



Preferred Drug List (PDL)

New Jersey - MLTSS

Effective Date: July. 1, 2024





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

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

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

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

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

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



Online:

ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at hhs.gov/ocr/office/file/index.html



Phone:

800-368-1019, 800-537-7697 (TDD)



Mail:

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

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

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



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

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

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

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

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

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



Internet:

ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at hhs.gov/ocr/office/file/index.html



Teléfono:

800-368-1019, 800-537-7697 (TDD)



Correo:

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

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

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

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

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

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

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

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

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

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

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

ተተላላዙ ዘሎ ሓበሬታ ብቋንቋዎ ተዘይኮይኑ፤ ብክብረትኩም በዚ ዝስዕብ ቁጥር ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፡- 1-800-941-4647 ምስማዕ ንተጻግሙ/TTY 711።

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

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

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

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

ប្រើសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសាដើមរបស់អ្នកទេ សូមទូរស័ព្ទមកកាន់ UnitedHealthcare Community Plan លេខ 1-800-941-4647, សម្រាប់អ្នកផ្ទះ TTY 711 ។

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

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



Preferred drug list

Introduction

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

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

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

Notice

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

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

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

National guidelines can be found on the Web sites listed in the Web site section or go to the National Guideline Clearinghouse site at guideline.gov.

Preface

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

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

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



Pharmacy and therapeutics (P&T) committee

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

Outpatient prescription drug benefit covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin

Hydrocortisone

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

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

citalopram 40 mg tabs Celexa tabs

Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

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

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

a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

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

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

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

Drug efficacy study implementation (DESI) drugs

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

Plan exclusions

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

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

Days supply dispensing limitations

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

Mandatory generic substitution

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

Prior authorization of non-PDL medications

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

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

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

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

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

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



Non-PDL drugs 3-day temporary supply overrides

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

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

Quantity limitations (QL)

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

Quantity limits based on Efficient Medication Dosing

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

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

Specialty pharmaceutical management program

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

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

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

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

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

Medications requiring diagnosis

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

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

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

Step therapy (ST)

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

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

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroids
calcitriol 3mcg/gm	Trial of two medium to high potency corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
GLP-1 Agonists (Adlyxin, Victoza 2 pen pack)	At least a 90 day trial of 1500mg/day of metformin
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
lubiprostone	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Motegrity	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Movantik	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Optivar	14 day trial of ketotifen within previous 90 days required first.
Renvela	8 week trial of calcium acetate
SGLT-2 Inhibitors (Steglatro, Segluromet)	At least a 90 day trial of 1500mg/day of metformin
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
tolterodine	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
tropium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
Trulance	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Uloric	8 week trial of up to 600mg of allopurinol required first.
Xopenex Respules	30 day trial of Albuterol .083% or .5% respules.

PDL suggestions

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

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

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

Editor

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

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

Legend

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

Notice

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

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

New Jersey – MLTSS

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Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL
 ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL
 ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL
 all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 all day relief (generic for MEDIPROXEN) - Tier 1; QL
 diclofenac sodium gel 1 % external (rx) (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL
 FLANAX (brand for all day pain relief) - Tier 2; QL
 ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ft pain relief oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL
 ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p><i>ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i></p> <p><i>ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL</i></p> <p><i>infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL</i></p> <p><i>medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>mediproxen (generic for MEDIPROXEN) - Tier 1; QL</i></p> <p><i>mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL</i></p> <p><i>MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</i></p> <p><i>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL</i></p> <p><i>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</i></p>	
Opioid Analgesics, Long-acting	
	ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG - Tier 2; PA; QL
Opioid Analgesics, Short-acting	
<p><i>hydromorphone hcl rectal - Tier 1; QL</i></p> <p><i>morphine sulfate rectal - Tier 1; QL</i></p> <p>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL</p>	

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

8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

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Preferred Agents

acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL

acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

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

acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL

apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL

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

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

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

betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

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

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

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

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

CURANOL - Tier 2; QL

Non-Preferred Agents

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Preferred Agents

ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

mapap oral capsule - Tier 1; QL

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

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

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

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

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

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Preferred Agents

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

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

m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

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

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

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

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

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

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

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

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

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

pain and fever relief kids (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

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

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

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

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

Non-Preferred Agents

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Preferred Agents

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

Non-Preferred Agents

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

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Preferred Agents	Non-Preferred Agents
Anesthetics	
Local Anesthetics	
<p><i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i> <i>PROXIVOL (brand for burn gel) - Tier 2; QL</i></p>	
Anti-Addiction/Substance Abuse Treatment Agents	
Opioid Reversal Agents	
REXTOVY - Tier 2; QL	ZIMHI - Tier 2; PA; ^; QL
Smoking Cessation Agents	
<p><i>habitrol (generic for HABITROL) - Tier 1; QL</i> <i>NICODERM CQ (brand for cvs nicotine) - Tier 2; QL</i> <i>nicotine step 1 (generic for HABITROL) - Tier 1; QL</i> <i>nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL</i> <i>nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL</i> <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL</i> <i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL</i> <i>nicotine transdermal system (generic for HABITROL) - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Smoking Cessation Agents - Deterrents	
<p><i>ft nicotine (generic for KLS QUIT2) - Tier 1; QL</i> <i>ft nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>mini nicotine (generic for KLS QUIT2) - Tier 1; QL</i> <i>NICORETTE (brand for cvs nicotine) - Tier 2; QL</i> <i>NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL</i> <i>NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL</i> <i>nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit2 (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit4 (generic for KLS QUIT4) - Tier 1; QL</i> <i>THRIVE (brand for cvs nicotine) - Tier 2; QL</i></p>	

Antibacterials

Beta-lactam, Cephalosporins

cefepime hcl solution reconstituted 2 gm intravenous - Tier 1

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Preferred Agents	Non-Preferred Agents
Antibacterials - Drugs to Treat Bacterial Infections	
Antibacterials, Other - Antibiotics	
<p><i>antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</i> <i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p>	
Antidepressants	
Antidepressants, Other	
ZULRESSO - Tier 2; ^	
Antiemetics	
Antiemetics, Other	
<p><i>BONINE (brand for cvs motion sickness relief) - Tier 2</i> <i>driminate (generic for DRIMINATE) - Tier 1</i> <i>ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1</i> <i>motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i> <i>motion-time (generic for BONINE) - Tier 1</i> <i>travel ease (generic for BONINE) - Tier 1</i></p>	

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Preferred Agents	Non-Preferred Agents
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Antiemetics - Drugs to Treat Nausea and Vomiting	
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Antiemetics, Other - Nausea and Vomiting Drugs	
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<p><i>anti-nausea (generic for EMETROL) - Tier 1</i></p> <p><i>anti-nausea relief (generic for EMETROL) - Tier 1</i></p> <p><i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1</i></p> <p><i>nausea relief (generic for EMETROL) - Tier 1</i></p>	
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Antifungals	
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<p><i>3 day (generic for MONISTAT 3) - Tier 1; QL</i></p> <p><i>ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i></p> <p><i>ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i></p> <p><i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i></p> <p><i>miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>miconazole 7 vaginal suppository 100 mg - Tier 1</i></p> <p><i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p>	
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Preferred Agents

Non-Preferred Agents

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

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

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

Preferred Agents**Non-Preferred Agents**

ft antifungal external cream 2 % (generic for MICATIN) - Tier 1; QL
ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine))
- Tier 2; QL
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2;
QL
micaderm (generic for MICATIN) - Tier 1; QL
MICATIN (brand for antifungal) - Tier 2; QL
miconazole antifungal (generic for MICATIN) - Tier 1; QL
miconazole nitrate external cream (generic for MICATIN) - Tier 1; QL
miconazorb af (generic for DESENEX) - Tier 1; QL
MICOTRIN AP (brand for antifungal) - Tier 2; QL
MICRO GUARD (brand for antifungal) - Tier 2; QL
MYCOZYL AP (brand for antifungal) - Tier 2; QL
terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL
terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT)
- Tier 1; QL
ZEASORB-AF (brand for antifungal) - Tier 2; QL

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

Preferred Agents	Non-Preferred Agents
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Antiparasitics - Drugs to Treat Parasitic Infections	
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Pediculicides/Scabicides - Scabies and Lice Drugs	
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<p><i>ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p> <p><i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i></p>	
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Anxiolytics - Drugs to Treat Anxiety	
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Benzodiazepines - Anxiety Drugs	
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	<p><i>DORAL (brand for quazepam) - Tier 2; PA; QL</i></p> <p><i>quazepam (generic for DORAL) - Tier 1; PA; QL</i></p>
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Bipolar Agents	
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Mood Stabilizers	
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<p><i>lithium - Tier 1; QL</i></p>	
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Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Blood Glucose Regulators	
Glycemic Agents	
GVOKE KIT - Tier 2; QL	
Insulins	
<p>HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N RELION - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL</p>	<p>HUMALOG MIX 75/25 - Tier 2; PA; QL LEVEMIR U-100 VIAL - Tier 2; PA; QL NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL</p>
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
Glycemic Agents - Diabetic Drugs	
<p>GLUCO TO GO (brand for cvs glucose) - Tier 2; QL glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL soft glucose (generic for GLUCO TO GO) - Tier 1; QL TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL</p>	
Blood Products and Modifiers	
Blood Products and Modifiers, Other	
	RELEUKO - Tier 2; PA; SP

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

Preferred Agents	Non-Preferred Agents
Cardiovascular Agents	
Cardiovascular Agents, Other	
<i>captopril-hydrochlorothiazide - Tier 1; QL</i>	
Central Nervous System Agents	
Central Nervous System, Other	
INGREZZA ORAL CAPSULE SPRINKLE - Tier 2; PA; SP; QL	
Dermatological Agents	
Acne and Rosacea Agents	
<i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i>	
Dermatitis and Pruitus Agents	
<i>anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i> <i>anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i> <i>anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i> <i>anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i> <i>cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i> <i>ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i> <i>ft itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
<p><i>hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>hydrocortisone cream 1 % external (otc) (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>hydrocortisone external cream 0.5 % - Tier 1; QL</i></p> <p><i>hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>hydrocortisone external ointment 0.5 % - Tier 1; QL</i></p> <p><i>hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>hydrocortisone plus external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>instacort 5 - Tier 1; QL</i></p> <p>LAC-HYDRIN FIVE - Tier 2; QL</p> <p><i>medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p>	
Pediculicides/Scabicides	
<p>CROTAN LOTION 10 % EXTERNAL - Tier 2; QL</p> <p>CROTAN LOTION 10 % EXTERNAL - Tier 2; PA; QL</p> <p><i>lice killing (generic for NIX CREME RINSE) - Tier 1; QL</i></p> <p><i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; QL</i></p>	
Topical Anti-infectives	
<p><i>clotrimazole external solution 1 % - Tier 1; QL</i></p> <p><i>tgt clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i></p>	XEPI - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

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

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

Preferred Agents	Non-Preferred Agents
<p><i>sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1; QL</i></p> <p><i>sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</i></p> <p><i>sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</i></p> <p><i>sulfamez wash - Tier 1; QL</i></p> <p><i>SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL</i></p> <p><i>zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i></p>	
Dermatological Agents - Skin Agents	
<p><i>ABREVA (brand for docosanol) - Tier 2; QL</i></p> <p><i>docosanol external (generic for ABREVA) - Tier 1; QL</i></p> <p><i>ft docosanol (generic for ABREVA) - Tier 1; QL</i></p> <p><i>gormel - Tier 1; QL</i></p> <p><i>gormel 10 (generic for NUTRAPLUS) - Tier 1; QL</i></p> <p><i>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1</i></p> <p><i>NUTRAPLUS (brand for gormel 10) - Tier 2; QL</i></p> <p><i>urea 20 intensive hydrating - Tier 1; QL</i></p> <p><i>urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL</i></p> <p><i>urea external cream 20 % - Tier 1; QL</i></p> <p><i>urea external lotion (generic for NUTRAPLUS) - Tier 1; QL</i></p> <p><i>ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL</i></p> <p><i>ureacin-20 - Tier 1; QL</i></p> <p><i>XERAC AC - Tier 2; QL</i></p>	
DEVICES	
MEDICAL SUPPLIES	
<p><i>PEAK FLOW METER UNIVERSAL RANG - Tier 2; QL</i></p> <p><i>PURE COMFORT FLOW METER ADULT - Tier 2; QL</i></p> <p><i>PURE COMFORT FLOW METER CHILD - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</i> <i>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</i> <i>DEXCOM G6 RECEIVER - Tier 2; PA; QL</i> <i>DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i> <i>DEXCOM G7 RECEIVER - Tier 2; PA; QL</i> <i>DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i> <i>FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL</i> <i>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i> <i>FREESTYLE LIBRE 2 READER - Tier 2; PA; QL</i> <i>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i> <i>FREESTYLE LIBRE READER - Tier 2; PA; QL</i>	<i>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i> <i>GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL</i> <i>GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL</i>
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	ACCRUFER - Tier 2; PA; QL
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<i>easygel - Tier 1; QL</i> <i>fluoridex daily renewal - Tier 1; QL</i>	

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

Preferred Agents**Non-Preferred Agents****Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs**

BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL
cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL
calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1
calcium 600/vitamin d - Tier 1; QL
calcium 600/vitamin d-3 - Tier 1; QL
calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL
calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1
calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1
calcium citrate +d3 (generic for CALCITRATE) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL

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Preferred Agents

calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferocon (generic for TRICON) - Tier 1
ferosul (generic for FEROSUL) - Tier 1; QL
ferotrinsic (generic for TRICON) - Tier 1
ferretts - Tier 1
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous gluconate - Tier 1
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL
ferrous sulfate (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral tablet delayed release - Tier 1; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
foltrin (generic for TRICON) - Tier 1
ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1
hi cal (generic for OYSCO 500+D) - Tier 1; QL
iferex 150 (generic for FERREX 150) - Tier 1
iferex 150 forte (generic for IFEREX 150 FORTE) - Tier 1
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL

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Preferred Agents

oyster shell calcium/d oral tablet 250-6.25 mg-mcg - Tier 1
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL
phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
PHOSPHO-TRIN K500 - Tier 2; QL
poly-iron 150 (generic for FERREX 150) - Tier 1
poly-iron 150 forte (generic for IFEREX 150 FORTE) - Tier 1
polysaccharide iron complex (generic for FERREX 150) - Tier 1
polysaccharide iron forte (generic for IFEREX 150 FORTE) - Tier 1
polysaccharide-iron complex (generic for FERREX 150) - Tier 1

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>potassium citrate-citric acid - Tier 1 REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1 TRICON (brand for ferocon) - Tier 2 TRUE FERROUS SULFATE - Tier 2; QL TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG - Tier 2 true magnesium oxide tablet 400 mg oral (generic for MAGNESIUM-OXIDE) - Tier 1 TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2 ultra calcium + vitamin d3 - Tier 1; QL wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</p>	
Vitamins	
<p>a-25 - Tier 1; QL ALTRIXA (brand for daily multiple vitamins) - Tier 2 AMLADEX (brand for daily multiple vitamins) - Tier 2 aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL b complex-b12 - Tier 1 b-complex oral tablet - Tier 1 b-complex with b-12 - Tier 1 b-complex/b-12 oral - Tier 1 BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL CENTRUM SPECIALIST PRENATAL - Tier 2 classic prenatal - Tier 1; QL CO-NATAL FA (brand for neonatal complete) - Tier 2; QL</p>	

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

Preferred Agents**Non-Preferred Agents**

d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1

d3 max st (generic for IS-D 10,000) - Tier 1

d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL

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

d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1

d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1

d3-50 (generic for D3-50) - Tier 1; QL

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

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

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

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

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

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

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

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

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

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

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Preferred Agents**Non-Preferred Agents**

d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
ENFAMIL EXPECTA - Tier 2; QL
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
FOLCYTEINE (brand for daily multiple vitamins) - Tier 2
ft vitamin d3 oral tablet (generic for THERA-D 2000) - Tier 1; QL
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
INFUVITE ADULT - Tier 2
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL
multi-vitamin/fluorideliron - Tier 1; QL
mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1
MYNEPHRON (brand for triphrocaps) - Tier 2
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2
NEONATAL PLUS (brand for one vite womens plus) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL

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Preferred Agents

NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral capsule extended release 500 mg - Tier 1
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS (brand for one vite womens plus) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione injection solution 10 mg/ml - Tier 1; QL
phytonadione oral - Tier 1; QL
prenatal 19 oral tablet - Tier 1; QL
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL
prenatal multi+dha - Tier 1; QL
prenatal multivitamins - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL
prenatal/iron - Tier 1; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
RENAL (brand for triphrocaps) - Tier 2
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
STUART ONE - Tier 2
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine mononitrate oral - Tier 1; QL
triphrocaps (generic for MYNEPHRON) - Tier 1
tri-vite pediatric - Tier 1; QL
TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2
TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
TRUE VITAMIN A - Tier 2; QL
TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL
TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG - Tier 2

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Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

virt-caps (generic for MYNEPHRON) - Tier 1

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

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

vitamin b complex w/b-12 - Tier 1

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

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

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

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

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

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

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

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

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Preferred Agents**Non-Preferred Agents**

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

vitamin d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1

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

vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL

vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL

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

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

vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1

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

vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1

vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1

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

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

vitamin-b complex - Tier 1

weekly-d (generic for D3-50) - Tier 1; QL

wescaps (generic for MYNEPHRON) - Tier 1

womens prenatal+dha - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents	
Anti-Diarrheal Agents	
<p><i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>diamode (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i></p> <p><i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i></p> <p><i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i></p> <p><i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i></p>	
Histamine2 (H2) Receptor Antagonists	
<p><i>acid controller oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1</i></p> <p><i>cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1</i></p> <p><i>famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>famotidine oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>famotidine orig st (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i></p> <p><i>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1</i></p> <p><i>PEPCID AC (brand for acid controller) - Tier 2; QL</i></p> <p><i>TAGAMET HB 200 (brand for cvs heartburn relief) - Tier 2</i></p>	

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Preferred Agents**Non-Preferred Agents**

Proton Pump Inhibitors

acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL
ft acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL
lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; QL
lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL
lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL
omeprazole magnesium - Tier 1; QL
omeprazole magnesium oral capsule delayed release - Tier 1; QL
omeprazole oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL
PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL

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Preferred Agents

Non-Preferred Agents

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

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

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

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Preferred Agents

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

Non-Preferred Agents

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Preferred Agents

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

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

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

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

antacid supreme - Tier 1

antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1

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

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

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

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

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

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

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

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

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

Non-Preferred Agents

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Preferred Agents

anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMP TOM RELIEF) - Tier 1
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
biotinex (generic for ABATINEX) - Tier 1
bismuth (generic for SOOTHE) - Tier 1; QL
bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL
calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
calcium antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1
calcium carbonate antacid oral suspension - Tier 1; QL
calcium carbonate antacid oral tablet - Tier 1
calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1
cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1
chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
childrens soothe - Tier 1
comfort gel (generic for MINTOX) - Tier 1; QL
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
diarrhea (generic for SOOTHE) - Tier 1
diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

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

enema (generic for FLEET ENEMA) - Tier 1; QL

enema disposable (generic for FLEET ENEMA) - Tier 1; QL

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

enema rectal enema 16-6 gml/133ml (generic for FLEET ENEMA) - Tier 1; QL

FLEET ENEMA (brand for cvs enema disposable) - Tier 2; QL

FLEET PEDIATRIC (brand for enema pediatric) - Tier 2; QL

FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL

floranex tablet oral (generic for FLORANEX) - Tier 1

FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2

foaming antacid oral tablet chewable 80-20 mg - Tier 1

freeze dried acidophilus (generic for ABATINEX) - Tier 1

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

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

ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1

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

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

ft gas relief - Tier 1

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

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

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

gas relief oral tablet chewable 80 mg - Tier 1

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

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

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

Preferred Agents

GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2
GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
GAVISCON - Tier 2
GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2
GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2
GELUSIL - Tier 2
geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
geri-lanta supreme - Tier 1
geri-mox (generic for MINTOX) - Tier 1; QL
heartburn antacid (generic for ACID GONE) - Tier 1
heartburn antacid ex st (generic for ACID GONE) - Tier 1
heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
heartland gas relief - Tier 1
IMODIUM MULTI-SYMPTOM RELIEF (brand for eq anti-diarrheal anti-gas) - Tier 2

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
intestinex (generic for ABATINEX) - Tier 1
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
MAALOX - Tier 2
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2
MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL
mag-al plus (generic for MINTOX) - Tier 1; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
milk of magnesia (generic for DULCOLAX) - Tier 1
milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1

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

Preferred Agents**Non-Preferred Agents**

mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2; QL
NEWFLORA PROBIOTIC (brand for acidophilus) - Tier 2; PA
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink-bismuth (generic for SOOTHE) - Tier 1; QL
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; QL
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL

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

Preferred Agents

probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1; QL
REJUVAFLOR (brand for acidophilus) - Tier 2; PA
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
REVITAFLO (brand for acidophilus) - Tier 2
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1; QL
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone oral suspension (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL
simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

Non-Preferred Agents

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

Preferred Agents

smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
sodium bicarbonate oral tablet - Tier 1
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
soothe oral suspension (generic for SOOTHE) - Tier 1
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2; QL
TUMS (brand for antacid) - Tier 2
TUMS CHEWY BITES (brand for antacid) - Tier 2
TUMS E-X 750 (brand for antacid) - Tier 2
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2
TUMS LASTING EFFECTS (brand for antacid) - Tier 2
TUMS SMOOTHIES (brand for antacid) - Tier 2
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Laxatives - Bowel Treatment Drugs

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

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

Preferred Agents**Non-Preferred Agents**

MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
natural fiber oral powder 28.3 %, 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber supplement (generic for EVAC) - Tier 1; QL
natural vegetable (generic for HYDROCIL) - Tier 1; QL
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
psyldex - Tier 1; QL
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
sorbitol oral - Tier 1

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

Preferred Agents

Non-Preferred Agents

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
citroma (generic for CITROMA) - Tier 1
CITRUCEL ORAL POWDER - Tier 2; QL
CITRUCEL ORAL TABLET (brand for cvs soluble fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2; QL
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate mini (generic for DOCUSOL MINI) - Tier 1; QL
docusate sodium oral capsule (generic for COLACE) - Tier 1; QL
docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL
docusate sodium oral syrup - Tier 1
DOCUSOL MINI (brand for docusate mini) - Tier 2; QL
docuzen (generic for SENOKOT S) - Tier 1
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber laxative oral tablet 500 mg (generic for CITRUCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents

natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ONELAX SENNA (brand for senna) - Tier 2
p col-rite (generic for SENOKOT S) - Tier 1
PEDIA-LAX ORAL LIQUID - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2
sb docusate sodium/senna (generic for SENOKOT S) - Tier 1
senexon-s (generic for SENOKOT S) - Tier 1
senna lax (generic for SENOKOT) - Tier 1; QL
senna laxative (generic for SENOKOT) - Tier 1; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for SENOKOT S) - Tier 1
senna s (generic for SENOKOT S) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-docusate sodium (generic for SENOKOT S) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1; QL
senna-plus (generic for SENOKOT S) - Tier 1
senna-s (generic for SENOKOT S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENOKOT S) - Tier 1

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
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sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCCEL) - Tier 1
stimulant lax plus (generic for SENOKOT S) - Tier 1
stimulant laxative (generic for SENOKOT S) - Tier 1
stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1
stool softener oral capsule 250 mg - Tier 1; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1
stool softener pls laxative (generic for SENOKOT S) - Tier 1
stool softener plus laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1
vegetable lax+stool softener (generic for SENOKOT S) - Tier 1
vegetable laxative (generic for SENOKOT) - Tier 1; QL

Genitourinary Agents

Antispasmodics, Urinary

OXYTROL FOR WOMEN - Tier 2; QL

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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</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</i> <i>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>URO-PAIN (brand for cvs urinary pain relief) - Tier 2</i></p>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Estrogens	
	MENEST ORAL TABLET 2.5 MG - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
<i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>curae (generic for AFTERA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; QL; GE</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Metabolic Bone Disease Agents	
	<i>FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL</i>

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Preferred Agents

Non-Preferred Agents

Miscellaneous Therapeutic Agents

acne control cleanser (generic for CLEARSKIN) - Tier 1; QL
acne medication 10 external lotion - Tier 1; QL
acne medication 5 external lotion - Tier 1; QL
acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1; QL
 ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL
 ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML - Tier 2; PA; SP; QL
 ADALIMUMAB-ADB(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL
 ADALIMUMAB-ADB(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL
 ADALIMUMAB-FKJP - Tier 2; PA; SP; QL
 ADALIMUMAB-FKJP (2 SYRINGE) - Tier 2; PA; SP; QL
adv acne spot treatment (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; QL
ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL
antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL
antifungal maximum strength (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
antifungal tolnaftate (generic for TINACTIN) - Tier 1; QL
arthritis pain relieving - Tier 1; QL
aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL
aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL

GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL
 GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL

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

Preferred Agents

aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL
aspirin rectal suppository 300 mg - Tier 1
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
athletes foot relief (generic for TINACTIN) - Tier 1; QL
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin zinc external - Tier 1; QL
bacitracin zinc first aid - Tier 1; QL
bacitracin zinc-aloe - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

BAYER ASPIRIN (brand for aspirin) - Tier 2; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
benzoyl peroxide external gel 2.5 % - Tier 1; QL
benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL
benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1; QL
BREATHE COMFORT HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL
BREATHE EASE HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL
calamine external lotion - Tier 1; QL
capsaicin external cream (generic for DERMACINRX PENETRAL) - Tier 1; QL
capsaicin hp (generic for ZOSTRIX HP) - Tier 1; QL
capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; QL
capzix (generic for ZOSTRIX HP) - Tier 1; QL
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
clearskin (generic for CLEARSKIN) - Tier 1; QL
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFER (brand for breathe ease humidifier) - Tier 2; QL
corn & callus remover (generic for COMPOUND W) - Tier 1; QL
corn and callus remover (generic for COMPOUND W) - Tier 1; QL
daily acne wash (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; QL
DERMACINRX ATRIX ANTIBAC WASH (brand for cvs adv acne spot treatment) - Tier 2; QL
DERMACINRX ATRIX CLARIFY TONER (brand for cvs adv acne spot treatment) - Tier 2; QL
DERMACINRX PENETRAL (brand for capsaicin) - Tier 2; QL
DERMELEVE ADVANCED FORMULA - Tier 2; QL
DERMELEVE ANTI-ITCH SCALP (brand for aluminum acetate) - Tier 2
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1; QL
DUREX EXTRA SENSITIVE THIN DEVICE (brand for true cover) - Tier 2; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL
FLEET BISACODYL - Tier 2; QL
folic acid oral tablet 1 mg - Tier 1; QL
folic acid oral tablet 400 mcg, 800 mcg - Tier 1

Non-Preferred Agents

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Preferred Agents

foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
FORMULA 3 THE TREATMENT (brand for antifungal maximum strength) - Tier 2; QL
FORMULA 7 THE SOLUTION (brand for antifungal maximum strength) - Tier 2; QL
ft antibiotic - Tier 1; QL
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ft aspirin oral tablet (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
ft double antibiotic (generic for POLYSPORIN) - Tier 1; QL
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
FUNGICURE (brand for antifungal maximum strength) - Tier 2; QL
fungi-guard (generic for TINACTIN) - Tier 1; QL
gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

hyosyne - Tier 1; QL
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1; QL
liquid wart remover (generic for COMPOUND W) - Tier 1; QL
liquid wart remover max st (generic for COMPOUND W) - Tier 1; QL
magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL
MICOMITIN (brand for antifungal maximum strength) - Tier 2; QL
MICOTRIN AL (brand for antifungal maximum strength) - Tier 2; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MYCOZYL AL (brand for antifungal maximum strength) - Tier 2; QL
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2; QL
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
ONELAX (brand for bisacodyl) - Tier 2; QL
OPILL - Tier 2; QL
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2; QL
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2; QL
PANOXYL (brand for bp wash) - Tier 2; QL
poly bacitracin (generic for POLYSPORIN) - Tier 1; QL
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2; QL
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1; QL
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1; QL
ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1; QL
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL
tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
TM-TOLNAFTATE (brand for antifungal maximum strength) - Tier 2; QL
TM-TOLNAFTATE LR (brand for antifungal maximum strength) - Tier 2; QL
toe area treatment max str (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

TOLNAFI-AL (brand for antifungal maximum strength) - Tier 2; QL
tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1; QL
TRITOLNACIDE S (brand for antifungal maximum strength) - Tier 2; QL
TRUE COVER (brand for true cover) - Tier 2; QL
TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2
true folic acid tablet 1 mg oral - Tier 1; QL
TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL
VAPORIZER WARM STEAM - Tier 2; QL
VAXELIS - Tier 2; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1; QL
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1; QL
WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL
womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
ZOSTRIX HP (brand for capsaicin) - Tier 2; QL

Ophthalmic Agents

Ophthalmic Agents, Other

atropine sulfate ophthalmic ointment - Tier 1

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Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-allergy Agents	
<i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</i> <i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</i>	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
PHOSPHOLINE IODIDE - Tier 2	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
<i>altachlore (generic for ALTACHLORE) - Tier 1; QL</i> <i>altalube (generic for ALTALUBE) - Tier 1; QL</i> <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1; QL</i> <i>astringent eye drops (generic for VISINE-AC) - Tier 1; QL</i> <i>BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</i> <i>BION TEARS PF (brand for cvs natural tears pf) - Tier 2; QL</i> <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i> <i>dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL</i> <i>eye drops adv relief - Tier 1; QL</i> <i>eye drops advanced relief - Tier 1; QL</i> <i>eye drops long lasting (generic for SYSTANE) - Tier 1; QL</i>	

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Preferred Agents

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

Non-Preferred Agents

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Preferred Agents

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

Non-Preferred Agents

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Preferred Agents

natural tears pf (generic for BION TEARS PF) - Tier 1; QL
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1; QL
pure & gentle lubricant - Tier 1; QL
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL
relief eye drops (generic for VISINE-AC) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1; QL
restore pm (generic for ALTALUBE) - Tier 1; QL
SENTIA (brand for cvs lubricant drops) - Tier 2; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1; QL
sodium chloride (generic for ALTACHLORE) - Tier 1; QL
sodium chloride (hypertonic) (generic for ALTACHLORE) - Tier 1; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE CONTACTS (brand for artificial tears) - Tier 2; QL
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL

Non-Preferred Agents

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

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

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

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

ear drops otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL

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

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

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

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

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

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

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

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

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Preferred Agents**Non-Preferred Agents**

Respiratory Tract/Pulmonary Agents

Antihistamines

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

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

Preferred Agents

allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
banophen oral tablet (generic for BANOPHEN) - Tier 1; QL
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL
BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL
BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL
cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL
cetirizine hcl solution 5 mg/5ml oral (rx) (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL
childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
complete allergy (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

complete allergy relief (generic for BANOPHEN) - Tier 1; QL
CURELIEF (brand for allergy childrens) - Tier 2; QL
DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL
diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; QL
diphenhydramine hcl oral elixir - Tier 1; QL
diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
geri-dryl (generic for BANOPHEN) - Tier 1; QL
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL
m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>MM ALLER-BEN (brand for allergy relief) - Tier 2; QL NARAMIN (brand for allergy childrens) - Tier 2; QL pharbedryl (generic for BANOPHEN) - Tier 1; QL siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL total allergy (generic for BANOPHEN) - Tier 1; QL total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL</p>	
Phosphodiesterase Inhibitors, Airways Disease	
<p>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg - Tier 1; QL</p>	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2; QL 4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2; QL AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2; QL altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL AYR (brand for altamist spray) - Tier 2; QL AYR NASAL MIST ALLERGY/SINUS - Tier 2; QL AYR SALINE NASAL DROPS - Tier 2; QL BABY AYR SALINE (brand for altamist spray) - Tier 2; QL BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL</p>	

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Preferred Agents**Non-Preferred Agents**

chest congestion relief oral tablet (generic for XPECT) - Tier 1
 CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL
 cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
 AL
 cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier
 1; AL
 cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH
 LONG ACTING) - Tier 1; AL
 cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
 AL
 deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier
 1; QL
 ed bron gp - Tier 1; AL
 ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1; QL
 ft chest congestion relief (generic for XPECT) - Tier 1
 ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg
 (generic for EQ MUCUS ER) - Tier 1; QL; AL
 ft nasal decongestant pe (generic for SUDAFED PE SINUS
 CONGESTION) - Tier 1
 ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL; AL
 geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
 guaifenesin er oral tablet extended release 12 hour 1200 mg (generic
 for EQ MUCUS ER) - Tier 1; QL; AL
 guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
 guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1
 MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2;
 QL; AL
 maxi-tuss pe max - Tier 1; AL

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Preferred Agents

Non-Preferred Agents

medifin 400 (generic for XPECT) - Tier 1
medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL
MUCINEX FAST-MAX CHEST CONG MS (brand for altarusin) - Tier 2; QL; AL
MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL
mucus & chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL

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Preferred Agents

mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal four (generic for 4-WAY FAST ACTING) - Tier 1; QL
nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1; QL
NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2; QL
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL
nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1; QL
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1; QL
nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL
NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2; QL
NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2; QL
NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2; QL
non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1; QL
OCEAN FOR KIDS (brand for altamist spray) - Tier 2; QL
OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

pharbinex (generic for XPECT) - Tier 1
phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL
refenesen 400 (generic for XPECT) - Tier 1
 ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL
 ROBITUSSIN CHILDRENS COUGH LA - Tier 2; AL
 ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL
saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL; AL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1; QL
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2; QL
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL; AL

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Preferred Agents**Non-Preferred Agents**

tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
XPECT (brand for chest congestion relief) - Tier 2

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Preferred Agents

Non-Preferred Agents

Antihistamines - Allergy Drugs

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

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Preferred Agents

Non-Preferred Agents

Antihistamines - Drugs to Treat Allergies

12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL
 24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL
 all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
 ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL
 ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL
 allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL
 aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
 aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL
 allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
 allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
 allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

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

allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL

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

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

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

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

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

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

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

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

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

ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL

fexofenadine hcl (generic for ALLEGRA ALLERGY) - Tier 1; QL

fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL

ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL

ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL
loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL
mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

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

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Preferred Agents

allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
altarussin-pe - Tier 1; AL
anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
APRODINE (brand for cold & allergy d) - Tier 2; 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
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

Non-Preferred Agents

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Preferred Agents

childrens cold & allergy - Tier 1; AL
childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL
CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL; AL
cold & allergy - Tier 1; AL
cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough dm childrens (generic for DELSYM) - Tier 1; QL; AL
cough dm er (generic for DELSYM) - Tier 1; QL; AL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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

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Preferred Agents

ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL
ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
ft tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
g tussin ac - Tier 1; QL; AL
geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
guaifenesin-codeine - Tier 1; QL; AL
guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

maxi-tuss ac - Tier 1; QL; AL

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

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

MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2

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

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

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

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

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

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Preferred Agents**Non-Preferred Agents**

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

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Preferred Agents

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

nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL

nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

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

nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

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

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

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

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

nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1; QL

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

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

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

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
promethazine-codeine oral solution - Tier 1; QL; AL
promethazine-dm - Tier 1; QL; AL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
rynex pe - Tier 1; AL
rynex pse - Tier 1; AL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

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Preferred Agents

sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED CHILDRENS - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant)
- Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour
decongestant) - Tier 2
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION
12HR) - Tier 1
sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION
12HR) - Tier 1
suphedrine maximum strength (generic for SUDAFED SINUS
CONGESTION 12HR) - Tier 1
suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine oral tablet extended release 12 hour 120 mg (generic for
SUDAFED SINUS CONGESTION 12HR) - Tier 1
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1
tussin cough dm sugar free (generic for ROBAFEN DM COUGH
CLEAR) - Tier 1; QL; AL
tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for
ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for
DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for
DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

Non-Preferred Agents

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Preferred Agents

tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

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

adclf (0.5mg/ml) - Tier 1; QL
animal shapes complete (generic for CEROVITE JR) - Tier 1; QL
ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
biocel (generic for LYSIPLEX PLUS) - Tier 1; QL
b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL
BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; QL
BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL
c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
 CADEAU DHA - Tier 2
calcidol (generic for CALCIDOL) - Tier 1; QL
calcium 600 - Tier 1; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL
calcium carbonate - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium fast dissolution - Tier 1; QL
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL
effe-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral (generic for CALCIDOL) - Tier 1; QL
FOLAGENT DHA (brand for v-c forte) - Tier 2
FOLAMED DHA (brand for v-c forte) - Tier 2
fruity c - Tier 1; QL
klor-con/ef - Tier 1; QL
k-prime - Tier 1; QL
LIVITA ADULTS (brand for support) - Tier 2; QL
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
MENATROL (brand for v-c forte) - Tier 2
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
MULTIPRO (brand for v-c forte) - Tier 2
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2; QL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL
OBTREX - Tier 2

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Preferred Agents**Non-Preferred Agents**

OCUVEL (brand for v-c forte) - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1
REMIAGENT (brand for v-c forte) - Tier 2
stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
SUPPORT (brand for support) - Tier 2; QL
tri-vit/fluoride - Tier 1; QL
TRUE VITAMIN C ORAL TABLET 250 MG - Tier 2; QL
TRUE VITAMIN C ORAL TABLET 500 MG (brand for ascorbic acid) - Tier 2; QL
true vitamin c tablet 1000 mg oral - Tier 1; QL
TRUE VITAMIN C TABLET 1000 MG ORAL - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1
vic-forte (generic for VIC-FORTE) - Tier 1
vit close hips - Tier 1; QL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins acd-fluoride - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
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Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
b-12 oral tablet extended release - Tier 1
b6 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1
e-400-clear - Tier 1; QL
natural vitamin e - Tier 1; QL
pyridoxine hcl oral - Tier 1; QL
thiamine hcl oral - Tier 1; QL
 TRUE VITAMIN B6 ORAL TABLET 25 MG, 50 MG - Tier 2; QL
true vitamin b6 tablet 100 mg oral - Tier 1; QL
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vitamin b1 - Tier 1; QL
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vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1
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vitamin e natural - Tier 1
vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1
vitamin e oral capsule 268 mg (400 unit) - Tier 1; QL

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

Vitamins

Electrolytes/Minerals/Metals/Vitamins

prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL

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

Prior Authorization / Class Criteria

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

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DESENEX JOCK ITCH.....	16	DODEX.....	99	ENFAMIL ENFALYTE.....	26
<i>desgen dm oral liquid</i>	80	DORAL.....	18	ENFAMIL EXPECTA.....	31
DEXCOM G6 RECEIVER.....	24	<i>double antibiotic external ointment 500-</i>		<i>enteric aspirin</i>	60
DEXCOM G6 SENSOR.....	24	<i>10000 unit/gm</i>	60	<i>ephrine nose drops</i>	75
DEXCOM G6 TRANSMITTER.....	60	DR SMITHS DIAPER.....	22	<i>ergocalciferol oral</i>	96
DEXCOM G7 RECEIVER.....	24	<i>driminate</i>	14	<i>essential one daily</i>	31
DEXCOM G7 SENSOR.....	24	<i>dry-eye relief nighttime</i>	65	<i>essentials</i>	31
<i>dextromethorphan polistirex er</i>	87	<i>dss</i>	51	EVAC.....	49
<i>dextromethorphan-guaifenesin oral liquid</i>		DUREX EXTRA SENSITIVE THIN		EXCEDRIN EXTRA STRENGTH.....	7
<i>5-100 mg/5ml</i>	87	DEVICE.....	60	EXCEDRIN MIGRAINE.....	7
<i>dextromethorphan-guaifenesin oral syrup</i>	87	D-VI-SOL.....	30	EX-LAX MAXIMUM STRENGTH.....	51
DIALYVITE 800 ORAL TABLET.....	30	<i>d-vite pediatric</i>	30	EX-LAX ULTRA.....	60
DIALYVITE VITAMIN D 5000.....	30	<i>e</i>	99	<i>eye drops adv relief</i>	65
<i>diamode</i>	36	<i>e-400-clear</i>	99	<i>eye drops advanced relief</i>	65
<i>diaper rash external ointment</i>	22	<i>ear drops otic solution 6.5 %</i>	70	<i>eye drops long lasting</i>	65
<i>diarrhea</i>	41	<i>ear wax kit</i>	70	<i>eye drops ophthalmic solution 0.05 %</i>	65
<i>diarrhea relief</i>	41	<i>ear wax removal</i>	70	<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>	
<i>dibromm childrens cold/cgh</i>	87	<i>ear wax removal system</i>	70	<i>%</i>	66
<i>diclofenac sodium gel 1 % external (rx)</i>	3	<i>earwax removal drops</i>	70	<i>eye drops ophthalmic solution 0.05-0.25 %</i> ..	66
DIFFERIN EXTERNAL GEL 0.1 %.....	20	<i>earwax removal kit otic solution 6.5 %</i>	70	<i>eye irritation relief drops</i>	66
<i>digestive probiotic oral capsule</i>	41	<i>earwax removal otic solution 6.5 %</i>	70	<i>eye itch relief ophthalmic solution 0.035 %</i> ..	69
<i>digestive probiotic oral capsule 250 mg</i>	41	EASY-C IMMUNE HEALTH.....	96	<i>eye lubricant</i>	66
<i>dimaphen dm cold/cough</i>	87	<i>easygel</i>	24	<i>eye lubricant nighttime</i>	66
<i>diphenhydramine hcl childrens</i>	73	<i>easy-lax plus</i>	51	EYES ALIVE.....	66
<i>diphenhydramine hcl oral capsule</i>	73	<i>econtra one-step</i>	56	EZFE 200.....	26
<i>diphenhydramine hcl oral elixir</i>	73	ED A-HIST ORAL LIQUID.....	80	<i>famotidine acid reducer oral tablet 10 mg</i>	36
<i>diphenhydramine hcl oral liquid</i>	73	<i>ed bron gp</i>	75	<i>famotidine oral tablet 10 mg</i>	36
<i>diphenhydramine hcl oral tablet</i>	73	<i>ed chlorped jr</i>	82	<i>famotidine orig st</i>	36
<i>dm maximum adult</i>	87	<i>ed-apap</i>	6	<i>fast relief laxative</i>	60
<i>docosanol external</i>	23	<i>effer-k oral tablet effervescent 25 meq</i>	96	<i>ferate</i>	26
<i>docusate calcium</i>	51	<i>electrolyte solution</i>	26	FER-IN-SOL.....	26
		EMETROL ORAL SOLUTION.....	15	<i>ferocon</i>	26
		ENDACOF-DM.....	87	<i>ferosul</i>	26

<i>ferottrinsic</i>	26	<i>first aid antibiotic external ointment , 3.5-400-5000</i>	14	<i>ft all day allergy</i>	73
<i>ferretts</i>	26	FLANAX.....	3	<i>ft all day allergy 24 hour</i>	73
<i>ferrex 150 capsule 150 mg oral</i>	26	FLEET BISACODYL.....	60	<i>ft all day allergy relief</i>	82
FERREX 150 CAPSULE 150 MG ORAL.....	26	FLEET ENEMA.....	42	<i>ft all day allergy-d</i>	80
FERRIC X-150.....	26	FLEET OIL.....	49	<i>ft all day pain relief</i>	3
<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	26	FLEET PEDIATRIC.....	42	<i>ft allergy childrens</i>	82
<i>ferrous gluconate</i>	26	FLORA VANCE.....	42	<i>ft allergy d-12 hour</i>	87
<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	26	<i>floranex tablet oral</i>	42	<i>ft allergy relief 12 hour</i>	82
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	26	FLORANEX TABLET ORAL.....	42	<i>ft allergy relief 24 hour</i>	82
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	26	<i>fluoridex daily renewal</i>	24	<i>ft allergy relief cetirizine</i>	73
<i>ferrous sulfate</i>	26	<i>foaming antacid oral tablet chewable 80-20 mg</i>	42	<i>ft allergy relief childrens oral liquid</i>	73
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	26	FOLAGENT DHA.....	96	<i>ft allergy relief loratadine</i>	83
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	26	FOLAMED DHA.....	96	<i>ft allergy relief oral capsule</i>	73
<i>ferrous sulfate oral tablet delayed release</i>	27	FOLCYTEINE.....	31	<i>ft allergy relief oral tablet 180 mg</i>	83
<i>fever reducer/pain reliever</i>	7	<i>folic acid oral tablet 1 mg</i>	60	<i>ft allergy relief oral tablet 25 mg</i>	73
<i>fever reducing childrens</i>	7	<i>folic acid oral tablet 400 mcg, 800 mcg</i>	60	<i>ft allergy relief-d</i>	87
<i>feverall adults</i>	7	<i>foltrin</i>	27	<i>ft antacid & antigas</i>	42
<i>feverall childrens</i>	7	<i>foot & sneaker</i>	60	<i>ft antacid extra strength</i>	42
FEVERALL INFANTS.....	7	<i>foot care (terbinafine)</i>	16	<i>ft antacid regular strength</i>	42
FEVERALL JUNIOR STRENGTH.....	7	<i>for sty relief</i>	66	<i>ft antibiotic</i>	61
<i>fe-vite iron</i>	27	FORMULA 3 THE TREATMENT.....	61	<i>ft anti-diarrheal oral tablet</i>	36
<i>fexofenadine hcl</i>	82	FORMULA 7 THE SOLUTION.....	61	<i>ft anti-diarrheal/anti-gas</i>	42
<i>fexofenadine hcl oral</i>	82	FORTEO.....	56	<i>ft antifungal external cream 1 %</i>	61
<i>fiber laxative + calcium</i>	51	FREESTYLE LIBRE 14 DAY READER.....	24	<i>ft antifungal external cream 2 %</i>	16
<i>fiber laxative oral capsule 0.52 gm</i>	49	FREESTYLE LIBRE 14 DAY SENSOR.....	24	<i>ft arthritis pain reliever</i>	7
<i>fiber laxative oral tablet 500 mg</i>	51	FREESTYLE LIBRE 2 READER.....	24	<i>ft aspirin low dose</i>	61
<i>fiber oral capsule 0.52 gm</i>	49	FREESTYLE LIBRE 2 SENSOR.....	24	<i>ft aspirin oral tablet</i>	61
<i>fiber oral powder 28.3 %, 58.6 %</i>	49	FREESTYLE LIBRE 3 SENSOR.....	24	<i>ft athletes foot (terbinafine)</i>	17
<i>fiber oral tablet 500 mg</i>	51	FREESTYLE LIBRE READER.....	24	<i>ft chest congestion relief</i>	75
<i>fiber oral tablet 625 mg</i>	51	<i>freeze dried acidophilus</i>	42	<i>ft children's pain/fever</i>	7
<i>fiber therapy oral capsule 0.52 gm</i>	49	<i>fruity c</i>	96	<i>ft clearlax</i>	49
<i>fiber therapy oral powder 28.3 %</i>	49	<i>ft 12 hour cough relief</i>	87	<i>ft cold & cough relief dm</i>	87
<i>fiber therapy oral tablet 500 mg</i>	51	<i>ft 24 hour nasal allergy</i>	83	<i>ft docosanol</i>	23
<i>fiber therapy oral tablet 625 mg</i>	51	<i>ft 8 hour pain relief</i>	7	<i>ft double antibiotic</i>	61
<i>fiber-caps</i>	51	<i>ft acid reducer oral capsule delayed release 15 mg</i>	37	<i>ft earwax removal</i>	70
<i>fiber-lax</i>	51	<i>ft acid reducer oral tablet</i>	36	<i>ft earwax removal kit</i>	70
				<i>ft enema mineral oil</i>	49
				<i>ft enema saline</i>	42
				<i>ft enteric coated aspirin</i>	61

<i>ft eye drops</i>	66	<i>ft pain relief oral tablet 325 mg</i>	7	GAS-X ULTRA STRENGTH.....	44
<i>ft fiber laxative</i>	51	<i>ft pain reliever ex str adult</i>	7	<i>gavilax oral powder</i>	49
<i>ft gas relief</i>	42	<i>ft senna laxative</i>	52	GAVISCON.....	44
<i>ft gas relief extra strength</i>	42	<i>ft senna laxatives</i>	52	GAVISCON EXTRA RELIEF FORMULA.....	44
<i>ft gas relief infants</i>	42	<i>ft senna-s</i>	52	GAVISCON EXTRA STRENGTH.....	44
<i>ft gas relief ultra strength</i>	42	<i>ft stomach relief oral suspension</i>	43	GELUSIL.....	44
<i>ft gentle laxative</i>	61	<i>ft stomach relief oral tablet</i>	43	GENTEAL SEVERE.....	66
<i>ft ibuprofen ib childrens</i>	3	<i>ft stomach relief oral tablet chewable</i>	43	GENTEAL TEARS MODERATE PF.....	66
<i>ft ibuprofen oral tablet</i>	3	<i>ft stool softener oral capsule</i>	52	GENTEAL TEARS NIGHT-TIME.....	66
<i>ft itch relief max strength external cream</i>	20	<i>ft stool softener oral tablet 50-8.6 mg</i>	52	GENTEAL TEARS OPHTHALMIC	
<i>ft itch relief/aloe max str</i>	20	<i>ft triple antibiotic</i>	14	SOLUTION 0.1-0.2-0.3 %.....	66
<i>ft laxative</i>	61	<i>ft tussin adult</i>	75	GENTEAL TEARS PF.....	66
<i>ft lice killing max st</i>	18	<i>ft tussin cf adult</i>	80	GENTEAL TEARS SEVERE DAY/NIGHT...	66
<i>ft lubricant eye drops</i>	66	<i>ft tussin dm max adult</i>	88	<i>gentle laxative</i>	61
<i>ft magnesium citrate</i>	52	<i>ft vitamin d3 oral tablet</i>	31	<i>gentle laxative womens</i>	61
<i>ft magnesium oxide</i>	27	<i>full spectrum bl/vitamin c</i>	31	<i>gentlelax</i>	49
<i>ft miconazole 3 combo pack</i>	15	FUNGICURE.....	61	<i>genuine aspirin</i>	61
<i>ft miconazole 7</i>	15	<i>fungi-guard</i>	61	<i>geri-dryl</i>	73
<i>ft migraine relief</i>	7	<i>g tussin ac</i>	88	<i>geri-kot</i>	52
<i>ft milk of magnesia</i>	43	<i>gas relief extra strength oral capsule 125</i>		<i>geri-lanta maximum strength</i>	44
<i>ft mineral oil</i>	49	<i>mg</i>	43	<i>geri-lanta oral suspension 200-200-20</i>	
<i>ft motion sickness oral tablet 50 mg</i>	14	<i>gas relief extra strength oral tablet</i>		<i>mg/5ml</i>	44
<i>ft mucus relief 12hr oral tablet extended</i>		<i>chewable 125 mg</i>	43	<i>geri-lanta supreme</i>	44
<i>release 12 hour 1200 mg</i>	75	<i>gas relief extstrength</i>	43	<i>geri-mox</i>	44
<i>ft mucus relief d 12 hour</i>	87	<i>gas relief infants</i>	43	<i>geri-tussin dm oral syrup</i>	88
<i>ft mucus relief dm oral tablet extended</i>		<i>gas relief infants drops oral suspension 40</i>		<i>geri-tussin oral liquid</i>	75
<i>release 12 hour 30-600 mg</i>	88	<i>mg/0.6ml</i>	43	<i>giltuss severe sinus</i>	88
<i>ft nasal decongestant max str oral tablet</i>	88	<i>gas relief infants oral suspension 20</i>		GLUCO TO GO.....	19
<i>ft nasal decongestant max str oral tablet</i>		<i>mg/0.3ml</i>	43	<i>glucose oral tablet chewable 4 gm</i>	19
<i>extended release 12 hour</i>	88	<i>gas relief oral capsule 125 mg</i>	43	<i>glycerin (adult) rectal suppository 2 gm</i>	52
<i>ft nasal decongestant pe</i>	75	<i>gas relief oral capsule 180 mg</i>	43	<i>glycerin (infants & children) rectal</i>	
<i>ft nasal spray</i>	88	<i>gas relief oral tablet chewable 125 mg</i>	43	<i>suppository 1 gm</i>	52
<i>ft nicotine</i>	13	<i>gas relief oral tablet chewable 80 mg</i>	43	<i>glycerin adult rectal suppository 2 gm</i>	52
<i>ft nicotine mini</i>	13	<i>gas relief ultra strength</i>	43	<i>glycerin child rectal suppository 1 gm, 1.2</i>	
<i>ft pain & fever childrens</i>	7	<i>gas relief ultstrength</i>	43	<i>gm</i>	52
<i>ft pain & fever infants</i>	7	GAS-X EXTRA STRENGTH ORAL		<i>glycerin childrens</i>	52
<i>ft pain relief adult extra st</i>	7	CAPSULE.....	43	<i>glycerin external liquid , 99.5 %</i>	22
<i>ft pain relief extra strength</i>	7	GAS-X EXTRA STRENGTH ORAL		<i>glycerin pediatric rectal suppository 1.2 gm</i>	52
<i>ft pain relief oral tablet 200 mg</i>	3	TABLET CHEWABLE.....	44	<i>glycolax</i>	49

<i>gormel</i>	23	<i>hydrocortisone external cream 0.5 %</i>	21	<i>infants pain & fever</i>	8
<i>gormel 10</i>	23	<i>hydrocortisone external cream 1 %</i>	21	<i>infants pain relief drops</i>	8
<i>guaifenesin er oral tablet extended release</i>		<i>hydrocortisone external ointment 0.5 %</i>	21	<i>infants pain/fever</i>	8
<i>12 hour 1200 mg</i>	75	<i>hydrocortisone max st external cream</i>	21	INFUVITE ADULT.....	31
<i>guaifenesin oral liquid</i>	75	<i>hydrocortisone max st/12 moist</i>	21	INGREZZA ORAL CAPSULE SPRINKLE....	20
<i>guaifenesin oral tablet 400 mg</i>	75	<i>hydrocortisone plus external cream 1 %</i>	21	<i>instacort 5</i>	21
<i>guaifenesin-codeine</i>	88	<i>hydrocortisonelaloe</i>	21	INSULIN ASPART PROT & ASPART.....	19
<i>guaifenesin-dm oral syrup</i>	88	<i>hydrocortisonelaloe max str</i>	21	<i>intestinex</i>	45
GUARDIAN CONNECT TRANSMITTER.....	61	<i>hydrolatum</i>	22	<i>iron (ferrous sulfate) oral solution</i>	27
GUARDIAN LINK 3 TRANSMITTER.....	61	<i>hydromet</i>	61	<i>iron infant/toddler</i>	27
GUARDIAN SENSOR (3).....	24	<i>hydromorphone hcl rectal</i>	4	<i>iron oral tablet 240 (27 fe) mg</i>	27
GUARDIAN SENSOR 3.....	24	<i>hydrophor</i>	22	<i>iron oral tablet 325 (65 fe) mg</i>	27
GVOKE KIT.....	19	<i>hyoscyamine sulfate er</i>	61	<i>iron supplement childrens</i>	27
<i>habitrol</i>	12	<i>hyoscyamine sulfate oral</i>	61	<i>jock itch external cream 1 %</i>	17
<i>headache formula</i>	7	<i>hyoscyamine sulfate sublingual</i>	61	<i>jock itch max st</i>	62
<i>headache relief</i>	8	<i>hyosyne</i>	61	<i>jock itch spray powder</i>	62
<i>headache relief extra str</i>	8	HYPOTEARs.....	66	<i>ketotifen fumarate ophthalmic</i>	69
<i>healthy hair/skin/nails</i>	31	<i>ibuprofen childrens oral tablet chewable</i>		<i>klor-con/ef</i>	96
<i>heartburn antacid</i>	44	<i>100 mg</i>	3	K-PHOS.....	27
<i>heartburn antacid ex st</i>	44	<i>ibuprofen cold & sinus</i>	88	<i>k-prime</i>	96
<i>heartburn prevention oral tablet 10 mg</i>	36	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i> ..	88	LAC-HYDRIN FIVE.....	21
<i>heartburn relief ex st</i>	44	<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	88	<i>lactobacillus oral tablet</i>	45
<i>heartburn relief oral tablet 10 mg</i>	36	<i>ibuprofen ib childrens</i>	3	<i>lacto-pectin</i>	45
<i>heartburn relief oral tablet 200 mg</i>	36	<i>ibuprofen ib oral tablet 200 mg</i>	3	LAMISIL AT EXTERNAL CREAM.....	17
<i>heartburn relief oral tablet chewable 160-</i>		<i>ibuprofen infants oral suspension 50</i>		LAMISIL AT JOCK ITCH.....	17
<i>105 mg</i>	44	<i>mg/1.25ml</i>	3	<i>lansoprazole capsule delayed release 15</i>	
<i>heartland gas relief</i>	44	<i>ibuprofen jr oral tablet 100 mg</i>	3	<i>mg oral (otc)</i>	37
<i>h-e-b aspirin</i>	61	<i>ibuprofen junior</i>	3	<i>lansoprazole oral capsule delayed release</i>	
<i>h-e-b childrens allergy</i>	73	<i>ibuprofen junior strength</i>	3	<i>15 mg</i>	37
<i>hemorrhoidal rectal suppository 0.25-3-</i>		<i>ibuprofen oral tablet 200 mg</i>	4	<i>lansoprazole oral tablet delayed release</i>	
<i>85.5 %</i>	23	<i>iferex 150</i>	27	<i>dispersible 15 mg</i>	37
<i>her style</i>	56	<i>iferex 150 forte</i>	27	LANTUS U-100 VIAL.....	19
<i>hi cal</i>	27	IMODIUM A-D ORAL TABLET.....	36	<i>laxacin</i>	52
HUMALOG MIX 75/25.....	19	IMODIUM MULTI-SYMPTOM RELIEF.....	44	<i>laxaclear</i>	49
HUMULIN 70/30 VIAL.....	19	<i>indoor/outdoor allergy rlf</i>	73	<i>laxative max str</i>	52
HUMULIN N VIAL.....	19	<i>infant gas relief</i>	44	<i>laxative oral powder 17 gm/scoop</i>	49
<i>hydrocodone bit-homatrop mbr</i>	61	INFANTS ADVIL.....	4	<i>laxative oral tablet delayed release 5 mg</i>	62
<i>hydrocortisone anti-itch</i>	20	<i>infants gas relief</i>	45	<i>laxative pills max st</i>	52
<i>hydrocortisone cream 1 % external (otc)</i>	21	<i>infants ibuprofen</i>	4	<i>laxative pills oral tablet 25 mg</i>	52

<i>laxative rectal suppository 10 mg</i>	62	<i>lorata-dine d</i>	89	<i>mag-al plus</i>	45
<i>laxative regular strength</i>	52	<i>loratadine d 12hr</i>	89	<i>mag-al plus xs</i>	45
LEVBIID.....	62	<i>loratadine oral solution</i>	83	<i>magnesium citrate oral solution</i>	52
LEVEMIR U-100 VIAL.....	19	<i>loratadine oral tablet</i>	83	<i>magnesium oral tablet 500 mg</i>	27
<i>levonorgestrel</i>	56	<i>loratadine oral tablet dispersible</i>	83	<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	27
<i>lice killing</i>	18, 21	<i>loratadine-d</i>	89	<i>magnesium oxide -mg supplement oral tablet 500 mg</i>	27
<i>lice killing max st external shampoo 0.33-4 %</i>	18	<i>loratadine-d 12hr</i>	89	<i>magnesium oxide oral tablet 400 mg</i>	62
<i>lice killing max str</i>	18	<i>loratadine-d 24hr</i>	89	<i>magnesium oxide oral tablet 420 mg</i>	62
<i>lice killing max strength</i>	18	<i>lubricant drops fast act</i>	66	<i>magnesium-aluminum-simethicone</i>	45
<i>lice killing maximum strength</i>	18	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	66	<i>magnesium-oxide</i>	27
<i>lice killing shampoo max str</i>	18	<i>lubricant drops ophthalmic solution</i>	66	MAOX.....	62
<i>lice maximum strength</i>	18	<i>lubricant eye drops (pf)</i>	66	<i>mapap acetaminophen extra str</i>	8
<i>lice treatment external liquid 1 %</i>	21	<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	66	<i>mapap childrens</i>	8
<i>lice treatment external shampoo 0.33-4 %</i>	18	<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	67	<i>mapap oral capsule</i>	8
<i>lidocaine external cream 4 %</i>	12	<i>lubricant eye drops ophthalmic solution 0.5 %</i>	67	MAX RELIEF JR CHILD PAIN/FEVER.....	8
<i>lidocaine hcl external cream 3 %</i>	12	<i>lubricant eye drops ophthalmic solution 0.6 %</i>	67	MAX RELIEF JUNIOR.....	8
<i>lidopin external cream 3 %</i>	12	<i>lubricant eye drops pf</i>	67	MAX TUSSIN MUCUS & CHEST CONG.....	75
<i>liquid acetaminophen</i>	8	<i>lubricant eye drops pf</i>	67	MAXALLERGY KIDS.....	73
<i>liquid allergy relief</i>	73	<i>lubricant eye nighttime</i>	67	<i>maxi-tuss ac</i>	89
<i>liquid corn & callus rem</i>	62	<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	67	<i>maxi-tuss gmx</i>	89
<i>liquid pain relief</i>	8	<i>lubricant eye pm</i>	67	<i>maxi-tuss pe max</i>	75
<i>liquid wart remover</i>	62	<i>lubricant pm</i>	67	<i>m-dryl</i>	73
<i>liquid wart remover max st</i>	62	<i>lubricating eye drop</i>	67	<i>meclizine hcl oral tablet chewable</i>	14
<i>lithium</i>	18	<i>lubricating eye drops</i>	67	<i>medifin 400</i>	75
LIVITA ADULTS.....	96	<i>lubricating eye/overnight</i>	67	<i>medifin mucus relief child</i>	76
LMX 4.....	12	<i>lubricating plus eye drops</i>	67	<i>medi-first aspirin</i>	62
<i>long acting nasal spray</i>	88	<i>lubricating plus ophthalmic solution 0.5 %</i>	67	<i>medi-first hydrocortisone</i>	21
<i>long lasting antacid</i>	45	<i>lubricating plus pf</i>	67	<i>medi-first ibuprofen</i>	4
<i>long lasting nasal spray</i>	88	<i>lubricating tears ophthalmic solution 0.4-0.3 %</i>	67	<i>medi-first triple antibiotic</i>	14
<i>loperamide hcl oral capsule</i>	36	<i>lubrifresh p.m.</i>	67	<i>mediproxen</i>	4
<i>loperamide hcl oral tablet</i>	36	<i>lysiplex plus oral tablet</i>	96	<i>medique aspirin</i>	62
<i>loperamide-simethicone</i>	45	MAALOX.....	45	MEDPURA BENZOYL PEROXIDE.....	62
<i>loradamed</i>	83	MAALOX CHILDRENS.....	45	<i>mega probiotic</i>	45
<i>lorata-d</i>	88	MAALOX MAX ORAL SUSPENSION.....	45	<i>meijer allergy relief-d</i>	89
<i>loratadine allergy relief oral tablet 10 mg</i>	83	MAALOX MULTI SYMPTOM MAX ST.....	45	<i>meijer antacid</i>	45
<i>loratadine allergy relief oral tablet dispersible 10 mg</i>	83			<i>meijer anti-diarrheal</i>	36
<i>loratadine childrens oral solution</i>	83			MENATROL.....	96

MENEST ORAL TABLET 2.5 MG.....	55	<i>mm stool softener laxative</i>	52	<i>mucus relief d max strength</i>	90
<i>micaderm</i>	17	<i>mood support probiotic</i>	46	<i>mucus relief d oral tablet extended release</i>	
MICATIN.....	17	<i>morphine sulfate rectal</i>	4	<i>12 hour 120-1200 mg</i>	90
MICOMITIN.....	62	<i>motion sickness oral tablet 50 mg</i>	14	<i>mucus relief d oral tablet extended release</i>	
<i>miconazole 3 applicator vaginal kit 200 & 2</i>		<i>motion sickness relief oral tablet 50 mg</i>	14	<i>12 hour 60-600 mg</i>	90
<i>mg-% (9gm)</i>	15	<i>motion sickness relief oral tablet chewable</i>		<i>mucus relief dm max oral liquid 20-400</i>	
<i>miconazole 3 combo pack vaginal kit 200 &</i>		<i>25 mg</i>	14	<i>mg/20ml, 5-100 mg/5ml</i>	90
<i>2 mg-% (9gm)</i>	15	<i>motion-time</i>	14	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	90
<i>miconazole 7 vaginal cream 2 %</i>	15	MOTRIN CHILDRENS.....	4	<i>mucus relief dm oral tablet extended</i>	
<i>miconazole 7 vaginal suppository 100 mg</i> ...	15	MOTRIN IB ORAL TABLET.....	4	<i>release 12 hour 30-600 mg</i>	90
<i>miconazole antifungal</i>	17	MOTRIN INFANTS DROPS.....	4	<i>mucus relief er</i>	76
<i>miconazole nitrate external cream</i>	17	<i>m-pap</i>	9	<i>mucus relief er oral tablet extended release</i>	
<i>miconazole nitrate vaginal</i>	15	MUCINEX COUGH CHILDRENS.....	89	<i>12 hour 1200 mg</i>	76
<i>miconazorb af</i>	17	MUCINEX D.....	89	<i>mucus relief max st</i>	76
MICOTRIN AL.....	62	MUCINEX D MAX STRENGTH.....	89	<i>mucus relief max strength oral tablet</i>	
MICOTRIN AP.....	17	MUCINEX DM.....	89	<i>extended release 12 hour 1200 mg</i>	76
MICRO GUARD.....	17	MUCINEX FAST-MAX CHEST CONG MS..	76	<i>mucus relief oral tablet 400 mg</i>	76
<i>migraine formula oral tablet 250-250-65 mg</i> ..	8	MUCINEX FAST-MAX DM MAX.....	89	<i>mucus relief oral tablet extended release</i>	
<i>migraine headache relief</i>	8	MUCINEX MAXIMUM STRENGTH.....	76	<i>12 hour 1200 mg</i>	76
<i>migraine relief</i>	8	MUCINEX SINUS-MAX CLEAR & COOL....	89	<i>mucus+chest congestion</i>	76
<i>milk of magnesia</i>	45	MUCINEX SINUS-MAX SINUS/ALLRGY....	89	<i>mucus-dm</i>	90
<i>milk of magnesia oral suspension 1200</i>		<i>mucus & chest congestion</i>	76	<i>mucus-er oral tablet extended release 12</i>	
<i>mg/15ml</i>	45	<i>mucus & cough relief child</i>	90	<i>hour 1200 mg</i>	76
<i>mineral oil enema</i>	49	<i>mucus d</i>	90	<i>multi vitamin</i>	31
<i>mineral oil heavy oral</i>	49	<i>mucus d extended release</i>	90	<i>multi vitamin w/d-3</i>	31
<i>mineral oil oral oil</i>	49	<i>mucus d max st er</i>	90	<i>multiple vitamin-folic acid</i>	31
<i>mineral oil rectal enema</i>	49	<i>mucus dm</i>	90	<i>multiple vitamins essential</i>	31
<i>mini nicotine</i>	13	<i>mucus dm extended release oral tablet</i>		<i>multiple vitamins/iron</i>	96
<i>mintox maximum strength</i>	45	<i>extended release 12 hour 30-600 mg</i>	90	MULTIPRO.....	96
<i>mintox plus</i>	46	<i>mucus er maximum str</i>	76	<i>multi-vitamin</i>	31
MIRALAX ORAL POWDER.....	49	<i>mucus er oral tablet extended release 12</i>		<i>multi-vitamin/fluoride</i>	31
<i>mm acetaminophen ex str</i>	8	<i>hour 1200 mg</i>	76	<i>multi-vitamin/fluorideliron</i>	31
MM ALLER-BEN.....	73	<i>mucus extended release oral tablet</i>		<i>multi-vitamin/iron</i>	96
<i>mm allergy relief 24 hour</i>	83	<i>extended release 12 hour 1200 mg</i>	76	MURO 128 OPHTHALMIC OINTMENT.....	67
<i>mm arthritis pain</i>	9	<i>mucus relief 12 hour max st</i>	76	MURO 128 OPHTHALMIC SOLUTION 5	
<i>mm aspirin</i>	62	<i>mucus relief chest oral tablet 400 mg</i>	76	<i>%</i>	67
<i>mm clearlax</i>	50	<i>mucus relief childrens oral liquid 100</i>		<i>my choice</i>	56
<i>mm ibuprofen</i>	4	<i>mg/5ml</i>	76	<i>my way</i>	56
<i>mm stool softener</i>	52	<i>mucus relief cough childrens</i>	90	MYCOZYL AL.....	62

MYCOZYL AP.....	17	<i>natural fiber oral capsule 0.52 gm.....</i>	50	<i>nicotine gum mouth/throat lozenge 2 mg.....</i>	13
MYLICON INFANTS GAS RELIEF.....	46	<i>natural fiber oral powder 28.3 %, 58.6 %.....</i>	50	<i>nicotine gum mouth/throat lozenge 4 mg.....</i>	13
<i>mynephrocaps oral capsule 1 mg.....</i>	31	<i>natural fiber supplement.....</i>	50	<i>nicotine mini.....</i>	13
MYNEPHRON.....	31	<i>natural senna laxative.....</i>	52	<i>nicotine mouth/throat gum 2 mg.....</i>	13
NAPHCN-A.....	69	<i>natural tears pf.....</i>	67	<i>nicotine mouth/throat gum 4 mg.....</i>	13
<i>naproxen sodium oral tablet 220 mg.....</i>	4	<i>natural vegetable.....</i>	50	<i>nicotine mouth/throat lozenge 2 mg.....</i>	13
NARAMIN.....	74	<i>natural vegetable laxative oral tablet 8.6</i>		<i>nicotine mouth/throat lozenge 4 mg.....</i>	13
NASACORT ALLERGY 24HR.....	83	<i>mg.....</i>	52	<i>nicotine polacrilex mini.....</i>	13
<i>nasal allergy 24 hour.....</i>	83	<i>natural vitamin e.....</i>	99	<i>nicotine polacrilex mouth/throat.....</i>	13
<i>nasal allergy nasal aerosol 55 mcg/act.....</i>	83	<i>natura-lax.....</i>	50	<i>nicotine step 1.....</i>	12
<i>nasal allergy spray.....</i>	83	<i>nausea control.....</i>	15	<i>nicotine step 2.....</i>	12
<i>nasal decongestant 12hr.....</i>	90	<i>nausea relief.....</i>	15	<i>nicotine step 3.....</i>	12
<i>nasal decongestant max st.....</i>	91	NEODOT THERMOMETER.....	62	<i>nicotine transdermal patch 24 hour 14</i>	
<i>nasal decongestant oral tablet 30 mg.....</i>	91	NEOMULTIVITE.....	31	<i>mg/24hr, 7 mg/24hr.....</i>	12
<i>nasal decongestant oral tablet extended</i>		NEONATAL PLUS.....	31	<i>nicotine transdermal patch 24 hour 21</i>	
<i>release 12 hour 120 mg.....</i>	91	NEOSPORIN ORIGINAL.....	14	<i>mg/24hr.....</i>	12
<i>nasal decongestant pe max st.....</i>	77	NEO-SYNEPHRINE COLD/ALLRG MILD... ..	77	<i>nicotine transdermal system.....</i>	12
<i>nasal decongestant pe oral tablet 10 mg.....</i>	77	NEO-SYNEPHRINE COLD/ALLRGY EXT... ..	77	<i>nighttime dry-eye relief.....</i>	68
<i>nasal decongestant pe oral tablet 30 mg.....</i>	91	NEO-SYNEPHRINE COLD/ALLRGY REG.. ..	77	<i>nighttime relief lub eye.....</i>	68
<i>nasal decongestant spray.....</i>	91	<i>nephro vitamins.....</i>	31	<i>no drip extra moisturizing.....</i>	91
<i>nasal four.....</i>	77	NEPHRO-VITE.....	31	<i>no drip nasal relief.....</i>	91
<i>nasal four spray.....</i>	77	NEUTROGENA OIL-FREE ACNE WASH... ..	62	<i>no drip nasal spray.....</i>	92
<i>nasal mist nasal solution.....</i>	91	<i>new day.....</i>	56	<i>no drip original 12 hours.....</i>	92
<i>nasal mist no drip.....</i>	91	NEWFLORA PROBIOTIC.....	46	<i>nohist-lq.....</i>	80
NASAL MOIST NASAL SOLUTION.....	77	<i>niacin er oral capsule extended release</i>		<i>non-aspirin.....</i>	9
<i>nasal moisturizing spray.....</i>	77	<i>250 mg.....</i>	32	<i>non-aspirin 8 hour.....</i>	9
<i>nasal relief.....</i>	91	<i>niacin er oral capsule extended release</i>		<i>non-aspirin childrens.....</i>	9
<i>nasal spray 12 hour.....</i>	91	<i>500 mg.....</i>	32	<i>non-aspirin extra strength.....</i>	9
<i>nasal spray extra moist.....</i>	91	<i>niacin er oral tablet extended release 1000</i>		<i>non-aspirin jr strength.....</i>	9
<i>nasal spray extra moisturizing.....</i>	91	<i>mg.....</i>	32	<i>non-aspirin pain relief.....</i>	9
<i>nasal spray fast acting.....</i>	77	<i>niacin er oral tablet extended release 250</i>		<i>non-pseudo sinus decongestant.....</i>	77
<i>nasal spray nasal solution 0.05 %.....</i>	91	<i>mg, 500 mg.....</i>	32	<i>nose drops extstrength.....</i>	77
<i>nasal spray nasal solution 1 %.....</i>	77	<i>niacin oral tablet 100 mg, 250 mg, 50 mg... ..</i>	32	NOVAMV PEDIATRIC MULTI-VITAMIN.....	96
<i>nasal spray no drip.....</i>	91	NICODERM CQ.....	12	NOVOLIN 70/30 RELION.....	19
<i>nasal spray saline.....</i>	77	NICORETTE.....	13	NOVOLIN 70/30 VIAL.....	19
<i>nasal spray sinus.....</i>	91	NICORETTE MINI.....	13	NOVOLIN N RELION.....	19
NASALCROM.....	84	NICORETTE STARTER KIT.....	13	NOVOLIN N VIAL.....	19
NASCOBAL.....	99	<i>nicotine gum mouth/throat gum 2 mg.....</i>	13	NOVOLOG MIX 70/30 VIAL.....	19
<i>natural daily fiber oral powder 58.6 %.....</i>	50	<i>nicotine gum mouth/throat gum 4 mg.....</i>	13	NU-IRON.....	27

NULEV.....	62	OXYTROL FOR WOMEN.....	54	<i>pain relief/rapid burst.....</i>	10
NUTRAPLUS.....	23	<i>oysco 500+d.....</i>	27	<i>pain reliever childrens oral suspension 160</i>	
<i>nutrifac zx.....</i>	96	<i>oyster shell calcium oral tablet 500 mg.....</i>	97	<i>mg/5ml.....</i>	10
OBSTETRIX DHA.....	32	<i>oyster shell calcium plus d.....</i>	27	<i>pain reliever ex st oral liquid 500 mg/15ml... </i>	10
OBTREX.....	96	<i>oyster shell calcium w/d.....</i>	27	<i>pain reliever ex st oral tablet 500 mg.....</i>	10
OCEAN FOR KIDS.....	77	<i>oyster shell calcium/d oral tablet 250-3.125</i>		<i>pain reliever extra strength oral tablet 250-</i>	
OCEAN NASAL SPRAY.....	77	<i>mg-mcg.....</i>	97	<i>250-65 mg.....</i>	10
OCUVEL.....	96	<i>oyster shell calcium/d oral tablet 250-6.25</i>		<i>pain reliever extra strength oral tablet 500</i>	
<i>ointment base.....</i>	22	<i>mg-mcg.....</i>	27	<i>mg.....</i>	10
<i>olopatadine hcl ophthalmic.....</i>	65	<i>oyster shell calcium/vit d.....</i>	28	<i>pain reliever oral tablet 325 mg.....</i>	10
<i>omeprazole magnesium.....</i>	37	<i>oyster shell calcium/vit d3 oral tablet 500-5</i>		<i>pain reliever oral tablet 500 mg.....</i>	10
<i>omeprazole magnesium oral capsule</i>		<i>mg-mcg.....</i>	28	<i>pain reliever plus.....</i>	11
<i>delayed release.....</i>	37	<i>oyster shell calcium/vitamin d oral tablet</i>		<i>pain-off.....</i>	11
<i>omeprazole oral capsule delayed release</i>		<i>250-3.125 mg-mcg.....</i>	97	PANADOL CHILDRENS.....	11
<i>20.6 (20 base) mg.....</i>	37	<i>oyster shell calcium/vitamin d oral tablet</i>		PANADOL EXTRA STRENGTH.....	11
OMNIFLEX DIAPHRAGM.....	62	<i>500-5 mg-mcg.....</i>	28	PANADOL INFANTS.....	11
<i>once daily.....</i>	32	<i>p col-rite.....</i>	53	PANOXYL.....	63
<i>one daily.....</i>	32	<i>pain & fever child.....</i>	9	PATADAY OPHTHALMIC SOLUTION 0.1	
ONE DAILY ESSENTIALS.....	32	<i>pain & fever childrens oral tablet chewable</i>		<i>%, 0.2 %.....</i>	65
ONE VITE DAILY MULTIVITAMIN.....	32	<i>160 mg.....</i>	9	PEAK FLOW METER UNIVERSAL RANG..	23
ONE VITE WOMENS.....	32	<i>pain & fever infants oral suspension 160</i>		<i>ped electrolyte freeze pop.....</i>	28
ONE VITE WOMENS PLUS.....	32	<i>mg/5ml.....</i>	9	PEDIA-LAX ORAL LIQUID.....	53
<i>one-daily multi vitamins.....</i>	32	<i>pain and fever relief kids.....</i>	9	PEDIALYTE FREEZER POPS.....	28
<i>one-daily multi-vitamin.....</i>	32	<i>pain relief childrens oral elixir 160 mg/5ml....</i>	9	PEDIALYTE IMMUNE SUPPORT.....	28
<i>one-daily multi-vitamin/iron.....</i>	97	<i>pain relief childrens oral suspension.....</i>	9	PEDIALYTE ORAL SOLUTION.....	28
<i>one-daily/iron.....</i>	97	<i>pain relief childrens oral tablet chewable</i>		PEDIALYTE SINGLES.....	28
ONELAX.....	63	<i>160 mg.....</i>	9	<i>pediatric electrolyte oral solution</i>	28
ONELAX DOCUSATE SODIUM.....	53	<i>pain relief extra st.....</i>	9	<i>peg 3350 oral powder.....</i>	50
ONELAX MAGNESIUM CITRATE.....	53	<i>pain relief extra strength oral capsule 500</i>		PEPCID AC.....	36
ONELAX SENNA.....	53	<i>mg.....</i>	9	PEPTO-BISMOL ORAL SUSPENSION	
<i>opcicon one-step.....</i>	56	<i>pain relief extra strength oral liquid 500</i>		<i>524 MG/30ML.....</i>	46
OPILL.....	63	<i>mg/15ml.....</i>	10	PERDIEM OVERNIGHT RELIEF.....	53
<i>option 2.....</i>	56	<i>pain relief extra strength oral tablet 500 mg. </i>	10	<i>pharbedryl.....</i>	74
OS-CAL CALCIUM + D3.....	27	<i>pain relief oral liquid 500 mg/15ml.....</i>	10	PHARBETOL.....	11
OVACE PLUS WASH EXTERNAL LIQUID..	63	<i>pain relief oral tablet 325 mg.....</i>	10	PHARBETOL EXTRA STRENGTH.....	11
OVACE WASH.....	63	<i>pain relief oral tablet 500 mg.....</i>	10	<i>pharbinex.....</i>	77
OVIDREL.....	55	<i>pain relief oral tablet extended release 650</i>		PHAZYME.....	46
OXYCODONE-ACETAMINOPHEN ORAL		<i>mg.....</i>	10	PHAZYME ULTRA STRENGTH.....	46
SOLUTION 5-325 MG/5ML.....	4	<i>pain relief regular strength.....</i>	10	<i>phenazo oral tablet 200 mg.....</i>	55

<i>phenazo oral tablet 95 mg</i>	55	<i>prenatal multi+dha</i>	32	REFRESH LACRI-LUBE.....	68
<i>phenazopyridine hcl oral tablet 100 mg</i>	55	<i>prenatal multivitamins</i>	32	REFRESH PLUS.....	68
<i>phenazopyridine hcl oral tablet 200 mg</i>	55	<i>prenatal oral tablet 27-0.8 mg</i>	32	REFRESH TEARS.....	68
<i>phenazopyridine hcl oral tablet 95 mg</i>	55	<i>prenatal oral tablet 28-0.8 mg</i>	33	REHYDRALYTE.....	29
<i>phenylephrine hcl oral</i>	78	<i>prenatal vitamins oral tablet 28-0.8 mg</i>	33	REJUVAFLOR.....	47
PHOSPHA 250 NEUTRAL.....	28	<i>prenatal/iron</i>	33	RELEUKO.....	19
PHOSPHOLINE IODIDE.....	65	PREVACID 24HR.....	37	<i>relief eye drops</i>	68
<i>phosphorous</i>	28	<i>probiotic blend</i>	46	REMEDIENT.....	97
<i>phospho-trin 250 neutral</i>	28	<i>probiotic colon care</i>	46	RENAL.....	33
PHOSPHO-TRIN K500.....	28	<i>probiotic complex</i>	46	<i>rena-vite</i>	33
<i>phytonadione injection solution 10 mg/ml</i>	32	<i>probiotic maximum strength</i>	46	<i>renewal soothing bath</i>	22
<i>phytonadione oral</i>	32	<i>probiotic oral capsule</i>	46	RESTORA.....	47
<i>pink bismuth maximum strength</i>	46	<i>probiotic oral capsule 250 mg</i>	47	<i>restore plus lubricant eye</i>	68
<i>pink bismuth oral suspension 262 mg/15ml</i> ..	46	<i>probiotic pearls ex st</i>	47	<i>restore pm</i>	68
<i>pink bismuth oral suspension 525 mg/15ml</i> ..	46	<i>promethazine-codeine oral solution</i>	92	REVITAFLO.....	47
<i>pink bismuth oral tablet 262 mg</i>	46	<i>promethazine-dm</i>	92	REXTOVY.....	12
<i>pink bismuth oral tablet chewable 262 mg</i> ...	46	PRONUTRIENTS VITAMIN D3.....	33	RISAQUAD.....	47
<i>pink bismuth ultra str</i>	46	PROXIVOL.....	12	RISAQUAD-2.....	47
<i>pink-bismuth</i>	46	<i>pseudoephedrine hcl 12 hr</i>	92	ROBAFEN CF MULTI-SYMPTOM COLD... 80	
PLAN B ONE-STEP.....	56	<i>pseudoephedrine hcl er</i>	92	ROBITUSSIN 12 HOUR COUGH.....	92
<i>poly bacitracin</i>	63	<i>pseudoephedrine hcl oral tablet 30 mg</i>	92	ROBITUSSIN 12 HOUR COUGH CHILD....	92
<i>polyethylene glycol 3350 oral powder</i>	50	<i>pseudoephedrine-bromphen-dm</i>	78	ROBITUSSIN CHILD COUGH/COLD LA....	78
<i>polyethylene glycol 3350-grx oral powder</i> ..	50	<i>pseudoephedrine-guaifenesin er</i>	92	ROBITUSSIN CHILDRENS COUGH LA.....	78
<i>poly-iron 150</i>	28	<i>psyldex</i>	50	ROBITUSSIN COUGH+CHEST CONG	
<i>poly-iron 150 forte</i>	28	<i>pure & gentle lubricant</i>	68	DM ORAL LIQUID 20-400 MG/20ML.....	92
<i>polysaccharide iron complex</i>	28	PURE COMFORT FLOW METER ADULT ..	23	ROBITUSSIN NIGHTTIME COUGH.....	78
<i>polysaccharide iron forte</i>	28	PURE COMFORT FLOW METER CHILD ..	23	ROBITUSSIN PEAK COLD MULTI-SYM....	80
<i>polysaccharide-iron complex</i>	28	<i>purelax oral powder</i>	50	ROXYBOND ORAL TABLET ABUSE-	
POLYSPORIN.....	63	PYRIDIDIUM.....	55	DETERRENT 15 MG, 30 MG.....	4
<i>polyvinyl alcohol ophthalmic</i>	68	<i>pyridoxine hcl oral</i>	99	<i>rynex dm</i>	92
<i>potassium citrate-citric acid</i>	28	<i>quazepam</i>	18	<i>rynex pe</i>	92
<i>prenatal 19 oral tablet</i>	32	QUFLORA PEDIATRIC ORAL SOLUTION		<i>rynex pse</i>	92
<i>prenatal formula oral tablet 28-0.8 mg</i>	32	0.5 MG/ML.....	33	<i>saccharomyces boulardii</i>	47
<i>prenatal gummy oral tablet chewable 0.4</i>		<i>quit2</i>	13	<i>saline enema</i>	47
<i>mg</i>	99	<i>quit4</i>	13	<i>saline mist spray</i>	78
<i>prenatal gummy oral tablet chewable 0.4-</i>		<i>radiance platinum vitamin d3</i>	33	<i>saline nasal spray</i>	78
<i>113.5 mg</i>	97	<i>react</i>	56	<i>salsalate oral</i>	11
<i>prenatal gummy oral tablet chewable 0.4-</i>		<i>ready-to-use enema rectal enema</i>	47	<i>sb arthritis pain relief</i>	11
<i>25 mg</i>	32	<i>refenesen 400</i>	78	<i>sb docusate sodium/senna</i>	53

<i>sb lice killing max st</i>	18	<i>sinus/congestion relief pe</i>	78	<i>stool softener oral capsule 250 mg</i>	54
<i>sb mucus relief</i>	78	SLO-NIACIN.....	33	<i>stool softener oral capsule 50 mg</i>	54
<i>sb pain reliever childrens</i>	11	<i>smooth antacid ex st oral tablet chewable</i>		<i>stool softener pls laxative</i>	54
<i>scalp relief external liquid 3 %</i>	63	<i>750 mg</i>	47	<i>stool softener plus laxative</i>	54
<i>senexon-s</i>	53	<i>smooth antacid extra st</i>	47	<i>stool softener/laxative</i>	54
<i>senior probiotic</i>	47	<i>smooth antacid extra strength</i>	47	<i>stool softener/laxative oral tablet</i>	54
<i>senna lax</i>	53	<i>smooth lax oral powder</i>	50	<i>stress formula</i>	33
<i>senna laxative</i>	53	<i>sod chloride hypertonicity</i>	68	<i>stress formula/iron</i>	97
<i>senna oral liquid</i>	53	<i>sod citrate-citric acid oral solution 500-334</i>		STUART ONE.....	33
<i>senna oral syrup</i>	53	<i>mg/5ml</i>	29	SUDAFED.....	93
<i>senna oral tablet</i>	53	<i>sodium bicarbonate oral tablet</i>	48	SUDAFED CHILDRENS.....	93
<i>senna plus oral tablet</i>	53	<i>sodium chloride</i>	68	SUDAFED PE CONGESTION ORAL	
<i>senna s</i>	53	<i>sodium chloride (hypertonic)</i>	68	TABLET 10 MG.....	78
<i>senna smooth</i>	53	<i>sodium sulfacetamide wash</i>	63	SUDAFED PE SINUS CONGESTION.....	78
<i>senna-docusate sodium</i>	53	<i>soft glucose</i>	19	SUDAFED SINUS CONGESTION.....	93
<i>senna-lax</i>	53	<i>soluble fiber therapy</i>	54	SUDAFED SINUS CONGESTION 12HR.....	93
<i>senna-plus</i>	53	<i>soothe maximum strength</i>	48	<i>sudogest 12 hour</i>	93
<i>senna-s</i>	53	<i>soothe oral suspension</i>	48	<i>sudogest maximum strength</i>	93
<i>senna-tabs</i>	53	<i>soothe oral tablet chewable</i>	48	<i>sudogest oral tablet 30 mg</i>	93
<i>senna-time</i>	53	<i>sorbitol oral</i>	50	<i>sulfacetamide sodium external</i>	63
<i>senna-time s</i>	53	<i>sss 10-5 external cream</i>	22	<i>sulfacetamide sodium-sulfur external</i>	
<i>sennazon</i>	53	ST JOSEPH LOW DOSE.....	63	<i>cream 10-5 %</i>	22
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<i>simethicone oral capsule</i>	47	<i>stomach relief oral suspension 262</i>		<i>suphedrine maximum strength</i>	93
<i>simethicone oral suspension</i>	47	<i>mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	48	<i>suphedrine oral tablet 30 mg</i>	93
<i>simethicone oral tablet chewable</i>	47	<i>stomach relief oral tablet 262 mg</i>	48	<i>suphedrine oral tablet extended release 12</i>	
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