amitriptyline oral tablet 2-25</i>		<i>pink bismuth oral tablet 262 mg</i>	96	<i>extended release 20 meq</i>	74
<i>mg</i>	25	<i>pink bismuth oral tablet chewable 262 mg</i>	97	<i>potassium chloride er oral capsule</i>	
PERSERIS.....	40	<i>pink-bismuth</i>	97	<i>extended release 10 meq</i>	74
PERTZYE.....	105	<i>pioglitazone hcl</i>	48	<i>potassium chloride er oral tablet extended</i>	
PFIZER COVID-19 VAC BIVAL 5-11.....	132	PIP GLUCOSE CONTROL SOLUTION.....	73	<i>release</i>	74
<i>pharbedryl</i>	147	PIQRAY (200 MG DAILY DOSE).....	35	<i>potassium chloride oral</i>	74
PHARBETOL EXTRA STRENGTH.....	14	PIQRAY (250 MG DAILY DOSE).....	35	<i>potassium citrate er oral tablet extended</i>	
PHARBETOL ORAL TABLET 325 MG.....	14	PIQRAY (300 MG DAILY DOSE).....	35	<i>release 10 meq (1080 mg)</i>	74
<i>pharbinex</i>	154	<i>pirfenidone oral capsule</i>	150	<i>potassium citrate er oral tablet extended</i>	
PHAZYME.....	96	<i>pirfenidone oral tablet 267 mg, 801 mg</i>	150	<i>release 15 meq (1620 mg)</i>	74
PHAZYME ULTRA STRENGTH.....	96	<i>pirmella 1/35</i>	114	<i>potassium citrate er oral tablet extended</i>	
<i>phenazo oral tablet 200 mg</i>	107	<i>pirmella 7/7/7</i>	114	<i>release 5 meq (540 mg)</i>	74
<i>phenazo oral tablet 95 mg</i>	107	<i>piroxicam oral</i>	5	<i>potassium citrate-citric acid</i>	79
<i>phenazopyridine hcl oral</i>	107	PLAN B ONE-STEP.....	116	<i>povidone iodine</i>	21
<i>phenobarbital oral</i>	23	PLEGRIDY INTRAMUSCULAR.....	61	<i>povidone-iodine external solution</i>	21
<i>phenylephrine hcl ophthalmic</i>	136	PLEGRIDY STARTER PACK.....	61	PRADAXA.....	51
<i>phenylephrine hcl oral</i>	154	PLEGRIDY SUBCUTANEOUS.....	61	PRALUENT.....	58
<i>phenytoin infatabs</i>	24	PLENVU.....	86	<i>pramipexole dihydrochloride oral tablet</i>	
<i>phenytoin oral suspension 125 mg/5ml</i>	24	PNEUMOVAX 23.....	122	<i>0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	39
<i>phenytoin oral tablet chewable</i>	24	<i>podofilox external</i>	67	<i>pramipexole dihydrochloride oral tablet</i>	
<i>phenytoin sodium extended</i>	24	<i>poly bacitracin</i>	132	<i>0.75 mg</i>	39
<i>philith</i>	114	<i>polycin</i>	137	<i>prasugrel hcl</i>	52
PHOSPHA 250 NEUTRAL.....	79	<i>polyethylene glycol 3350 oral powder</i>	101	<i>pravastatin sodium</i>	58
PHOSPHOLINE IODIDE.....	138	<i>polyethylene glycol 3350-grx oral powder</i>	101	<i>praziquantel oral</i>	37
<i>phosphorous</i>	79	<i>poly-iron 150</i>	79	<i>prazosin hcl oral</i>	53
<i>phospho-trin 250 neutral</i>	79	<i>polymyxin b-trimethoprim</i>	137	PRECISION GLUCOSE KETONE CONTR.....	73
PHOSPHO-TRIN K500.....	79	<i>polysaccharide iron complex</i>	79	PRECISION XTRA BLOOD GLUCOSE.....	73
<i>phytonadione oral</i>	82	<i>polysaccharide-iron complex</i>	79	PRED FORTE.....	137

<i>prednisolone acetate ophthalmic</i>	137	PREPARATION H EXTERNAL CREAM 1		<i>promethazine vc</i>	150
PREDNISOLONE ACETATE P-F.....	137	%.....	66	<i>promethazine vc/codeine</i>	169
<i>prednisolone oral solution</i>	107	PREVACID.....	88	<i>promethazine-codeine</i>	170
<i>prednisolone sodium phosphate</i>		PREVACID 24HR.....	88	<i>promethazine-dm</i>	170
<i>ophthalmic</i>	137	<i>prevalite oral powder</i>	58	<i>promethegan</i>	27
<i>prednisolone sodium phosphate oral</i>		PREVIDENT.....	74	PRONUTRIENTS VITAMIN D3.....	83
<i>solution 15 mg/5ml</i>	107	PREVIDENT 5000 DRY MOUTH.....	74	<i>propafenone hcl</i>	54
<i>prednisolone sodium phosphate oral</i>		PREVIDENT 5000 PLUS.....	74	<i>propranolol hcl er</i>	55
<i>solution 6.7 (5 base) mg/5ml</i>	107	PREVNAR 13.....	122	<i>propranolol hcl oral solution 20 mg/5ml</i>	55
<i>prednisone oral solution</i>	108	PREVNAR 20.....	122	<i>propranolol hcl oral solution 40 mg/5ml</i>	55
<i>prednisone oral tablet</i>	108	PREZCOBIX.....	45	<i>propranolol hcl oral tablet</i>	55
<i>prednisone oral tablet therapy pack 10 mg</i>		PREZISTA.....	132	<i>propylthiouracil oral</i>	118
<i>(21)</i>	108	PRIFTIN.....	33	PROQUAD.....	121
<i>prednisone oral tablet therapy pack 10 mg</i>		<i>primaquine phosphate</i>	37	PROVENTIL HFA.....	148
<i>(48), 5 mg (21), 5 mg (48)</i>	108	<i>primidone oral tablet 250 mg, 50 mg</i>	23	PROVIGIL.....	173
PREFEST.....	114	PRIORIX.....	121	<i>pseudoephedrine hcl 12 hr</i>	170
<i>pregabalin</i>	61	PRISTIQ.....	26	<i>pseudoephedrine hcl er</i>	170
PREGNYL.....	108	PROAIR RESPICLICK.....	148	<i>pseudoephedrine hcl oral tablet 30 mg</i>	170
PREHEVBRIO.....	121	<i>probenecid</i>	31	<i>pseudoephedrine-bromphen-dm</i>	154
PREMARIN ORAL.....	114	PROBIOMAX SERENITY.....	97	<i>pseudoephedrine-guaifenesin er</i>	170
PREMARIN VAGINAL.....	114	<i>probiotic blend</i>	97	PULMICORT FLEXHALER.....	147
PREMPHASE.....	114	<i>probiotic colon care</i>	97	PULMICORT SUSPENSION.....	147
PREMPRO.....	114	<i>probiotic complex</i>	97	<i>pulmosal</i>	170
<i>prenatal 19 oral tablet</i>	82	<i>probiotic maximum strength</i>	97	PULMOZYME.....	149
<i>prenatal 19 oral tablet 29-1 mg</i>	82	<i>probiotic oral capsule</i>	97	<i>pure & gentle lubricant</i>	141
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	82	<i>probiotic oral capsule 250 mg</i>	97	<i>purelax oral powder</i>	101
<i>prenatal formula oral tablet 28-0.8 mg</i>	82	<i>probiotic pearls ex st</i>	97	PURIXAN.....	34
<i>prenatal gummy oral tablet chewable 0.4-</i>		<i>prochlorperazine</i>	27	PYLERA.....	86
<i>113.5 mg</i>	176	<i>prochlorperazine maleate oral</i>	27	<i>pyrazinamide oral</i>	33
<i>prenatal gummy oral tablet chewable 0.4-</i>		PROCROT.....	52	PYRIDIDIUM.....	107
<i>25 mg</i>	82	PROCTOFOAM HC.....	67	<i>pyridostigmine bromide er</i>	32
<i>prenatal multi+dha</i>	82	<i>procto-med hc</i>	123	<i>pyridostigmine bromide oral solution</i>	32
<i>prenatal multivitamins</i>	82	<i>proctosol hc</i>	123	<i>pyridostigmine bromide oral tablet 60 mg</i>	32
<i>prenatal oral tablet 27-0.8 mg</i>	82	<i>proctozone-hc</i>	123	<i>pyridoxine hcl oral</i>	178
<i>prenatal oral tablet 27-1 mg</i>	82	<i>progesterone oral</i>	116	<i>pyrimethamine oral</i>	37
<i>prenatal oral tablet 28-0.8 mg</i>	82	PROLENSA.....	137	QBREXZA.....	67
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	82	PROMACTA.....	52	<i>qc anti-nausea</i>	28
<i>prenatal iron</i>	82	<i>promethazine hcl oral</i>	27	<i>qc athletes foot relief</i>	132
		<i>promethazine hcl rectal</i>	27	<i>qc gas relief infants</i>	97

<i>qc nasal mist no drip</i>	170	REBIF REBIDOSE TITRATION PACK.....	61	REXULTI.....	41
QELBREE.....	46	REBIF TITRATION PACK.....	61	REYATAZ ORAL CAPSULE.....	45
QNASL.....	147	<i>reclipsen</i>	114	REYATAZ ORAL PACKET.....	45
QNASL CHILDRENS.....	147	RECOMBIVAX HB.....	121	REYVOW.....	32
QTERN.....	48	RECTIV.....	59	REZVOGLAR KWIKPEN.....	132
QUADRACEL INTRAMUSCULAR SUSPENSION.....	121	REDITREX.....	120	RHOFADE.....	63
<i>quazepam</i>	46	<i>refenesen 400</i>	154	RHOPRESSA.....	138
<i>quetiapine fumarate er</i>	40	REFRESH LACRI-LUBE.....	141	<i>ribavirin oral</i>	42
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	41	REFRESH PLUS.....	141	<i>rifabutin</i>	32
<i>quetiapine fumarate oral tablet 150 mg</i>	41	REFRESH TEARS.....	141	<i>rifampin oral</i>	33
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML.....	83	REHYDRALYTE.....	79	<i>riluzole</i>	60
QUICKVUE AT-HOME COVID-19 TEST...	132	RELENZA DISKHALER.....	45	<i>rimantadine hcl</i>	45
<i>quinapril hcl</i>	54	RELEXXII.....	60	RINVOQ.....	119
<i>quinapril-hydrochlorothiazide</i>	57	<i>relief eye drops</i>	141	RISAQUAD.....	97
<i>quinidine gluconate er</i>	54	RELION TRUE METRIX TEST STRIPS.....	73	RISAQUAD-2.....	97
<i>quinidine sulfate</i>	54	RELISTOR.....	85	RISPERDAL CONSTA.....	41
QUINTET CONTROL HIGH/NORMAL.....	73	RELPAK.....	32	RISPERDAL ORAL SOLUTION.....	41
<i>quit2</i>	17	RENAL.....	83	RISPERDAL ORAL TABLET.....	41
<i>quit4</i>	17	<i>rena-vite</i>	83	<i>risperidone oral solution</i>	41
QULIPTA.....	31	<i>renewal soothing bath</i>	69	<i>risperidone oral tablet</i>	41
QUVIVIQ.....	132	<i>repaglinide</i>	48	<i>risperidone oral tablet dispersible</i>	41
QVAR REDIHALER.....	147	REPATHA.....	58	RITALIN.....	60
<i>radiance platinum vitamin d3</i>	83	REPHRESH PRO-B.....	97	<i>ritonavir</i>	45
RADICAVA ORS.....	60	<i>rest simply</i>	174	<i>rivastigmine</i>	25
RADICAVA ORS STARTER KIT.....	60	RESTASIS.....	136	<i>rivastigmine tartrate</i>	25
<i>raloxifene hcl</i>	116	RESTASIS MULTIDOSE.....	136	<i>rizatriptan benzoate</i>	32
<i>ramelteon</i>	173	RESTORA.....	97	<i>robafen cf multi-symptom cold</i>	157
<i>ramipril</i>	54	<i>restore plus lubricant eye</i>	141	<i>robafen mucus/chest congestion</i>	154
<i>ranolazine er</i>	57	<i>restore pm</i>	141	ROBITUSSIN 12 HOUR COUGH.....	170
RASUVO.....	120	RESTORIL.....	173	ROBITUSSIN 12 HOUR COUGH CHILD..	170
RAVICTI.....	105	RETACRIT.....	52	ROBITUSSIN COUGH+CHEST CONG	
RAYALDEE.....	123	RETEVMO.....	134	DM ORAL LIQUID 20-400 MG/20ML.....	170
<i>react</i>	116	RETIN-A EXTERNAL CREAM.....	63	ROBITUSSIN PEAK COLD MULTI-SYM...	157
<i>ready-to-use enema rectal enema</i>	97	RETIN-A EXTERNAL GEL.....	63	ROCKLATAN.....	136
REBIF.....	61	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	63	<i>ropinirole hcl</i>	39
REBIF REBIDOSE.....	61	RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %.....	63	<i>rosuvastatin calcium</i>	58
		REVATIO ORAL.....	150	ROTARIX ORAL SUSPENSION	
		REVLIMID.....	34	RECONSTITUTED.....	121
				ROTATEQ.....	121

<i>roweepra</i>	22	<i>sb docusate sodium/senna</i>	104	SEROQUEL XR.....	41
ROXYBOND ORAL TABLET ABUSE- DETERRENT 15 MG, 30 MG, 5 MG.....	6	<i>sb lice killing max st</i>	38	<i>sertraline hcl oral concentrate</i>	26
ROZEREM.....	173	<i>sb mucus relief</i>	155	<i>sertraline hcl oral tablet</i>	26
ROZLYTREK.....	35	<i>sb pain reliever childrens</i>	14	<i>setlakin</i>	114
RUBRACA.....	35	<i>scalp relief external liquid 3 %</i>	132	<i>sevelamer carbonate oral tablet</i>	80
RUCONEST.....	119	SCSEMBLIX.....	36	<i>sf</i>	74
<i>rufinamide</i>	24	SCRUB CARE POVIDONE-IODINE.....	21	<i>sf 5000 plus</i>	75
RUKOBIA.....	44	SEASONIQUE.....	114	SFROWASA.....	123
RYALTRIS.....	132	SEGLENTIS.....	7	<i>sharobel</i>	116
RYBELSUS.....	48	SEGLUROMET.....	48	SHINGRIX.....	121
RYDAPT.....	35	<i>selegiline hcl oral</i>	39	SIGNIFOR.....	118
<i>rynex dm</i>	170	<i>selenium sulfide external lotion</i>	67	SIKLOS.....	52
<i>rynex pe</i>	170	SELZENTRY ORAL SOLUTION.....	44	<i>siladryl allergy</i>	147
<i>rynex pse</i>	170	SELZENTRY ORAL TABLET 25 MG, 75 MG.....	44	<i>sildenafil citrate oral suspension</i> <i>reconstituted</i>	150
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG.....	39	SEMGLEE (YFGN).....	50	<i>sildenafil citrate oral tablet 20 mg</i>	150
RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG.....	39	SE-NATAL 19.....	83	SILENOR.....	173
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG.....	54	<i>senexon-s</i>	104	SILIQ.....	119
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG..	54	<i>senior probiotic</i>	97	<i>siltussin sa</i>	155
<i>saccharomyces boulardii</i>	97	<i>senna lax</i>	104	<i>siltussin-dm alcohol free</i>	170
SAFYRAL.....	114	<i>senna laxative</i>	104	<i>silver sulfadiazine external</i>	67
SAIZEN.....	108	<i>senna oral liquid</i>	104	SIMBRINZA.....	138
<i>sajazir</i>	119	<i>senna oral syrup</i>	104	<i>simeped</i>	97
<i>saline enema</i>	97	<i>senna oral tablet</i>	104	<i>simethicone drops infants</i>	97
<i>saline mist spray</i>	155	<i>senna plus oral tablet</i>	104	<i>simethicone oral</i>	97
<i>saline nasal spray</i>	155	<i>senna s</i>	104	<i>simethicone ultra strength</i>	98
<i>salsalate oral</i>	15	<i>senna smooth</i>	104	<i>simliya</i>	114
SANCUSO.....	27	<i>senna-docusate sodium</i>	104	SIMPLY SLEEP.....	174
SANTYL.....	67	<i>senna-lax</i>	104	SIMPONI.....	120
SAPHRIS.....	41	<i>senna-lax</i>	104	<i>simvastatin oral</i>	58
<i>sapropterin dihydrochloride</i>	105	<i>senna-plus</i>	104	SINEMET.....	39
SAVAYSA.....	51	<i>senna-s</i>	104	SINGULAIR.....	148
<i>sb arthritis pain relief</i>	14	<i>senna-tabs</i>	104	<i>sinus 12 hour</i>	170
		<i>senna-time</i>	104	<i>sinus 12-hour</i>	170
		<i>senna-time s</i>	104	<i>sinus congestion max strength</i>	171
		<i>sennazon</i>	104	<i>sinus nasal spray</i>	171
		SENOKOT.....	104	<i>sinus pe decongestant</i>	155
		SENOKOT S.....	104	<i>sinus relief extra strength</i>	155
		SEREVENT DISKUS.....	148	<i>sinus/congestion relief pe</i>	155
		SEROQUEL.....	41		

<i>sirolimus oral solution</i>	120	<i>sodium fluoride dental cream</i>	75	<i>sronyx</i>	114
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	120	<i>sodium fluoride dental gel</i>	75	<i>ssd</i>	67
<i>sirolimus oral tablet 2 mg</i>	121	<i>sodium fluoride oral solution 1.1 (0.5 f)</i>		<i>sss 10-5 external cream</i>	69
SIRTURO.....	33	<i>mg/ml</i>	75	ST JOSEPH LOW DOSE ORAL TABLET	
SKYRIZI PEN.....	119	<i>sodium fluoride oral tablet chewable</i>	75	CHEWABLE.....	132
SKYRIZI SUBCUTANEOUS SOLUTION		SODIUM OXYBATE.....	173	STEGLATRO.....	48
CARTRIDGE.....	132	<i>sodium phenylbutyrate oral powder</i>	105	STEGLUJAN.....	48
SKYRIZI SUBCUTANEOUS SOLUTION		<i>sodium sulfacetamide wash</i>	132	STELARA SUBCUTANEOUS.....	119
PREFILLED SYRINGE.....	119	SOFOSBUVIR-VELPATASVIR.....	42	<i>stimulant laxative oral tablet 8.6-50 mg</i>	104
SKYTROFA SUBCUTANEOUS		<i>soft glucose</i>	51	STIOLTO RESPIMAT.....	161
CARTRIDGE 3.6 MG.....	108	SOLQUA.....	48	STIVARGA.....	35
<i>sleep aid (diphenhydramine)</i>	174	SOLODYN.....	21	<i>stomach relief extra strength</i>	98
<i>sleep aid nighttime</i>	174	SOLOSEC.....	18	<i>stomach relief max st oral suspension 525</i>	
<i>sleep aid oral tablet 25 mg</i>	174	<i>soluble fiber therapy</i>	104	<i>mg/15ml</i>	98
<i>sleep tabs</i>	174	SOMAVERT.....	118	<i>stomach relief oral suspension 1050</i>	
SLO-NIACIN.....	83	SOOLANTRA.....	68	<i>mg/30ml, 525 mg/15ml</i>	98
<i>smooth antacid ex st oral tablet chewable</i>		<i>soothe maximum strength</i>	98	<i>stomach relief oral suspension 262</i>	
<i>750 mg</i>	98	<i>soothe oral suspension</i>	98	<i>mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	98
<i>smooth antacid extra st</i>	98	<i>soothe oral tablet chewable</i>	98	<i>stomach relief oral tablet 262 mg</i>	98
<i>smooth antacid extra strength</i>	98	<i>sorafenib tosylate</i>	35	<i>stomach relief oral tablet chewable 262 mg</i>	98
<i>smooth lax oral powder</i>	101	<i>sorbitol oral</i>	101	<i>stomach relief plus</i>	98
SOANZ ORAL TABLET 20 MG.....	57	SORILUX.....	67	<i>stomach relief ultra oral suspension 525</i>	
<i>sod chloride hypertonicity</i>	141	<i>sotalol hcl (af)</i>	54	<i>mg/15ml</i>	99
<i>sod citrate-citric acid</i>	79	<i>sotalol hcl oral</i>	54	<i>stool softener laxative oral capsule</i>	104
<i>sodium bicarbonate oral tablet</i>	98	SOTYKTU.....	132	<i>stool softener oral capsule 100 mg</i>	105
<i>sodium chloride (hypertonic) ophthalmic</i>		SOVALDI.....	42	<i>stool softener oral capsule 240 mg</i>	105
<i>ointment</i>	141	SPEEDY SWAB COVID-19 ANTIGEN.....	132	<i>stool softener oral capsule 250 mg</i>	105
<i>sodium chloride (hypertonic) ophthalmic</i>		SPIKEVAX COVID-19 VACCINE		<i>stool softener oral capsule 50 mg</i>	105
<i>solution</i>	141	INTRAMUSCULAR SUSPENSION 100		<i>stool softener pls laxative</i>	105
<i>sodium chloride inhalation nebulization</i>		MCG/0.5ML.....	122	<i>stool softener plus laxative</i>	105
<i>solution 0.9 %, 10 %</i>	171	<i>spinosad</i>	68	<i>stool softener/laxative</i>	105
<i>sodium chloride inhalation nebulization</i>		SPIRIVA HANDIHALER.....	148	<i>stool softener/laxative oral tablet</i>	105
<i>solution 3 %</i>	171	SPIRIVA RESPIMAT.....	148	STRATTERA.....	60
<i>sodium chloride inhalation nebulization</i>		<i>spironolactone oral</i>	57	STRENSIQ.....	105
<i>solution 7 %</i>	171	<i>spironolactone-hctz</i>	57	<i>stress formulaliron</i>	176
<i>sodium chloride ophthalmic ointment 5 %</i> ..	141	SPRAVATO (84 MG DOSE).....	25	STRIBILD.....	43
<i>sodium chloride ophthalmic solution 5 %</i> ...	141	<i>sprintec 28</i>	114	STRIVERDI RESPIMAT.....	148
<i>sodium fluoride 5000 plus</i>	75	SPRYCEL.....	134	SUBOXONE.....	15
<i>sodium fluoride 5000 ppm dental cream</i>	75	<i>sps</i>	80	<i>subvenite</i>	22

<i>subvenite starter kit-blue</i>	22	<i>suphedrine oral tablet 30 mg</i>	171	<i>tacrolimus external ointment 0.1 %</i>	67
<i>subvenite starter kit-green</i>	22	<i>suphedrine oral tablet extended release 12</i>		<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	121
<i>subvenite starter kit-orange</i>	22	<i>hour 120 mg</i>	171	<i>tacrolimus oral capsule 1 mg</i>	121
<i>sucralfate oral suspension</i>	87	SUPREP BOWEL PREP KIT.....	86	<i>tadalafil (pah)</i>	150
<i>sucralfate oral tablet</i>	87	<i>sure result sr relief</i>	132	TADLIQ.....	150
SUDAFED.....	171	SUTAB.....	21	TAFINLAR ORAL CAPSULE.....	35
SUDAFED PE CONGESTION ORAL		SUTENT ORAL CAPSULE 12.5 MG, 25		TAGRISSO.....	134
TABLET 10 MG.....	155	MG, 50 MG.....	35	<i>take action</i>	116
SUDAFED PE SINUS CONGESTION.....	155	SUTENT ORAL CAPSULE 37.5 MG.....	35	TAKHZYRO.....	119
SUDAFED SINUS CONGESTION.....	171	<i>syeda</i>	114	TALICIA.....	86
SUDAFED SINUS CONGESTION 12HR...	171	SYMBICORT.....	161	TALTZ.....	119
<i>sudogest 12 hour</i>	171	SYMDEKO.....	149	TALZENNA.....	35
<i>sudogest maximum strength</i>	171	SYMFI.....	43	TAMIFLU ORAL CAPSULE.....	45
<i>sudogest oral tablet 30 mg</i>	171	SYMFI LO.....	43	TAMIFLU ORAL SUSPENSION	
<i>sulfacetamide sodium external</i>	132	SYMJEPI.....	149	RECONSTITUTED.....	45
<i>sulfacetamide sodium ophthalmic</i>	137	SYMLINPEN 120.....	48	<i>tamoxifen citrate oral</i>	34
<i>sulfacetamide sodium-sulfur external</i>		SYMLINPEN 60.....	48	<i>tamsulosin hcl</i>	106
<i>cream 10-5 %</i>	70	SYMPAZAN.....	23	TAPERDEX 12-DAY.....	108
<i>sulfacetamide sodium-sulfur external liquid</i>		SYMPROIC.....	85	TAPERDEX 6-DAY.....	108
<i>9-4.5 %</i>	70	SYMTUZA.....	45	TAPERDEX 7-DAY.....	108
<i>sulfacetamide sod-sulfur wash external</i>		SYNAGIS.....	119	TARCEVA.....	134
<i>liquid 9-4.5 %</i>	70	SYNAREL.....	118	TARGRETIN EXTERNAL.....	36
<i>sulfacetamide-prednisolone</i>	136	SYNJARDY.....	48	TARGRETIN ORAL.....	36
<i>sulfamethoxazole-trimethoprim oral</i>	20	SYNJARDY XR.....	48	<i>tarina fe 1/20 eq</i>	114
<i>sulfamez wash</i>	70	SYNRIBO.....	34	TASIGNA.....	134
<i>sulfasalazine oral</i>	123	SYSTANE.....	141	TASMAR.....	38
<i>sulfatrim pediatric</i>	20	SYSTANE BALANCE.....	141	TAVALISSE.....	52
<i>sulindac oral</i>	5	SYSTANE COMPLETE.....	141	TAZORAC EXTERNAL CREAM 0.1 %.....	63
SUMADAN WASH.....	70	SYSTANE CONTACTS.....	141	TAZORAC EXTERNAL GEL.....	63
<i>sumatriptan nasal</i>	32	SYSTANE HYDRATION PF.....	141	<i>taztia xt</i>	56
<i>sumatriptan succinate oral</i>	32	SYSTANE NIGHTTIME.....	142	TDVAX.....	121
<i>sumatriptan succinate refill</i>	32	SYSTANE PRESERVATIVE FREE.....	142	TECFIDERA ORAL CAPSULE DELAYED	
<i>sumatriptan succinate subcutaneous</i>	32	SYSTANE ULTRA.....	142	RELEASE.....	61
<i>sunitinib malate oral capsule 12.5 mg, 25</i>		SYSTANE ULTRA PF.....	142	TEGRETOL ORAL SUSPENSION.....	24
<i>mg, 50 mg</i>	35	<i>tab tussin</i>	155	TEGSEDI.....	105
<i>sunitinib malate oral capsule 37.5 mg</i>	35	TABLOID.....	34	TEKTURNA.....	57
SUNOSI.....	173	TABRECTA.....	134	TEKTURNA HCT.....	57
<i>suphedrine 12hour</i>	171	TACLONEX.....	67	<i>telmisartan</i>	53
<i>suphedrine maximum strength</i>	171	<i>tacrolimus external ointment 0.03 %</i>	67	<i>temazepam oral capsule 15 mg, 30 mg</i>	173

<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	173	<i>theophylline er oral tablet extended release</i>		<i>tolnaftate external cream</i>	133
<i>temozolomide oral capsule 100 mg, 140</i>		<i>24 hour 600 mg</i>	149	<i>tolnaftate external powder</i>	133
<i>mg</i>	33	<i>thiamine hcl oral</i>	178	<i>tolterodine tartrate</i>	106
<i>temozolomide oral capsule 180 mg, 20 mg,</i>		<i>thiamine mononitrate oral</i>	83	TOPAMAX.....	22
<i>250 mg, 5 mg</i>	33	THIOLA.....	106	TOPAMAX SPRINKLE.....	22
TENCON.....	7	THIOLA EC.....	106	<i>topiramate oral capsule sprinkle</i>	22
TENIVAC.....	121	<i>thioridazine hcl oral</i>	40	<i>topiramate oral tablet</i>	22
<i>tenofovir disoproxil fumarate</i>	44	<i>thiothixene</i>	40	<i>toremifene citrate</i>	34
TEPMETKO.....	35	THRIVE.....	17	<i>torse mide</i>	57
<i>terazosin hcl</i>	106	THRIVITE RX.....	83	<i>total allergy</i>	147
<i>terbinafine hcl external</i>	31	<i>tiadyt er</i>	56	<i>total allergy medicine</i>	147
<i>terbinafine hcl oral</i>	29	<i>tiagabine hcl</i>	23	TOUJEO MAX SOLOSTAR.....	50
<i>terbinafine hydrochloride external cream 1</i>		TIBSOVO.....	35	TOUJEO SOLOSTAR.....	50
<i>%</i>	31	TIGLUTIK.....	60	TOVIAZ.....	106
<i>terconazole vaginal cream</i>	29	TIKOSYN.....	54	TRACLEER.....	150
<i>teriflunomide</i>	61	<i>tilia fe</i>	114	TRADJENTA.....	48
TERIPARATIDE (RECOMBINANT).....	123	<i>timolol maleate ophthalmic solution</i>	138	<i>tramadol hcl oral tablet 50 mg</i>	7
TESTIM.....	109	TIMOPTIC.....	138	<i>trandolapril</i>	54
<i>testosterone cypionate intramuscular</i>	109	TIMOPTIC OCUDOSE.....	138	<i>tranexamic acid oral</i>	52
<i>testosterone enanthate intramuscular</i>	109	TINACTIN EXTERNAL CREAM.....	132	<i>tranylcypramine sulfate</i>	26
<i>testosterone transdermal gel 12.5 mg/act</i>		<i>tinaspore</i>	132	TRAVATAN Z.....	135
<i>(1%)</i>	109	TIROSINT ORAL CAPSULE 100 MCG,		<i>travel ease</i>	27
<i>testosterone transdermal gel 25 mg/2.5gm</i>		112 MCG, 125 MCG, 13 MCG, 137 MCG,		TRAZIMERA INTRAVENOUS SOLUTION	
<i>(1%)</i>	109	150 MCG, 175 MCG, 200 MCG, 25 MCG,		RECONSTITUTED 150 MG.....	135
TETANUS-DIPHTHERIA TOXOIDS TD....	121	50 MCG, 75 MCG, 88 MCG.....	117	<i>trazodone hcl oral tablet 100 mg, 150 mg,</i>	
<i>tetrabenazine</i>	60	TIROSINT-SOL.....	117	<i>50 mg</i>	26
TEZSPIRE SUBCUTANEOUS SOLUTION		TIVICAY.....	43	TRECATOR.....	33
AUTO-INJECTOR.....	150	TIVICAY PD.....	43	TRELEGY ELLIPTA.....	161
THALOMID.....	34	<i>tizanidine hcl oral tablet</i>	41	TREMFYA.....	119
<i>the magic bullet</i>	132	<i>tm-tolnaftate</i>	132	TRESIBA.....	50
THEO-24.....	149	TOBI PODHALER.....	149	TRESIBA FLEXTOUCH.....	50
<i>theophylline</i>	149	TOBRADEX OPHTHALMIC OINTMENT ..	136	<i>tretinoin external cream</i>	63
<i>theophylline er oral tablet extended release</i>		TOBRADEX ST.....	136	<i>tretinoin oral</i>	36
<i>12 hour 300 mg</i>	149	<i>tobramycin inhalation nebulization solution</i>		TREXALL.....	121
<i>theophylline er oral tablet extended release</i>		<i>300 mg/4ml</i>	149	TREXIMET.....	32
<i>12 hour 450 mg</i>	149	<i>tobramycin ophthalmic</i>	137	TREZIX.....	7
<i>theophylline er oral tablet extended release</i>		<i>tobramycin-dexamethasone</i>	136	<i>triamcinolone acetonide external cream</i>	67
<i>24 hour 400 mg</i>	149	<i>tolcapone</i>	38	<i>triamcinolone acetonide external lotion</i>	
		<i>tolnaftate antifungal</i>	133	<i>0.025 %</i>	67

<i>triamcinolone acetonide external lotion 0.1 %</i>	67	<i>trivora (28)</i>	114	<i>tussin dm cough/chest oral syrup 10-100 mg/5ml</i>	172
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	67	<i>tri-vylibra</i>	114	<i>tussin dm max</i>	172
<i>triamcinolone acetonide mouth/throat</i>	62	TRIZIVIR.....	44	<i>tussin dm max adult</i>	172
TRIAMINIC ALLERCHEWS.....	160	TROKENDI XR.....	22	<i>tussin dm max daytime</i>	172
<i>triamterene-hctz</i>	57	<i>tropium chloride</i>	106	<i>tussin dm max st</i>	172
<i>triazolam</i>	173	TRUECONTROL GLUCOSE CONT LEV 0.73	73	<i>tussin dm oral syrup 100-10 mg/5ml</i>	172
TRICOR ORAL TABLET 145 MG.....	58	TRUECONTROL GLUCOSE CONT LEV 1.73	73	<i>tussin expectorant adult</i>	156
TRICOR ORAL TABLET 48 MG.....	58	TRUEPLUS GLUCOSE ON THE GO.....	51	<i>tussin maximum strength oral syrup 15 mg/5ml</i>	156
<i>triderm</i>	67	TRULANCE.....	85	<i>tussin mucus & chest cong</i>	156
<i>tri-estarylla</i>	114	TRULICITY.....	48	<i>tussin mucus & chest congest</i>	156
<i>trifluoperazine hcl</i>	40	TRUMENBA.....	122	<i>tussin mucus/chest congest</i>	156
<i>trifluridine</i>	137	TRUVADA.....	44	<i>tussin mucus/congestion</i>	156
<i>trihexyphenidyl hcl</i>	38	TUMS.....	99	<i>tussin mucus+chest congest</i>	156
TRIJARDY XR.....	48	TUMS CHEWY BITES.....	99	<i>tussin mucus+chest congest sf</i>	156
TRIKAFTA ORAL TABLET THERAPY PACK.....	149	TUMS E-X 750.....	99	<i>tussin mucus+chest congestion</i>	156
TRIKAFTA ORAL THERAPY PACK.....	149	TUMS EXTRA STRENGTH 750.....	99	<i>tussin multi-symptom cold cf</i>	157
<i>tri-legest fe</i>	114	TUMS LASTING EFFECTS.....	99	<i>tussin oral liquid 100 mg/5ml</i>	156
<i>tri-linyah</i>	114	TUMS SMOOTHIES.....	99	TWINRIX.....	122
TRILIPIX.....	58	TUMS ULTRA 1000.....	99	<i>tyblume</i>	115
<i>trimethobenzamide hcl oral</i>	27	TURALIO.....	134	TYBOST.....	44
<i>trimethoprim oral</i>	18	<i>tusnel-ex</i>	155	TYLENOL FOR CHILDREN + ADULTS.....	14
<i>tri-mili</i>	114	<i>tussin adult chest congest</i>	155	TYLENOL ORAL SUSPENSION 160 MG/5ML.....	14
TRINATAL RX 1.....	83	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	172	TYLENOL ORAL TABLET 325 MG.....	14
TRINTELLIX.....	26	<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	157	TYLENOL ORAL TABLET 500 MG.....	14
<i>tri-nymyo</i>	114	<i>tussin chest congestion oral liquid 100 mg/5ml</i>	155	TYLENOL ORAL TABLET CHEWABLE 160 MG.....	14
<i>triphrocaps</i>	83	<i>tussin cough dm sugar free</i>	172	TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG.....	14
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	21	<i>tussin cough long acting</i>	155	TYMLOS.....	123
<i>triple antibiotic original</i>	21	<i>tussin cough long-acting</i>	156	TYRVAYA.....	136
TRIPTODUR.....	118	<i>tussin cough oral syrup</i>	156	TYVASO DPI MAINTENANCE KIT.....	150
<i>tri-sprintec</i>	114	<i>tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	172	TYVASO DPI TITRATION KIT.....	150
TRIUMEQ.....	44	<i>tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	172	UBRELVY.....	31
TRIUMEQ PD.....	44	<i>tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	172	UCERIS.....	123
<i>tri-vite pediatric</i>	83	<i>tussin dm cough/chest cong</i>	172	UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	52
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	176				
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	176				

<i>ultra fresh</i>	142	<i>velivet</i>	115	VIREAD ORAL TABLET 150 MG, 200 MG,	
<i>ultra fresh pm</i>	142	VELPHORO.....	80	250 MG.....	44
<i>ultra lubricant drop</i>	142	VELTASSA.....	80	<i>virt-caps</i>	83
<i>ultra lubricating eye drops</i>	142	VELTIN.....	63	VISBIOME HIGH POTENCY ORAL	
<i>ultra lubricating eye drops pf</i>	142	VEMLIDY.....	42	CAPSULE.....	99
<i>unithroid</i>	117	VENCLEXTA.....	36	VISINE.....	142
UPTRAVI ORAL TABLET.....	150	VENCLEXTA STARTING PACK.....	36	<i>vit c/rose hips</i>	176
<i>urea 20 intensive hydrating</i>	70	<i>venlafaxine hcl</i>	26	<i>vitachew multiple vitamin</i>	133
<i>urea external lotion</i>	70	<i>venlafaxine hcl er oral capsule extended</i>		<i>vitachew vitamin d3</i>	83
<i>ureacin-10</i>	70	<i>release 24 hour</i>	26	<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>	
<i>ureacin-20</i>	70	VENTOLIN HFA.....	149	<i>3 mg (10000 ut)</i>	83
<i>urinary pain relief oral tablet 95 mg</i>	107	<i>verapamil hcl er oral capsule extended</i>		<i>vitamin b complex oral capsule</i>	83
<i>ursodiol oral capsule 300 mg</i>	86	<i>release 24 hour 120 mg, 180 mg, 240 mg,</i>		<i>vitamin b1</i>	178
<i>ursodiol oral tablet</i>	86	<i>360 mg</i>	56	<i>vitamin b-1 oral tablet 100 mg</i>	83
VAGIFEM.....	115	<i>verapamil hcl er oral tablet extended</i>		<i>vitamin b-1 oral tablet 250 mg</i>	178
<i>valacyclovir hcl oral</i>	42	<i>release</i>	56	<i>vitamin b-12 er oral tablet extended</i>	
<i>valganciclovir hcl oral tablet</i>	41	<i>verapamil hcl oral</i>	56	<i>release 1000 mcg</i>	178
<i>valproic acid oral</i>	22	VERKAZIA.....	136	<i>vitamin b12 oral tablet extended release</i>	
<i>valsartan oral tablet</i>	53	VERQUVO.....	59	<i>1000 mcg</i>	178
VALTOCO 10 MG DOSE.....	23	VERSACLOZ.....	41	<i>vitamin b-12 tr oral tablet extended release</i>	
VALTOCO 15 MG DOSE.....	23	VERZENIO.....	36	<i>1000 mcg</i>	178
VALTOCO 20 MG DOSE.....	23	VESICARE.....	106	<i>vitamin b-6</i>	178
VALTOCO 5 MG DOSE.....	23	<i>vestura</i>	115	<i>vitamin b-6 er</i>	178
VANCOCIN ORAL CAPSULE 250 MG.....	18	VFEND.....	29	<i>vitamin c cr oral tablet extended release</i>	
VANCOMYCIN HCL ORAL SOLUTION		VIBERZI.....	86	<i>500 mg</i>	176
RECONSTITUTED 25 MG/ML.....	18	VICTOZA.....	48	<i>vitamin c er oral tablet extended release</i>	
VANDAZOLE.....	18	<i>vienva</i>	115	<i>1500 mg</i>	176
VAPORIZER WARM STEAM.....	133	<i>vigabatrin oral packet</i>	23	<i>vitamin c oral liquid 500 mg/5ml</i>	177
VAQTA.....	122	<i>vigadrone</i>	23	<i>vitamin c oral tablet 1000 mg, 250 mg</i>	177
<i>varenicline tartrate</i>	16	VIGAMOX.....	137	<i>vitamin c oral tablet 500 mg</i>	177
VARIVAX.....	122	VIIBRYD.....	26	<i>vitamin c oral tablet chewable 100 mg, 250</i>	
VASCEPA.....	58	VIIBRYD STARTER PACK.....	26	<i>mg</i>	177
VAXELIS.....	133	VIMPAT ORAL.....	24	<i>vitamin c oral tablet chewable 500 mg</i>	177
VAXNEUVANCE.....	122	VINATE ONE.....	83	<i>vitamin c/acerola</i>	177
VCF VAGINAL CONTRACEPTIVE		VIOKACE.....	105	<i>vitamin c/rose hips oral tablet 1000 mg</i>	177
VAGINAL FOAM.....	107	<i>viorele</i>	115	<i>vitamin c/rose hips oral tablet 500 mg</i>	177
VECTICAL.....	67	VIRACEPT.....	45	<i>vitamin c-rose hips oral tablet</i>	177
<i>vegetable lax+stool softener</i>	105	VIREAD ORAL POWDER.....	44	<i>vitamin d (cholecalciferol) oral tablet 10</i>	
<i>vegetable laxative</i>	105			<i>mcg (400 unit)</i>	83

<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	83	<i>voriconazole oral tablet</i>	29	XALATAN.....	135
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	177	VOSEVI.....	42	XALKORI.....	135
<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	83	VOTRIENT.....	134	XARELTO.....	51
<i>vitamin d oral liquid</i>	84	VRAYLAR.....	41	XARELTO STARTER PACK.....	51
<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	84	VUMERITY.....	61	XCOPRI.....	22
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	84	<i>vyfemla</i>	115	XCOPRI (250 MG DAILY DOSE).....	22
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	84	<i>vylibra</i>	115	XCOPRI (350 MG DAILY DOSE).....	22
<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i>	84	VYNDAMAX.....	105	XELJANZ.....	119
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	84	VYNDAQEL.....	105	XELJANZ XR.....	119
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	84	VYTORIN.....	58	XELODA.....	36
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>	84	VYVANSE ORAL CAPSULE.....	60	XELPROS.....	135
<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i>	84	VYVANSE ORAL TABLET CHEWABLE.....	60	XENAZINE.....	60
<i>vitamin d3 oral liquid 10 mcg/ml</i>	84	VYZULTA.....	135	XENLETA ORAL.....	18
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	84	WAKIX.....	173	XEPI.....	68
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	84	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	51	XERAC AC.....	70
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	84	<i>warfarin sodium oral tablet 6 mg</i>	51	XERMELO.....	86
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	84	<i>wart remover external liquid 17 %</i>	133	XHANCE.....	147
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	85	<i>wart remover maximum strength external liquid</i>	133	XIFAXAN.....	18
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	85	<i>weekly-d</i>	85	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG.....	48
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i>	85	WELLBUTRIN XL.....	25	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG.....	48
<i>vitamin e natural</i>	178	<i>wera</i>	115	XIIDRA.....	136
<i>vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	178	<i>wescaps</i>	85	XIMINO.....	21
<i>vitamin e oral capsule 268 mg (400 unit)</i>	178	WESNATAL DHA COMPLETE.....	85	XOFLUZA (40 MG DOSE).....	45
<i>vitamin-b complex</i>	85	WESTAB PLUS.....	85	XOFLUZA (80 MG DOSE).....	45
<i>vitamins acd-fluoride</i>	177	WIDE-SEAL DIAPHRAGM 60.....	133	XOLAIR.....	119
<i>vitamins complete childrens</i>	177	WIDE-SEAL DIAPHRAGM 65.....	133	XOPENEX HFA.....	149
VITRAKVI.....	36	WIDE-SEAL DIAPHRAGM 70.....	133	XPECT.....	156
VIVELLE-DOT.....	115	WIDE-SEAL DIAPHRAGM 75.....	133	XPOVIO (100 MG ONCE WEEKLY).....	34
VIZIMPRO.....	134	WIDE-SEAL DIAPHRAGM 80.....	133	XPOVIO (40 MG ONCE WEEKLY).....	34
VOGELXO.....	109	WIDE-SEAL DIAPHRAGM 85.....	133	XPOVIO (40 MG TWICE WEEKLY).....	34
<i>volnea</i>	115	WIDE-SEAL DIAPHRAGM 90.....	133	XPOVIO (60 MG ONCE WEEKLY).....	34
		WIDE-SEAL DIAPHRAGM 95.....	133	XPOVIO (80 MG ONCE WEEKLY).....	34
		WINLEVI.....	133	XTAMPZA ER.....	6
		<i>womans laxative</i>	133	XTANDI.....	33
		<i>womens gentle laxative</i>	133	<i>xulane</i>	115
		<i>womens laxative</i>	133		
		<i>womens prenatal+dha</i>	85		

XULTOPHY.....	48	ZIMHI.....	16
XYOSTED.....	109	<i>zinc oral tablet 50 mg</i>	177
XYREM.....	173	<i>zinc oxide external ointment 40 %</i>	70
XYWAV.....	172	ZIOPTAN.....	135
YASMIN 28.....	115	<i>ziprasidone hcl</i>	41
YAZ.....	115	ZOCOR.....	58
YONSA.....	133	ZOLINZA.....	34
YUPELRI.....	148	<i>zolpidem tartrate er</i>	173
<i>yuvafem</i>	115	<i>zolpidem tartrate oral tablet</i>	173
ZADITOR.....	142	ZOMACTON.....	108
<i>zafemy</i>	115	ZOMIG NASAL.....	32
<i>zafirlukast</i>	148	ZONEGRAN.....	24
<i>zaleplon</i>	173	<i>zonisamide oral</i>	24
ZANAFLEX.....	41	ZOSTRIX HP.....	133
ZARXIO.....	52	<i>zovia 1/35 (28)</i>	115
ZAVESCA.....	105	ZUBSOLV.....	15
ZEASORB-AF.....	31	ZYCLARA.....	67
ZEGALOGUE.....	107	ZYDELIG.....	36
ZEGERID.....	88	ZYFLO.....	148
ZEJULA.....	36	ZYKADIA.....	36
ZELAC.....	99	ZYLET.....	136
ZELBORAF.....	36	ZYMAXID.....	137
<i>zenatane</i>	63	ZYPITAMAG.....	58
ZENPEP.....	105	ZYPREXA ORAL.....	41
ZENZEDI ORAL TABLET 10 MG, 5 MG.....	60	ZYPREXA ZYDIS.....	41
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG.....	60	ZYRTEC ALLERGY ORAL TABLET.....	147
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG..	60	ZYRTEC-D ALLERGY & CONGESTION...	157
ZEPATIER.....	42	ZYRTEC-D ALLERGY & SINUS.....	157
ZEPOSIA.....	61	ZYTIGA.....	33
ZEPOSIA 7-DAY STARTER PACK.....	61		
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG.....	61		
ZETONNA.....	147		
ZIANA.....	63		
<i>zidovudine</i>	44		
ZIEXTENZO.....	52		
ZILXI.....	70		