



# Preferred Drug List (PDL)

**New York  
Essential Plan**

**Effective Date: 7/1/2024**



**United  
Healthcare  
Community Plan**





## NOTICE OF NON-DISCRIMINATION

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

UnitedHealthcare Community Plan provides the following:

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

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

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

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

Email: **UHC\_Civil\_Rights@uhc.com**

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

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

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

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

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



## NOTIFICACIÓN DE LA NO-DISCRIMINACIÓN

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

UnitedHealthcare Community Plan provee lo siguiente:

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

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

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

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

Correo electrónico: **UHC\_Civil\_Rights@uhc.com**

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

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

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

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

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

**LANGUAGE ASSISTANCE**

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

**English**

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

# Preferred Drug List

## INTRODUCTION

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

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

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

## NOTICE

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

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

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

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

## PREFACE

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

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

## OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

## PRODUCT SELECTION CRITERIA

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

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

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

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

## PDL PRODUCT DESCRIPTIONS

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

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

carvedilol                      Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release    CARDIZEM SR

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

**Neomycin/polymyxin B/ Cortisporin Hydrocortisone**

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

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

citalopram 40 mg tabs                      Celexa tabs

## DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

## GENERIC SUBSTITUTION

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

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

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

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

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

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

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

### **DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS**

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

### **PLAN EXCLUSIONS**

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

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

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

### **DAYS SUPPLY DISPENSING LIMITATIONS**

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

### **MANDATORY GENERIC SUBSTITUTION**

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

### **PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS**

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

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



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

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

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

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

**QUANTITY LIMITATIONS (QL)**

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

**Quantity limits based on Efficient Medication Dosing**

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

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

**Specialty Pharmaceutical Management Program**

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

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

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

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

**MEDICATIONS REQUIRING DIAGNOSIS**

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

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

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

**STEP THERAPY (ST)**

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

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

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

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

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

#### **PDL SUGGESTIONS**

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

Attn: Director of Pharmacy Services  
UnitedHealthcare Community Plan  
2 Allegheny Center  
Suite 600  
Pittsburgh, PA 15212  
Phone: 800-310-6826  
Email: [pdl\\_management@uhc.com](mailto:pdl_management@uhc.com)

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

#### **EDITOR**

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

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

#### **LEGEND**

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

**NOTICE**

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

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

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

**Table of copays for Essential Plans**

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

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

# New York – Essential Plan

## Table of Contents

Analgesics .....	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions .....	8
Anesthetics .....	16
Anti-Addiction/Substance Abuse Treatment Agents .....	16
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence .....	18
Antiandrogens - Hormone Suppressants .....	19
Antibacterials .....	19
Antibacterials - Drugs to Treat Bacterial Infections .....	22
Anticonvulsants .....	23
Antidementia Agents .....	25
Antidepressants .....	26
Antiemetics .....	27
Antiemetics - Drugs to Treat Nausea and Vomiting .....	28
Antifungals .....	29
Antifungals - Drugs to Treat Fungal Infections .....	30
Antigout Agents .....	31
Antimigraine Agents .....	31
Antimigraine Agents - Drugs to Treat Migraines .....	32
Antimyasthenic Agents .....	32
Antimycobacterials .....	33
Antineoplastics .....	33
Antineoplastics - Drugs to Treat Cancer .....	37
Antineoplastics, Other - Chemotherapy Agents .....	37
Antiparasitics .....	37
Antiparasitics - Drugs to Treat Parasitic Infections .....	38
Antiparkinson Agents .....	38
Antipsychotics .....	39
Antispasticity Agents .....	40
Antivirals .....	40
Antivirals - Drugs to Treat Viral Infections .....	44
Anxiolytics .....	44
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs .....	45
Bipolar Agents .....	45
Blood Glucose Regulators .....	46
Blood Glucose Regulators - Drugs to Regulate Blood Sugar .....	48
Blood Products and Modifiers .....	49
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders .....	51

Cardiovascular Agents.....	51
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	56
Central Nervous System Agents.....	57
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis.....	60
Dental and Oral Agents.....	60
Dermatological Agents.....	60
Dermatological Agents - Drugs to Treat Skin Conditions.....	66
Diabetes - Glucose Monitoring.....	68
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs.....	71
Electrolytes/Minerals/Metals/Vitamins.....	71
Estrogens - Hormone Replacement/Modifying Drugs.....	82
Gastrointestinal Agents.....	82
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions.....	86
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	103
Genitourinary Agents.....	104
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions.....	105
Glycemic Agents - Diabetic Drugs.....	105
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	106
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	106
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones.....	107
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	107
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones.....	107
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	108
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones.....	116
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	116
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones.....	117
Hormonal Agents, Suppressant (Adrenal).....	117
Hormonal Agents, Suppressant (Pituitary).....	117
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones.....	118
Hormonal Agents, Suppressant (Thyroid).....	118
Immune Suppressants - Immune System Drugs.....	118
Immunological Agents.....	118
Immunological Agents - Drugs that Stimulate or Suppress the Immune System.....	122
Inflammatory Bowel Disease Agents.....	122
Metabolic Bone Disease Agents.....	123
Miscellaneous Therapeutic Agents.....	124
Molecular Target Inhibitors - Chemotherapy Agents.....	136
Monoclonal Antibodies - Chemotherapy Agents.....	137
Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	137
Ophthalmic Agents.....	138

Ophthalmic Agents - Drugs to Treat Eye Conditions.....	140
Otic Agents.....	144
Otic Agents - Drugs to Treat Ear Conditions.....	145
Respiratory Tract/Pulmonary Agents.....	146
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	153
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	176
Skeletal Muscle Relaxants.....	176
Sleep Disorder Agents.....	176
Sleep Disorder Agents - Drugs for Sedation and Sleep.....	177
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	178

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

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



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

*ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL*

*ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; OTC; QL*

*ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL*

*ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL*

*ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; OTC; QL*

*ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL*

*ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL*

*ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL*

*indomethacin oral capsule - Tier 1; QL*

*INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; OTC; QL*

*infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; OTC; QL*

*ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL*

*ketorolac tromethamine oral - Tier 1; QL*

*medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL*

*mediproxen (generic for MEDIPROXEN) - Tier 1; OTC; QL*

*meloxicam oral tablet - Tier 1; QL*

*mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; OTC; QL*

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Preferred Agents	Non-Preferred Agents
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MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; OTC; QL  
 MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; OTC; QL  
 MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; OTC; QL  
 nabumetone oral - Tier 1; QL  
 naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL  
 naproxen oral (generic for EC-NAPROSYN) - Tier 1; QL  
 naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; OTC; QL  
 oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL  
 piroxicam oral - Tier 1; QL  
 sulindac oral - Tier 1; QL

Opioid Analgesics, Long-acting

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

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

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## Preferred Agents

## Non-Preferred Agents

### Opioid Analgesics, Short-acting

*acetaminophen-codeine - Tier 1; QL*  
*ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL*  
*bac (generic for BAC) - Tier 1; QL*  
*butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL*  
*butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL*  
*butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1; QL*  
*butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL*  
*butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL*  
*butalbital-aspirin-caffeine - Tier 1; QL*  
*butorphanol tartrate nasal - Tier 1; QL*  
*codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL*  
*endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL*  
*hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL*  
*hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL*  
*hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL*  
*hydromorphone hcl rectal - Tier 1; QL*  
*morphine sulfate (concentrate) - Tier 1; QL*  
*morphine sulfate oral - Tier 1; QL*  
*morphine sulfate rectal - Tier 1; QL*  
*oxycodone hcl oral concentrate - Tier 1; QL*  
*oxycodone hcl oral solution - Tier 1; QL*  
*OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL*  
*oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL*  
*pentazocine-naloxone hcl - Tier 1; QL*  
*TENCON (brand for butalbital-acetaminophen) - Tier 2; QL*  
*tramadol hcl oral tablet 50 mg - Tier 1; QL*

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

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**Preferred Agents**

**Non-Preferred Agents**

Opioid Dependence Treatments -  
Antidotes/Deterrents/Protectants

*buprenorphine hcl sublingual - Tier 1; DX2RX; QL*

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

Analgesics - Miscellaneous Analgesics

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

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

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

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

*acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; OTC; QL*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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## Preferred Agents

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

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

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

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

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

*mapap oral capsule - Tier 1; OTC; QL*

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

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

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

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

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

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

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

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

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

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

## Non-Preferred Agents

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

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

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

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

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

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

*pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; OTC; QL*

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

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

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

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

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

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

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

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

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## Preferred Agents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p><i>pain reliever oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; OTC; QL</i></p> <p><i>pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC</i></p> <p><i>pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; OTC</i></p> <p><i>PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>PANADOL INFANTS (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>PHARBETOL (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; OTC; QL</i></p> <p><i>sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; OTC; QL</i></p> <p><i>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; OTC; QL</i></p> <p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; OTC; QL</i></p>	
<p><b>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</b></p>	
<p><i>salsalate oral - Tier 1; QL</i></p>	
<p><b>Opioid Analgesics, Short-acting</b></p>	
<p><i>oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL</i></p> <p><i>oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - 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; OTC; QL</i></p> <p><i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; OTC; QL</i></p> <p><i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; OTC; QL</i></p> <p><i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL</i></p> <p><i>lidocaine hcl external cream 3 % - Tier 1; QL</i></p> <p><i>lidocaine viscous hcl - Tier 1; QL</i></p> <p><i>lidocaine-prilocaine external cream - Tier 1; QL</i></p> <p><i>lidopin external cream 3 % - Tier 1; QL</i></p> <p><i>LMX 4 (brand for lidocaine) - Tier 2; OTC; QL</i></p> <p><i>PROXIVOL - Tier 2; QL</i></p>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<p><i>acamprosate calcium - Tier 1; CH; QL</i></p> <p><i>disulfiram oral tablet 250 mg - Tier 1; CH; QL</i></p> <p><i>disulfiram oral tablet 500 mg - Tier 1; CH</i></p> <p><i>naltrexone hcl oral - Tier 1</i></p>	
Opioid Dependence	
<p><i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; DX2RX; QL</i></p>	<p><i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; DX2RX; QL</i></p> <p><i>ZUBSOLV - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
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Opioid Reversal Agents

<p><i>naloxone hcl injection - Tier 1; QL</i></p> <p><i>naloxone hcl liquid 4 mg/0.1ml nasal (otc) (generic for NARCAN) - Tier 1; OTC; QL</i></p> <p><i>naloxone hcl liquid 4 mg/0.1ml nasal (rx) (generic for NARCAN) - Tier 1; QL</i></p> <p><i>NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (brand for naloxone hcl) - Tier 2; OTC; QL</i></p> <p><i>NARCAN LIQUID 4 MG/0.1ML NASAL (RX) (brand for naloxone hcl) - Tier 2; QL</i></p>	<p>KLOXXADO - Tier 2; PA; QL</p> <p>ZIMHI - Tier 2; PA; QL</p>
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Smoking Cessation Agents

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

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

Smoking Cessation Agents - Deterrents

*ft nicotine mini (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*ft nicotine mouth/throat lozenge (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*mini nicotine (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*NICORETTE (brand for cvs nicotine) - Tier 2; OTC; PD; QL*  
*NICORETTE MINI (brand for cvs nicotine) - Tier 2; OTC; PD; QL*  
*NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; OTC; PD; QL*  
*nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL*  
*nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL*  
*nicotine mini (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL*  
*nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; OTC; PD; QL*  
*nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*quit2 (generic for KLS QUIT2) - Tier 1; OTC; PD; QL*  
*quit4 (generic for KLS QUIT4) - Tier 1; OTC; PD; QL*  
*THRIVE (brand for cvs nicotine) - Tier 2; OTC; PD; QL*

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Preferred Agents	Non-Preferred Agents
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; PD; CH; QL
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	
Antibacterials, Other	
<i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i> <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i> <i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>tinidazole oral tablet 250 mg - Tier 1</i> <i>tinidazole oral tablet 500 mg - Tier 1; QL</i> <i>trimethoprim oral - Tier 1; QL</i> <i>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL</i> <i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i>	CLINDESSE - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL XACIATO - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<b>Beta-lactam, Cephalosporins</b>	
<i>cefaclor oral capsule - Tier 1; QL</i> <i>cefadroxil - Tier 1; QL</i> <i>cefdinir - Tier 1; QL</i> <i>cefixime oral capsule - Tier 1; QL</i> <i>cefepodoxime proxetil oral tablet - Tier 1; QL</i> <i>cefprozil - Tier 1; QL</i> <i>cefuroxime axetil - Tier 1; QL</i> <i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i> <i>cephalexin oral suspension reconstituted - Tier 1; QL</i>	
<b>Beta-lactam, Penicillins</b>	
<i>amoxicillin - Tier 1; QL</i> <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i> <i>ampicillin - Tier 1; QL</i> <i>dicloxacillin sodium - Tier 1; QL</i> <i>penicillin v potassium - Tier 1; QL</i>	
<b>Macrolides</b>	
<i>azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL</i> <i>azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> <i>DIFICID - Tier 2; PA; QL</i> <i>E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL</i> <i>ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL</i> <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i> <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
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Quinolones

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

Sulfonamides

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

Tetracyclines

*doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL*  
*doxycycline hyclate oral tablet 100 mg - Tier 1; QL*  
*doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL*  
*doxycycline monohydrate oral capsule 50 mg - Tier 1; QL*  
*minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL*  
*mondoxylene nl (generic for MONDOXYNE NL) - Tier 1; QL*  
 NUZYRA ORAL - Tier 2; PA; QL

ORACEA (brand for doxycycline) - Tier 2; PA

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**Preferred Agents****Non-Preferred Agents****Antibacterials - Drugs to Treat Bacterial Infections****Antibacterials, Other - Antibiotics**

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

SUTAB - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
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Anticonvulsants

Anticonvulsants, Other

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

BRIVIACT ORAL - Tier 2; PA; QL  
 EPIDIOLEX - Tier 2; PA; SP; QL  
 FYCOMPA - Tier 2; PA; QL  
 TOPAMAX (brand for topiramate) - Tier 2; PA; QL  
 TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL  
 TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL  
 XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL  
 XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL  
 XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL  
 XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA; QL

Calcium Channel Modifying Agents

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

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Preferred Agents	Non-Preferred Agents
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Gamma-aminobutyric Acid (GABA) Augmenting Agents

*clobazam (generic for ONFI) - Tier 1; DX2RX; QL*  
*diazepam rectal - Tier 1; QL*  
*gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL*  
*gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL*  
 NAYZILAM - Tier 2; PA; QL  
*phenobarbital oral - Tier 1; QL*  
*primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL*  
*tiagabine hcl - Tier 1; PA; QL; AL*  
 VALTOCO 10 MG DOSE - Tier 2; PA; QL  
 VALTOCO 15 MG DOSE - Tier 2; PA; QL  
 VALTOCO 20 MG DOSE - Tier 2; PA; QL  
 VALTOCO 5 MG DOSE - Tier 2; PA; QL  
*vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL*  
*vigadrone oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL*  
*vigpoder (generic for VIGADRONE) - Tier 1; PA; SP; QL*

SYMPAZAN - Tier 2; PA; QL

Sodium Channel Agents

*carbamazepine er (generic for CARBATROL) - Tier 1; QL*  
*carbamazepine oral (generic for EPITOL) - Tier 1; QL*  
 DILANTIN ORAL CAPSULE 30 MG - Tier 2  
*epitol (generic for EPITOL) - Tier 1; QL*  
*lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL*  
*oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL*  
*oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL*  
*phenytek (generic for PHENYTEK) - Tier 1; QL*  
*phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL*  
*phenytoin oral (generic for DILANTIN) - Tier 1; QL*  
*phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL*  
*rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL*

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

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

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

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Preferred Agents	Non-Preferred Agents
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Tricyclics

*amitriptyline hcl oral - Tier 1; QL*  
*amoxapine - Tier 1; QL*  
*clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL*  
*desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL*  
*doxepin hcl oral capsule - Tier 1; QL*  
*doxepin hcl oral concentrate - Tier 1; QL*  
*imipramine hcl oral - Tier 1; QL*  
*nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL*

Antiemetics

Antiemetics, Other

*ANTIVERT ORAL TABLET CHEWABLE (brand for cvs motion sickness relief) - Tier 2*  
*BONINE (brand for cvs motion sickness relief) - Tier 2; OTC*  
*compro (generic for COMPRO) - Tier 1; QL*  
*driminate (generic for DRIMINATE) - Tier 1; OTC*  
*ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1; OTC*  
*meclizine hcl oral tablet 12.5 mg - Tier 1; QL*  
*meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL*  
*meclizine hcl oral tablet chewable (generic for ANTIVERT) - Tier 1; OTC*  
*metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL*  
*metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL*

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

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Preferred Agents	Non-Preferred Agents
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Antifungals	
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*3 day (generic for MONISTAT 3) - Tier 1; OTC*  
*clotrimazole mouth/throat troche 10 mg - Tier 1; QL*  
*fluconazole oral (generic for DIFLUCAN) - Tier 1; QL*  
*ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL*  
*griseofulvin microsize oral - Tier 1; QL*  
*griseofulvin ultramicrosize - Tier 1; QL*  
*itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL*  
*ketoconazole oral - Tier 1; QL*  
*miconazole 3 - Tier 1; QL*  
*miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; OTC; QL*  
*miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; OTC; QL*  
*miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL*  
*miconazole 7 vaginal suppository 100 mg - Tier 1; OTC*  
*miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; OTC; QL*  
*nystatin mouth/throat - Tier 1; QL*  
*nystatin oral - Tier 1; QL*  
*terbinafine hcl oral - Tier 1; QL*  
*terconazole vaginal cream - Tier 1; QL*  
*voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL*

CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL  
 GYNAZOLE-1 - Tier 2; PA; QL

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**Preferred Agents**

**Non-Preferred Agents**

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

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

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

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Preferred Agents	Non-Preferred Agents
Prophylactic	
AIMOVIG - Tier 2; PA; QL AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
NURTEC - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<i>naratriptan hcl - Tier 1; ST; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i>	REYVOW - Tier 2; PA; QL ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL
Antimyasthenic Agents	
Parasympathomimetics	
<i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i>	
Antituberculars	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1; PD; CH</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2; PD; CH LEUKERAN - Tier 2; PD; CH MATULANE - Tier 2; SP; PD; CH MYLERAN - Tier 2; PD; CH <i>temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP; PD; CH</i> <i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; PD; CH; QL</i>	

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Preferred Agents	Non-Preferred Agents
<b>Antiandrogens</b>	
<i>abiraterone acetate oral tablet 250 mg (generic for ZYTIGA) - Tier 1; PA; SP; PD; CH; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; PD; CH; QL</i> ERLEADA ORAL TABLET 240 MG - Tier 2; SP; PD; CH; QL ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; PD; CH; QL EULEXIN - Tier 2; PD; CH; QL NUBEQA - Tier 2; PA; SP; PD; CH; QL	XTANDI - Tier 2; PA; SP; PD; CH; QL
<b>Antiangiogenic Agents</b>	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; PD; CH; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	
<b>Antiestrogens/Modifiers</b>	
<i>tamoxifen citrate oral - Tier 1; PD; CH; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; PD; CH; QL</i>	
<b>Antimetabolites</b>	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; PD; CH; QL</i> <i>mercaptopurine oral - Tier 1; PD; CH; QL</i> TABLOID - Tier 2; SP; PD; CH	
<b>Antineoplastics, Other</b>	
IDHIFA - Tier 2; PA; SP; PD; CH; QL LONSURF - Tier 2; PA; SP; PD; CH; QL NINLARO - Tier 2; PA; SP; PD; CH; QL ZOLINZA - Tier 2; PA; SP; PD; CH; QL	
<b>Aromatase Inhibitors, 3rd Generation</b>	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; PD; CH; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; PD; CH; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; PD; CH; QL</i>	

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Preferred Agents	Non-Preferred Agents
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Enzyme Inhibitors

*etoposide oral - Tier 1; PD; CH*  
 HYCAMTIN ORAL - Tier 2; PA; SP; PD; CH

Molecular Target Inhibitors

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

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

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Preferred Agents	Non-Preferred Agents
<p><i>sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; PD; CH; QL</i></p> <p>STIVARGA - Tier 2; PA; SP; PD; CH; QL</p> <p><i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; PD; CH; QL</i></p> <p><i>sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP; PD; CH</i></p> <p>TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; PD; CH; QL</p> <p>TAFINLAR ORAL TABLET SOLUBLE - Tier 2; SP; PD; CH; QL</p> <p>TIBSOVO - Tier 2; PA; SP; PD; CH; QL</p> <p>VENCLEXTA - Tier 2; PA; SP; PD; CH; QL</p> <p>VENCLEXTA STARTING PACK - Tier 2; PA; SP; PD; CH; QL</p> <p>VERZENIO - Tier 2; PA; SP; PD; CH; QL</p> <p>VITRAKVI - Tier 2; PA; SP; PD; CH; QL</p> <p>ZEJULA - Tier 2; PA; SP; PD; CH; QL; AL</p> <p>ZELBORAF - Tier 2; PA; SP; PD; CH; QL</p> <p>ZYDELIG - Tier 2; PA; SP; PD; CH; QL</p>	
Retinoids	
<p><i>bexarotene external (generic for TARGRETIN) - Tier 1; PA; SP</i></p> <p><i>bexarotene oral (generic for TARGRETIN) - Tier 1; PA; SP; PD; CH</i></p> <p><i>tretinoin oral - Tier 1; SP; PD; CH</i></p>	
Treatment Adjuncts	
<p><i>leucovorin calcium oral tablet 10 mg - Tier 1; PD; CH</i></p> <p><i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; PD; CH; QL</i></p> <p>MESNEX ORAL - Tier 2; SP; PD; CH</p>	

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

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Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<p><i>ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p> <p><i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; OTC</i></p>	
Antiparkinson Agents	
Anticholinergics	
<p><i>benztropine mesylate oral - Tier 1; QL</i></p> <p><i>trihexyphenidyl hcl - Tier 1; QL</i></p>	
Antiparkinson Agents, Other	
<p><i>amantadine hcl oral capsule - Tier 1; QL</i></p> <p><i>amantadine hcl oral solution - Tier 1; QL</i></p> <p><i>entacapone - Tier 1; QL</i></p> <p><i>tolcapone (generic for TASMAR) - Tier 1; QL</i></p>	<p>NOURIANZ - Tier 2; PA; QL</p> <p>ONGENTYS - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<b>Dopamine Agonists</b>	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	NEUPRO - Tier 2; PA; QL
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>	
<i>selegiline hcl oral - Tier 1; QL</i>	
<b>Antipsychotics</b>	
<b>1st Generation/Typical</b>	
<i>chlorpromazine hcl oral tablet - Tier 1; QL</i> <i>fluphenazine decanoate injection - Tier 1; QL</i> <i>fluphenazine hcl injection - Tier 1</i> <i>fluphenazine hcl oral concentrate - Tier 1</i> <i>fluphenazine hcl oral elixir - Tier 1</i> <i>fluphenazine hcl oral tablet - Tier 1; QL</i> <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL</i> <i>haloperidol oral - Tier 1; QL</i> <i>loxapine succinate - Tier 1; QL</i> <i>pimozide - Tier 1; CH; QL; AL</i> <i>thioridazine hcl oral - Tier 1; QL</i> <i>thiothixene - Tier 1; QL</i> <i>trifluoperazine hcl - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
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2nd Generation/Atypical

ABILIFY ASIMTUFII - Tier 2; PA; QL; AL  
 ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL  
*aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL*  
 ARISTADA - Tier 2; DX2RX; ST; QL; AL  
 INVEGA HAFYERA - Tier 2; QL; AL  
 INVEGA SUSTENNA - Tier 2; DX2RX; ST; QL; AL  
 INVEGA TRINZA - Tier 2; DX2RX; QL; AL  
*lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL*  
*olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL*  
 PERSERIS - Tier 2; DX2RX; ST; QL; AL  
*quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL*  
*quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL*  
*risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; QL; AL*  
*risperidone oral solution (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL*  
*risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL*  
 RYKINDO - Tier 2; PA; QL; AL  
 UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; QL; AL  
*ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL*

ARISTADA INITIO - Tier 2; PA; QL; AL  
 LYBALVI - Tier 2; PA; CH; QL; AL  
 REXULTI - Tier 2; PA; QL; AL  
*RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; QL; AL*  
 VRAYLAR - Tier 2; PA; QL; AL  
 VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG - Tier 2; PA; QL; AL

Treatment-Resistant

*clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL*

Antispasticity Agents

*baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL*  
*dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL*  
*tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*

Antivirals

Anti-cytomegalovirus (CMV) Agents

*valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
<b>Anti-hepatitis B (HBV) Agents</b>	
BARACLUDE ORAL SOLUTION - Tier 2; QL <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
<b>Anti-hepatitis C (HCV) Agents</b>	
<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> MAVYRET ORAL PACKET - Tier 2; PA; SP; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL <i>ribavirin oral - Tier 1; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> VOSEVI - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL	SOVALDI ORAL TABLET - Tier 2; PA; SP; QL
<b>Antiherpetic Agents</b>	
<i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i> <i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
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Anti-HIV Agents, Integrase Inhibitors (INSTI)

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

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

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

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

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**Preferred Agents**

**Non-Preferred Agents**

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

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

CIMDUO - Tier 2; PA; QL

Anti-HIV Agents, Other

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

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Preferred Agents	Non-Preferred Agents
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>	
APTIVUS - Tier 2; DX2RX; QL <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; DX2RX; QL</i> EVOTAZ - Tier 2; DX2RX; QL <i>fosamprenavir calcium (generic for LEXIVA) - Tier 1; DX2RX; QL</i> <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; DX2RX; QL</i> NORVIR ORAL PACKET - Tier 2; DX2RX; QL PREZCOBIX - Tier 2; DX2RX; QL REYATAZ ORAL PACKET - Tier 2; DX2RX; Members >= 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR) - Tier 1; DX2RX; QL</i> VIRACEPT - Tier 2; DX2RX; QL	SYMTUZA - Tier 2; PA; QL
<b>Anti-influenza Agents</b>	
<i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i> <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</i>	XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL
<b>Antivirals - Drugs to Treat Viral Infections</b>	
<b>Antivirals</b>	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
<b>Anxiolytics</b>	
<b>Anxiolytics, Other</b>	
<i>bupirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
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Benzodiazepines	
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<p><i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i>  <i>chlordiazepoxide hcl - Tier 1; QL</i>  <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i>  <i>clorazepate dipotassium - Tier 1; QL</i>  <i>diazepam oral solution - Tier 1; QL</i>  <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i>  <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i>  <i>oxazepam - Tier 1; QL</i></p>	<p>LOREEV XR - Tier 2; PA; QL</p>
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Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
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Central Nervous System Agents - Drugs to Treat Nerve Conditions	
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	QELBREE - Tier 2; PA; QL; AL
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Bipolar Agents	
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Mood Stabilizers	
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<p><i>divalproex sodium er oral tablet extended release 24 hour 500 mg (generic for DEPAKOTE ER) - Tier 1; QL</i>  <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i>  <i>lithium - Tier 1; QL</i>  <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i>  <i>lithium carbonate oral - Tier 1; QL</i></p>	
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## Preferred Agents

## Non-Preferred Agents

### Blood Glucose Regulators

#### Antidiabetic Agents

*acarbose oral - Tier 1; QL*  
 ALOGLIPTIN BENZOATE - Tier 2; ST; QL  
 ALOGLIPTIN-METFORMIN HCL - Tier 2; ST; QL  
 ALOGLIPTIN-PIOGLITAZONE - Tier 2; ST; QL  
*DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; PA; QL*  
*FARXIGA (brand for dapagliflozin propanediol) - Tier 2; PA; QL*  
*glimepiride - Tier 1; QL*  
*glipizide er (generic for GLUCOTROL XL) - Tier 1; QL*  
*glipizide oral tablet 10 mg, 5 mg - Tier 1; QL*  
*glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL*  
*glyburide micronized - Tier 1; QL*  
*glyburide oral - Tier 1; QL*  
*glyburide-metformin - Tier 1; QL*  
 INVOKAMET - Tier 2; ST; QL  
 INVOKAMET XR - Tier 2; ST; QL  
 JARDIANCE - Tier 2; ST; QL  
*metformin hcl er (osm) - Tier 1; PA; QL*  
*metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL*  
*metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1*  
*metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL*  
*nateglinide - Tier 1; QL*  
 OZEMPIC - Tier 2; PA; QL  
 OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL  
*pioglitazone hcl (generic for ACTOS) - Tier 1; QL*  
*repaglinide - Tier 1; QL*  
 RYBELSUS - Tier 2; PA; QL

BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL  
 BYETTA 10 MCG PEN - Tier 2; PA; QL  
 BYETTA 5 MCG PEN - Tier 2; PA; QL  
 GLYXAMBI - Tier 2; PA  
 JANUMET - Tier 2; PA; QL  
 JANUMET XR - Tier 2; PA; QL  
 JANUVIA - Tier 2; PA; QL  
 JENTADUETO - Tier 2; PA; QL  
 JENTADUETO XR - Tier 2; PA; QL  
 QTERN - Tier 2; PA; QL  
 SEGLUROMET - Tier 2; PA; QL  
 STEGLATRO - Tier 2; PA; QL  
 STEGLUJAN - Tier 2; PA; QL  
 SYMLINPEN 120 - Tier 2; PA; QL  
 SYMLINPEN 60 - Tier 2; PA; QL  
 TRADJENTA - Tier 2; PA; QL  
 TRIJARDY XR - Tier 2; PA; QL  
 VICTOZA - Tier 2; PA; QL  
*XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA*  
*XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG - Tier 2; PA*  
*XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG - Tier 2; PA; QL*  
*XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL*  
 XULTOPHY - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>saxagliptin hcl (generic for ONGLYZA) - Tier 1; QL  SOLIQUA - Tier 2; ST; QL  SYNJARDY - Tier 2; ST; QL  SYNJARDY XR - Tier 2; ST; QL  TRULICITY - Tier 2; ST; QL</p>	
Glycemic Agents	
<p>BAQSIMI ONE PACK - Tier 2; QL  BAQSIMI TWO PACK - Tier 2; QL  GLUCAGEN HYPOKIT - Tier 2; QL  glucagon emergency injection kit - Tier 1; QL  GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL  GVOKE HYPOPEN 1-PACK - Tier 2; QL  GVOKE HYPOPEN 2-PACK - Tier 2; QL  GVOKE KIT - Tier 2; QL  GVOKE PFS - Tier 2; QL</p>	
Insulins	
<p>ADMELOG (brand for insulin lispro) - Tier 2; QL  ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; QL  BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; QL  HUMALOG INJECTION (brand for insulin lispro) - Tier 2; QL  HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL  HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; QL  HUMALOG MIX 75/25 - Tier 2; QL  HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot &amp; lispro) - Tier 2; QL  HUMULIN 70/30 VIAL - Tier 2; OTC; QL  HUMULIN N VIAL - Tier 2; OTC; QL  HUMULIN R VIAL - Tier 2; OTC; QL</p>	<p>APIDRA SOLOSTAR - Tier 2; PA; QL  APIDRA VIAL - Tier 2; PA; QL  FIASP - Tier 2; PA; QL  FIASP FLEXTOUCH - Tier 2; PA; QL  FIASP PENFILL - Tier 2; PA; QL  HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL  HUMALOG SUBCUTANEOUS - Tier 2; PA; QL  HUMULIN 70/30 KWIKPEN - Tier 2; PA; OTC; QL  HUMULIN N KWIKPEN - Tier 2; PA; OTC; QL  HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL  HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL  INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL  LEVEMIR FLEXPEN - Tier 2; PA; QL</p>

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

**Blood Glucose Regulators - Drugs to Regulate Blood Sugar**

**Glycemic Agents - Diabetic Drugs**

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

**Non-Preferred Agents**

**Insulins - Diabetic Drugs**

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

**Blood Products and Modifiers**

**Anticoagulants**

ELIQUIS - Tier 2; QL  
 ELIQUIS DVT/PE STARTER PACK - Tier 2; QL  
 enoxaparin sodium (generic for LOVENOX) - Tier 1; QL  
 heparin sodium (porcine) - Tier 1  
 heparin sodium (porcine) pf - Tier 1  
 jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL  
 jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1  
 SAVAYSA - Tier 2; QL  
 warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL  
 warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1

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

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Preferred Agents	Non-Preferred Agents
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Blood Products and Modifiers, Other

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

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

Hemostasis Agents

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

Platelet Modifying Agents

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

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

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Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA - Tier 2; PA; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> METHYLDOPA - Tier 2; QL <i>midodrine hcl - Tier 1; QL</i>	
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral (generic for MINIPRESS) - Tier 1; QL</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1;</i> <i>Members &gt;= 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i> <i>trandolapril - Tier 1; QL</i>	

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**Preferred Agents**

**Non-Preferred Agents**

**Antiarrhythmics**

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

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

<p><i>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL</i>  <i>felodipine er - Tier 1; QL</i>  <i>nifedipine er - Tier 1; QL</i>  <i>nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL</i>  <i>nifedipine oral - Tier 1; QL</i>  <i>nimodipine oral - Tier 1; QL</i>            NYMALIZE - Tier 2; QL</p>	<p>NORLIQVA - Tier 2; PA</p>
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Calcium Channel Blocking Agents, Nondihydropyridines

<p><i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i>  <i>diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL</i>  <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL</i>  <i>diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL</i>  <i>dilt-xr - Tier 1; QL</i>  <i>taztia xt (generic for TAZTIA XT) - Tier 1; QL</i>  <i>tiadytl er (generic for TAZTIA XT) - Tier 1; QL</i>  <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL</i>  <i>verapamil hcl er oral tablet extended release - Tier 1; QL</i>  <i>verapamil hcl oral - Tier 1; QL</i></p>	
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Preferred Agents	Non-Preferred Agents
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Cardiovascular Agents, Other

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

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

Diuretics, Loop

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

*FUROSCIX - Tier 2; PA; QL*

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

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Preferred Agents	Non-Preferred Agents
<b>Dyslipidemics, Other</b>	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1</i> REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL
<b>Vasodilators, Direct-acting Arterial</b>	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	
<b>Vasodilators, Direct-acting Arterial/Venous</b>	
<i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i>	
<b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs</b>	
<b>Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions</b>	
	VERQUVO - Tier 2; PA; QL

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**Preferred Agents**

**Non-Preferred Agents**

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

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

JORNAY PM - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
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Attention Deficit Hyperactivity Disorder Agents, Amphetamines

*ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*ADDERALL XR (brand for amphetamine-dextroamphetamine) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL*  
*VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL*

AZSTARYS - Tier 2; PA; QL; AL

Central Nervous System, Other

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

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

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Preferred Agents	Non-Preferred Agents
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**Fibromyalgia Agents**

*duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL*  
*pregabalin oral (generic for LYRICA) - Tier 1; QL*

**Multiple Sclerosis Agents**

*dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; CH; QL*  
*dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; CH; QL*  
*dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; CH; QL*  
 *fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; CH; QL*  
*GILENYA ORAL CAPSULE 0.25 MG - Tier 2; DX2RX; SP; CH; QL*  
*glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL*  
*glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL*  
*MAYZENT - Tier 2; PA; SP; CH; QL*  
*MAYZENT STARTER PACK - Tier 2; PA; SP; CH; QL*  
*PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL*  
*PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL*  
*teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; CH; QL*

AVONEX PEN - Tier 2; PA; SP; QL  
 AVONEX PREFILLED - Tier 2; PA; SP; QL  
 BAFIERTAM - Tier 2; PA; SP; CH; QL  
 BETASERON - Tier 2; PA; SP  
 COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL  
 KESIMPTA - Tier 2; PA; SP; QL  
 MAVENCLAD (10 TABS) - Tier 2; PA; SP; CH; QL  
 MAVENCLAD (4 TABS) - Tier 2; PA; SP; CH; QL  
 MAVENCLAD (5 TABS) - Tier 2; PA; SP; CH; QL  
 MAVENCLAD (6 TABS) - Tier 2; PA; SP; CH; QL  
 MAVENCLAD (7 TABS) - Tier 2; PA; SP; CH; QL  
 MAVENCLAD (8 TABS) - Tier 2; PA; SP; CH; QL  
 MAVENCLAD (9 TABS) - Tier 2; PA; SP; CH; QL  
 PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL  
 REBIF - Tier 2; PA; SP; QL  
 REBIF REBIDOSE - Tier 2; PA; SP; QL  
 REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL  
 REBIF TITRATION PACK - Tier 2; PA; SP; QL  
 VUMERITY - Tier 2; PA; SP; CH; QL  
 ZEPOSIA - Tier 2; PA; SP; CH; QL  
 ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; CH; QL

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Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
<p><i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>oralone (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>periogard (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i></p> <p><i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i></p>	
Dermatological Agents	
Acne and Rosacea Agents	
<p><i>acitretin - Tier 1; PA; QL</i></p> <p><i>amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL</i></p> <p><i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i></p> <p><i>claravis (generic for AMNESTEEM) - Tier 1; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; OTC; QL</i></p> <p><i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL</i></p> <p><i>isotretinoin oral capsule 30 mg (generic for CLARAVIS) - Tier 1; PA; QL</i></p> <p><i>tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL</i></p> <p><i>zenatane (generic for AMNESTEEM) - Tier 1; PA; QL</i></p>	<p><i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i></p> <p><i>ABSORICA LD - Tier 2; PA; QL</i></p> <p><i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</i></p> <p><i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i></p> <p><i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i></p>

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## Preferred Agents

## Non-Preferred Agents

### Dermatitis and Pruritus Agents

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

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

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## Preferred Agents

*fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external solution - Tier 1; QL*  
*fluocinolone acetonide scalp (generic for DERMA-SMOOTH/FS SCALP) - Tier 1; QL*  
*fluocinonide emulsified base - Tier 1; QL*  
*fluocinonide external cream (generic for VANOS) - Tier 1; QL*  
*fluocinonide external solution - Tier 1; QL*  
*fluticasone propionate external cream - Tier 1; QL*  
*fluticasone propionate external ointment - Tier 1; QL*  
*halobetasol propionate external cream - Tier 1; QL*  
*hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*hydrocortisone butyrate external ointment - Tier 1; QL*  
*hydrocortisone butyrate external solution - Tier 1; QL*  
*hydrocortisone cream 1 % external (otc) (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*hydrocortisone cream 1 % external (rx) (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone external cream 0.5 % - Tier 1; OTC; QL*  
*hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*hydrocortisone external cream 2.5 % - Tier 1; QL*  
*hydrocortisone external lotion 2.5 % - Tier 1; QL*  
*hydrocortisone external ointment 0.5 % - Tier 1; OTC*

## Non-Preferred Agents

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## Preferred Agents

*hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL*  
*hydrocortisone external ointment 2.5 % - Tier 1; QL*  
*hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*hydrocortisone plus external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*instacort 5 - Tier 1; OTC; QL*  
*LAC-HYDRIN FIVE - Tier 2; OTC; QL*  
*medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; OTC; QL*  
*mometasone furoate external - Tier 1; QL*  
*pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL*  
*selenium sulfide external lotion - Tier 1; QL*  
*tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL*  
*tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL*  
*triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL*  
*triamcinolone acetonide external lotion 0.025 % - Tier 1*  
*triamcinolone acetonide external lotion 0.1 % - Tier 1; QL*  
*triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL*  
*triderm (generic for TRIDERM) - Tier 1; QL*

## Non-Preferred Agents

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**Preferred Agents**

**Non-Preferred Agents**

**Dermatological Agents, Other**

*calcipotriene external cream - Tier 1; ST; QL*  
*calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL*  
*calcipotriene external solution - Tier 1; QL*  
*calcitriol external (generic for VECTICAL) - Tier 1; ST; QL*  
*clotrimazole-betamethasone - Tier 1; QL*  
*fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL*  
*fluorouracil external solution - Tier 1*  
*imiquimod external cream 5 % - Tier 1; QL*  
*methoxsalen rapid - Tier 1*  
*podofilox external solution - Tier 1; QL*  
 SANTYL - Tier 2; QL  
*silver sulfadiazine external (generic for SSD) - Tier 1; QL*  
*ssd (generic for SSD) - Tier 1; QL*

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

**Pediculicides/Scabicides**

*lice killing (generic for NIX CREME RINSE) - Tier 1; OTC*  
*lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; OTC*  
*malathion (generic for OVIDE) - Tier 1; QL*  
*permethrin external - Tier 1; QL*  
*spinosad (generic for NATROBA) - Tier 1; QL*

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

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**Preferred Agents**

**Non-Preferred Agents**

Topical Anti-infectives

*ciclodan (generic for CICLODAN) - Tier 1; QL*  
*ciclopirox external solution (generic for CICLODAN) - Tier 1; QL*  
*clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL*  
*clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL*  
*clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL*  
*clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL*  
*clindamycin phosphate external solution - Tier 1; QL*  
*clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL*  
*clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL*  
*clotrimazole solution 1 % external (otc) - Tier 1; OTC; QL*  
*clotrimazole solution 1 % external (rx) - Tier 1; QL*  
*erythromycin external (generic for ERYGEL) - Tier 1; QL*  
*gentamicin sulfate external - Tier 1; QL*  
*ketoconazole external cream - Tier 1; QL*  
*ketoconazole external shampoo - Tier 1; QL*  
*klayesta (generic for KLAYESTA) - Tier 1; QL*  
*mupirocin external - Tier 1; QL*  
*nyamyc (generic for KLAYESTA) - Tier 1; QL*  
*nystatin external (generic for KLAYESTA) - Tier 1; QL*  
*nystop (generic for KLAYESTA) - Tier 1; QL*  
*tgt clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; OTC; QL*

JUBLIA - Tier 2; PA; QL  
 XEPI - Tier 2; PA; QL

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**Preferred Agents**

**Non-Preferred Agents**

**Dermatological Agents - Drugs to Treat Skin Conditions**

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

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Preferred Agents	Non-Preferred Agents
<p>sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1</p> <p>sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</p> <p>sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</p> <p>sulfamez wash - Tier 1</p> <p>SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL</p> <p>zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; OTC; QL</p>	

**Dermatological Agents - Skin Agents**

<p>ABREVA (brand for docosanol) - Tier 2; OTC; QL</p> <p>calamine external lotion , 8-8 % - Tier 1; OTC</p> <p>calamine-zinc oxide external lotion - Tier 1; OTC</p> <p>docosanol external (generic for ABREVA) - Tier 1; OTC; QL</p> <p>ft docosanol (generic for ABREVA) - Tier 1; OTC; QL</p> <p>gormel - Tier 1; OTC; QL</p> <p>gormel 10 (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1; OTC</p> <p>NUTRAPLUS (brand for gormel 10) - Tier 2; OTC; QL</p> <p>urea 20 intensive hydrating - Tier 1; OTC; QL</p> <p>urea cream 20 % external (otc) - Tier 1; OTC; QL</p> <p>urea cream 20 % external (rx) - Tier 1; QL</p> <p>urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>urea external lotion 10 % (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>urea external lotion 40 % - Tier 1; QL</p> <p>ureacin-10 (generic for NUTRAPLUS) - Tier 1; OTC; QL</p> <p>ureacin-20 - Tier 1; OTC; QL</p> <p>XERAC AC - Tier 2</p>	<p>CIBINQO - Tier 2; PA; SP; QL</p> <p>OPZELURA - Tier 2; PA; SP; QL</p>
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Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</p> <p>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; OTC; QL; DME</p> <p>CHEMSTRIP 10 MD - Tier 2; OTC; DME</p> <p>CHEMSTRIP 10/SG - Tier 2; OTC; DME</p> <p>CHEMSTRIP 2 GP - Tier 2; OTC; DME</p> <p>CHEMSTRIP 5 OB - Tier 2; OTC; DME</p> <p>CHEMSTRIP 7 - Tier 2; OTC; DME</p> <p>CHEMSTRIP 9 - Tier 2; OTC; DME</p> <p>CHEMSTRIP K (brand for ketone test) - Tier 2; OTC; QL; DME</p> <p>CHEMSTRIP UGK - Tier 2; OTC; QL; DME</p> <p>DEXCOM G6 RECEIVER - Tier 2; PA; QL; DME</p> <p>DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL; DME</p> <p>DEXCOM G7 RECEIVER - Tier 2; PA; QL; DME</p>	<p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; OTC; QL; DME</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p> <p>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; OTC; QL; DME</p>

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

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**Preferred Agents**

ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; OTC; QL; DME  
ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; OTC; QL; DME  
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME  
ONETOUCH ULTRA TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME  
ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; OTC; QL; DME  
ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; OTC; QL; DME  
ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; OTC; QL; DME  
ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; OTC; QL; DME  
PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; OTC; QL; DME  
PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; OTC; QL; DME  
QUINTET CONTROL HIGHINORMAL (brand for element compact control 2) - Tier 2; OTC; QL; DME  
TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; OTC; QL; DME

**Non-Preferred Agents**

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Preferred Agents	Non-Preferred Agents
<p><i>TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; OTC; QL; DME</i>  <i>VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; OTC; QL; DME</i></p>	
<p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</p>	
	<p>ACCRUFER - Tier 2; PA; PD; QL</p>
<p>Electrolytes/Minerals/Metals/Vitamins</p>	
<p>Electrolyte/Mineral Replacement</p>	
<p><i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; CH</i>  <i>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i>  <i>DENTAGEL (brand for sf) - Tier 2</i>  <i>easygel - Tier 1</i>  <i>fluoridex daily renewal - Tier 1</i>  <i>klor-con (generic for KLOR-CON) - Tier 1; QL</i>  <i>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</i>  <i>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</i>  <i>klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL</i>  <i>potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL</i>  <i>potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL</i></p>	<p>ENDARI - Tier 2; PA; QL</p>

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

*potassium chloride er oral capsule extended release 10 meq - Tier 1; QL*

*potassium chloride er oral tablet extended release 10 meq (generic for K-LOR-CON 10) - Tier 1; QL*

*potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL*

*potassium chloride er oral tablet extended release 8 meq (generic for K-LOR-CON) - Tier 1; QL*

*potassium chloride oral (generic for K-LOR-CON) - Tier 1; QL*

*potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL*

*potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1*

*potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1*

*PREVIDENT (brand for sf) - Tier 2*

*PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2*

*PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL*

*sf (generic for DENTAGEL) - Tier 1*

*sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*

*sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*

*sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*

*sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*

*sodium fluoride dental gel (generic for DENTAGEL) - Tier 1*

*sodium fluoride oral solution - Tier 1; PD; QL*

*sodium fluoride oral tablet chewable - Tier 1; PD; QL*

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**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; OTC; PD; QL*  
*cal mag zinc +d3 (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; OTC; QL*  
*calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; OTC; QL*  
*calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1; OTC*  
*calcium 600/vitamin d - Tier 1; OTC; QL*  
*calcium 600/vitamin d-3 - Tier 1; OTC; QL*  
*calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; OTC; QL*  
*calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; OTC; QL*  
*calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1; OTC*  
*calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1; OTC*  
*calcium citrate +d3 (generic for CALCITRATE) - Tier 1; OTC*  
*calcium citrate plus vit d - Tier 1; OTC; QL*  
*calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1; OTC*  
*calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; OTC; QL*  
*calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; OTC; QL*  
*calcium citrate-vit d - Tier 1; OTC; QL*  
*calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; OTC; QL*  
*calcium high potency/vitamin d - Tier 1; OTC; QL*  
*calcium plus vitamin d - Tier 1; OTC; QL*

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

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

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## Preferred Agents

*ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL*  
*ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; OTC; PD; QL*  
*ferrous sulfate oral tablet delayed release - Tier 1; OTC; PD; QL*  
*fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL*  
*iferex 150 (generic for FERREX 150) - Tier 1; OTC; PD*  
*iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL*  
*iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL*  
*iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1; OTC; PD*  
*iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; OTC; PD; QL*  
*iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; OTC; PD; QL*  
*K-PHOS - Tier 2; QL*  
*magnesium oral tablet 500 mg - Tier 1; OTC*  
*magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1; OTC*  
*magnesium oxide -mg supplement oral tablet 500 mg - Tier 1; OTC*  
*magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1; OTC*  
*NU-IRON (brand for polysaccharide iron complex) - Tier 2; OTC; PD*  
*ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL*

## Non-Preferred Agents

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

*PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; OTC; QL*  
*PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; OTC; QL*  
*PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; OTC; QL*  
*pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; OTC; QL*  
*PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL*  
*phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL*  
*phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL*  
*PHOSPHO-TRIN K500 - Tier 2; QL*  
*poly-iron 150 (generic for FERREX 150) - Tier 1; OTC; PD*  
*polysaccharide iron complex (generic for FERREX 150) - Tier 1; OTC; PD*  
*polysaccharide-iron complex (generic for FERREX 150) - Tier 1; OTC; PD*  
*potassium citrate-citric acid - Tier 1*  
*REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; OTC; QL*  
*sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1*  
*TRUE FERROUS SULFATE - Tier 2; OTC; PD; QL*  
*TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG - Tier 2; OTC*  
*true magnesium oxide tablet 400 mg oral (generic for MAGNESIUM-OXIDE) - Tier 1; OTC*  
*TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for magnesium oxide -mg supplement) - Tier 2; OTC*  
*ultra calcium + vitamin d3 - Tier 1; OTC; QL*  
*wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL*  
*zinc gluconate - Tier 1; OTC; QL*  
*zinc gluconate oral tablet 50 mg - Tier 1; OTC; QL*  
*zinc oral tablet 50 mg - Tier 1; OTC; QL*

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Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
CHEMET - Tier 2; QL <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</i> <i>trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP</i>	
Phosphate Binders	
<i>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i> <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</i>	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL SPS - Tier 2; QL VELTASSA - Tier 2; PA; QL	

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**Preferred Agents**

**Non-Preferred Agents**

**Vitamins**

*a-25 - Tier 1; OTC; QL*  
*aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL*  
*b complex vitamins - Tier 1; OTC; QL*  
*b complex-b12 - Tier 1; OTC*  
*b-complex oral tablet - Tier 1; OTC*  
*b-complex with b-12 - Tier 1; OTC*  
*b-complex/b-12 oral - Tier 1; OTC*  
*BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; OTC; QL*  
*CENTRUM SPECIALIST PRENATAL - Tier 2; OTC*  
*classic prenatal - Tier 1; OTC; QL*  
*d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC*  
*d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1; OTC*  
*d3 max st (generic for IS-D 10,000) - Tier 1; OTC*  
*d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; OTC; QL*  
*d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC*  
*d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC*  
*d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1; OTC*  
*d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC*  
*d3-50 (generic for D3-50) - Tier 1; OTC; QL*  
*DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; OTC; QL*  
*DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2; OTC*

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**Preferred Agents**

*DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; OTC; QL*  
*DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2; OTC*  
*D-VI-SOL (brand for aqueous vitamin d) - Tier 2; OTC; QL*  
*d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL*  
*ENFAMIL EXPECTA - Tier 2; OTC; QL*  
*ft vitamin d3 oral tablet (generic for THERA-D 2000) - Tier 1; OTC; QL*  
*full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; OTC; QL*  
*M-NATAL PLUS (brand for prenatal) - Tier 2; QL*  
*NEONATAL PLUS (brand for prenatal) - Tier 2; QL*  
*nephro vitamins (generic for DIALYVITE 800) - Tier 1; OTC; QL*  
*NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; OTC; QL*  
*niacin er oral capsule extended release 250 mg - Tier 1; OTC; QL*  
*niacin er oral capsule extended release 500 mg - Tier 1; OTC*  
*niacin er oral tablet extended release 1000 mg - Tier 1; OTC*  
*niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1; OTC*  
*niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1; OTC*  
*NIVA-PLUS (brand for prenatal) - Tier 2; QL*  
*OBSTETRIX DHA - Tier 2; OTC; QL*  
*ONE VITE WOMENS - Tier 2; OTC; QL*  
*ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL*  
*phytonadione oral - Tier 1; QL*  
*prenatal formula oral tablet 28-0.8 mg - Tier 1; OTC; QL*  
*prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; OTC; QL*

**Non-Preferred Agents**

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

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

*prenatal multi+dha - Tier 1; OTC; QL*  
*prenatal multivitamins - Tier 1; OTC; QL*  
*prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; OTC; QL*  
*prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL*  
*prenatal oral tablet 28-0.8 mg - Tier 1; OTC; QL*  
*prenatal vitamins oral tablet 28-0.8 mg - Tier 1; OTC; QL*  
*prenataliron - Tier 1; OTC; QL*  
*PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2; OTC*  
*radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; OTC*  
*rena-vite (generic for DIALYVITE 800) - Tier 1; OTC; QL*  
*SLO-NIACIN (brand for niacin er) - Tier 2; OTC*  
*thiamine mononitrate oral - Tier 1; OTC; QL*  
*tri-vite pediatric - Tier 1; OTC; QL*  
*TRUE VITAMIN A - Tier 2; OTC; QL*  
*TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; OTC; QL*  
*TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG - Tier 2; OTC*  
*TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; OTC; QL*  
*TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; OTC; QL*  
*TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2; OTC*  
*TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2; OTC*

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## Preferred Agents

## Non-Preferred Agents

TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; OTC; QL  
 TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for vitamin d3) - Tier 2; OTC  
 TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2; OTC  
 vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; OTC  
 vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) - Tier 1; OTC; QL  
 vitamin b complex oral capsule - Tier 1; OTC; QL  
 vitamin b complex w/b-12 - Tier 1; OTC  
 vitamin b-1 oral tablet 100 mg - Tier 1; OTC; QL  
 vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL  
 vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; OTC  
 vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC  
 vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL  
 vitamin d oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1; OTC  
 vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; OTC; QL  
 vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC  
 vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1; OTC

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Preferred Agents	Non-Preferred Agents
<p>vitamin d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1; OTC</p> <p>vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1; OTC</p> <p>vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; OTC; QL</p> <p>vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; OTC; QL</p> <p>vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; OTC; QL</p> <p>vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL</p> <p>vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; OTC</p> <p>vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; OTC</p> <p>vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; OTC</p> <p>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; OTC; QL</p> <p>vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1; OTC</p> <p>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; OTC</p> <p>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; OTC; QL</p> <p>vitamin-b complex - Tier 1; OTC</p> <p>weekly-d (generic for D3-50) - Tier 1; OTC; QL</p> <p>WESTAB PLUS (brand for prenatal) - Tier 2; QL</p> <p>womens prenatal+dha - Tier 1; OTC; QL</p>	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	<p>MYFEMBREE - Tier 2; PA; QL</p> <p>NEXTSTELLIS - Tier 2; PA; PD; QL</p>
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Anti-Constipation Agents

<p><i>constulose</i> - Tier 1; QL  <i>enulose</i> - Tier 1; QL  <i>generlac</i> - Tier 1; QL  <i>lactulose encephalopathy</i> - Tier 1; QL  <i>lactulose oral solution</i> - Tier 1; QL            LINZESS - Tier 2; DX2RX; QL            SYMPROIC - Tier 2; DX2RX; QL</p>	<p>MOTEGRITY - Tier 2; PA; QL            MOVANTIK - Tier 2; PA; QL            RELISTOR SUBCUTANEOUS - Tier 2; PA; QL            TRULANCE - Tier 2; PA; QL</p>
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Anti-Diarrheal Agents

<p><i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D)</i> - Tier 1; OTC  <i>diamode (generic for IMODIUM A-D)</i> - Tier 1; OTC  <i>diphenoxylate-atropine (generic for LOMOTIL)</i> - Tier 1; QL  <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D)</i> - Tier 1; OTC  <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal)</i> - Tier 2; OTC  <i>loperamide hcl oral capsule (generic for IMODIUM A-D)</i> - Tier 1; QL  <i>loperamide hcl oral tablet (generic for IMODIUM A-D)</i> - Tier 1; OTC  <i>meijer anti-diarrheal (generic for IMODIUM A-D)</i> - Tier 1; OTC            MYTESI - Tier 2; DX2RX; QL</p>	<p>VIBERZI - Tier 2; PA; QL</p>
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Antispasmodics, Gastrointestinal

<p><i>dicyclomine hcl oral capsule</i> - Tier 1; QL  <i>dicyclomine hcl oral solution</i> - Tier 1  <i>dicyclomine hcl oral tablet</i> - Tier 1; QL  <i>glycopyrrolate oral tablet 1 mg (generic for ROBINUL)</i> - Tier 1  <i>glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE)</i> - Tier 1</p>	
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Preferred Agents	Non-Preferred Agents
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Gastrointestinal Agents, Other

<p>GATTEX - Tier 2; PA; SP; QL  gavilyte-c - Tier 1; PD; QL  gavilyte-g (generic for GAVILYTE-G) - Tier 1; PD; QL  peg 3350-kcl-na bicarb-nacl - Tier 1; PD; QL  peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; PD; QL  ursodiol oral capsule 300 mg - Tier 1; QL  ursodiol oral tablet (generic for URSO 250) - Tier 1</p>	<p>CLENPIQ - Tier 2; PA; QL  MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL  PLENVU - Tier 2; PA; QL  PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA  SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL  TALICIA - Tier 2; PA; QL</p>
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Histamine2 (H2) Receptor Antagonists

<p>acid controller (generic for PEPCID AC) - Tier 1; OTC; QL  acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL  acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC  cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1  cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC  cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL  famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL  famotidine oral suspension reconstituted - Tier 1; QL; AL  famotidine oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL</p>	
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Preferred Agents	Non-Preferred Agents
<p>famotidine oral tablet 20 mg (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL</p> <p>famotidine oral tablet 40 mg (generic for PEPCID) - Tier 1; QL</p> <p>famotidine orig st (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; OTC; QL</p> <p>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; OTC</p> <p>PEPCID AC (brand for acid controller) - Tier 2; OTC; QL</p> <p>TAGAMET HB 200 (brand for cimetidine) - Tier 2; OTC</p>	
Protectants	
<p>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</p> <p>sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL</p> <p>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</p>	
Proton Pump Inhibitors	
<p>acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; OTC; QL</p> <p>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members &gt;= 2 years of age will require PA; QL; AL</p> <p>ft acid reducer oral capsule delayed release (generic for PREVACID 24HR) - Tier 1; OTC; QL</p> <p>lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; OTC; QL</p> <p>lansoprazole capsule delayed release 15 mg oral (rx) (generic for PREVACID 24HR) - Tier 1; QL</p> <p>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; OTC; QL</p> <p>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
<p>NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members &gt;= 2 years of age will require PA; QL; AL  <i>omeprazole magnesium</i> - Tier 1; OTC; QL  <i>omeprazole magnesium oral capsule delayed release</i> - Tier 1; OTC; QL  <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> - Tier 1; QL  <i>omeprazole oral capsule delayed release 20.6 (20 base) mg</i> - Tier 1; OTC; QL  <i>pantoprazole sodium oral tablet delayed release (generic for PROTONIX)</i> - Tier 1; QL  <i>PREVACID 24HR (brand for eq lansoprazole)</i> - Tier 2; OTC; QL</p>	
<p>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</p>	
<p>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs</p>	
<p><i>abatinex (generic for ABATINEX)</i> - Tier 1; OTC  <i>acid gone (generic for ACID GONE)</i> - Tier 1; OTC  <i>acidophilus lactobacillus oral (generic for ABATINEX)</i> - Tier 1; OTC  <i>acidophilus oral capsule , 10 mg (generic for ABATINEX)</i> - Tier 1; OTC  <i>acidophilus probiotic oral capsule 10 mg (generic for ABATINEX)</i> - Tier 1; OTC  <i>acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX)</i> - Tier 1; OTC  <i>adult 50+ probiotic (generic for FLORA VANCE)</i> - Tier 1; OTC; QL  <i>adult probiotic (generic for FLORA VANCE)</i> - Tier 1; OTC; QL  <i>advanced antacid (generic for MINTOX)</i> - Tier 1; OTC; QL  <i>almacone double strength (generic for ALMACONE DOUBLE STRENGTH)</i> - Tier 1; OTC; QL</p>	

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## Preferred Agents

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

## Non-Preferred Agents

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

*antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL*

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

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

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

*antacid maximum (generic for TUMS ULTRA 1000) - Tier 1; OTC*

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

*antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1; OTC*

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

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

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

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

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

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

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

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

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

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

*antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL*  
*antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; OTC; QL*  
*antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL*  
*antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL*  
*anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC*  
*anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC*  
*anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1; OTC*  
*anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC*  
*anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1; OTC*  
*biotinex (generic for ABATINEX) - Tier 1; OTC*  
*bismuth (generic for SOOTHE) - Tier 1; OTC; QL*  
*bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; OTC; QL*  
*BOLSITOL (brand for acidophilus) - Tier 2; OTC*  
*calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC*  
*calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC*  
*calcium antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1; OTC*

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## Preferred Agents

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

## Non-Preferred Agents

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

FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2; OTC  
foaming antacid oral tablet chewable 80-20 mg - Tier 1; OTC  
freeze dried acidophilus (generic for ABATINEX) - Tier 1; OTC  
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL  
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; OTC  
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1; OTC  
ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC  
ft enema saline (generic for FLEET ENEMA) - Tier 1; OTC  
ft gas relief - Tier 1; OTC  
ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1; OTC  
ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1; OTC  
ft milk of magnesia (generic for DULCOLAX) - Tier 1; OTC  
ft stomach relief oral suspension (generic for SOOTHE) - Tier 1; OTC  
ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1; OTC  
ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; OTC; QL  
gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1; OTC  
gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1; OTC

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

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

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

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

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

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

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

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

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

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

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

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

*GAVISCON - Tier 2; OTC*

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

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

*GELUSIL - Tier 2; OTC*

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

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## Preferred Agents

*geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; OTC; QL*  
*geri-mox (generic for MINTOX) - Tier 1; OTC; QL*  
*heartburn antacid (generic for ACID GONE) - Tier 1; OTC*  
*heartburn antacid ex st (generic for ACID GONE) - Tier 1; OTC*  
*heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1; OTC*  
*heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1; OTC*  
*heartland gas relief - Tier 1; OTC*  
*high potency probiotic oral capsule (generic for FLORA VANCE) - Tier 1; OTC; QL*  
*IMODIUM MULTI-SYMPTOM RELIEF (brand for eq1 anti-diarrheal anti-gas) - Tier 2; OTC*  
*intestinex (generic for ABATINEX) - Tier 1; OTC*  
*lactobacillus oral tablet (generic for FLORANEX) - Tier 1; OTC*  
*lacto-pectin (generic for FLORA VANCE) - Tier 1; OTC; QL*  
*long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1; OTC*  
*loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1; OTC*  
*MAALOX CHILDRENS (brand for childrens pepto) - Tier 2; OTC*  
*MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; OTC; QL*  
*MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; OTC; QL*  
*mag-al plus (generic for MINTOX) - Tier 1; OTC; QL*  
*mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL*

## Non-Preferred Agents

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

## Preferred Agents

magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL  
mega probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL  
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL  
milk of magnesia (generic for DULCOLAX) - Tier 1; OTC  
milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1; OTC  
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; OTC; QL  
mintox plus - Tier 1; OTC  
mood support probiotic (generic for FLORA VANCE) - Tier 1; OTC; QL  
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2; OTC  
PHAZYME (brand for cvs gas relief extra strength) - Tier 2; OTC  
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2; OTC  
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC  
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1; OTC  
pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC  
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1; OTC  
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; OTC; QL

## Non-Preferred Agents

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

## Preferred Agents

## Non-Preferred Agents

*pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1; OTC*

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

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

*probiotic colon care (generic for FLORA VANCE) - Tier 1; OTC; QL*

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

*probiotic maximum strength (generic for FLORA VANCE) - Tier 1; OTC; QL*

*probiotic oral capsule (generic for FLORA VANCE) - Tier 1; OTC; QL*

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

*probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; OTC; QL*

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

*RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL*

*RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL*

*RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; OTC; QL*

*saccharomyces boulardii (generic for FLORASTOR) - Tier 1; OTC*

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

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

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

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

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

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

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## Preferred Agents

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

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

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

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

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

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

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

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

*METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2; OTC*

*METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2; OTC*

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

*mineral oil heavy oral - Tier 1*

*mineral oil heavy oral oil - Tier 1; OTC*

*mineral oil oral oil - Tier 1; OTC*

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

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

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

*natural daily fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; OTC*

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

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**Preferred Agents**

**Non-Preferred Agents**

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

**Laxatives - Drugs to treat Constipation**

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2; OTC  
 citroma (generic for CITROMA) - Tier 1; OTC; PD; QL  
 CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2; OTC  
 COLACE (brand for cvs stool softener) - Tier 2; OTC; QL  
 col-rite oral capsule 250 mg - Tier 1; OTC; QL  
 docusate calcium (generic for SURFAK) - Tier 1; OTC  
 docusate mini (generic for DOCUSOL MINI) - Tier 1; OTC; QL  
 docusate sodium oral capsule (generic for COLACE) - Tier 1; OTC; QL  
 docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; OTC; QL  
 docusate sodium oral syrup - Tier 1; OTC  
 DOCUSOL MINI (brand for docusate mini) - Tier 2; OTC; QL  
 docuzen (generic for SENOKOT S) - Tier 1; OTC

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## Preferred Agents

*dss (generic for COLACE) - Tier 1; OTC; QL*  
*easy-lax plus (generic for SENOKOT S) - Tier 1; OTC*  
*ENEMEEZ MINI (brand for docusate mini) - Tier 2; OTC; QL*  
*EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2; OTC*  
*fiber laxative + calcium (generic for FIBERCON) - Tier 1; OTC*  
*fiber laxative oral tablet 500 mg (generic for CITRUCEL) - Tier 1; OTC*  
*fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1; OTC*  
*fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1; OTC*  
*fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1; OTC*  
*fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1; OTC*  
*fiber-caps (generic for FIBERCON) - Tier 1; OTC*  
*fiber-lax (generic for FIBERCON) - Tier 1; OTC*  
*ft fiber laxative (generic for CITRUCEL) - Tier 1; OTC*  
*ft magnesium citrate (generic for CITROMA) - Tier 1; OTC; PD; QL*  
*ft senna laxative (generic for SENOKOT) - Tier 1; OTC; QL*  
*ft senna laxatives (generic for SENOKOT) - Tier 1; OTC; QL*  
*ft senna-s (generic for SENOKOT S) - Tier 1; OTC*  
*ft stool softener oral capsule (generic for COLACE) - Tier 1; OTC; QL*  
*ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1; OTC*  
*geri-kot (generic for SENOKOT) - Tier 1; OTC; QL*  
*glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; OTC*  
*glycerin (infants & children) rectal suppository 1 gm - Tier 1; OTC*  
*glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; OTC*  
*glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1; OTC*

## Non-Preferred Agents

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

*glycerin childrens* - Tier 1; OTC  
*glycerin pediatric rectal suppository 1.2 gm* - Tier 1; OTC  
*laxacin (generic for SENOKOT S)* - Tier 1; OTC  
*laxative max str (generic for EX-LAX MAXIMUM STRENGTH)* - Tier 1; OTC  
*laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH)* - Tier 1; OTC  
*laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH)* - Tier 1; OTC  
*laxative regular strength (generic for SENNA SMOOTH)* - Tier 1; OTC  
*magnesium citrate oral solution (generic for CITROMA)* - Tier 1; OTC; PD; QL  
*mm stool softener laxative (generic for COLACE)* - Tier 1; OTC; QL  
*natural senna laxative (generic for SENOKOT)* - Tier 1; OTC; QL  
*natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT)* - Tier 1; OTC; QL  
*ONELAX DOCUSATE SODIUM (brand for docusate sodium)* - Tier 2; OTC; QL  
*ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate)* - Tier 2; OTC; PD; QL  
*ONELAX SENNA (brand for senna)* - Tier 2; OTC  
*p col-rite (generic for SENOKOT S)* - Tier 1; OTC  
*PEDIA-LAX ORAL LIQUID* - Tier 2; OTC  
*PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength)* - Tier 2; OTC  
*sb docusate sodium/senna (generic for SENOKOT S)* - Tier 1; OTC  
*senexon-s (generic for SENOKOT S)* - Tier 1; OTC  
*senna lax (generic for SENOKOT)* - Tier 1; OTC; QL

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## Preferred Agents

*senna laxative (generic for SENOKOT) - Tier 1; OTC; QL*  
*senna oral liquid (generic for ONELAX SENNA) - Tier 1; OTC*  
*senna oral syrup (generic for ONELAX SENNA) - Tier 1; OTC*  
*senna oral tablet (generic for SENOKOT) - Tier 1; OTC; QL*  
*senna plus oral tablet (generic for SENOKOT S) - Tier 1; OTC*  
*senna s (generic for SENOKOT S) - Tier 1; OTC*  
*senna smooth (generic for SENNA SMOOTH) - Tier 1; OTC*  
*senna-docusate sodium (generic for SENOKOT S) - Tier 1; OTC*  
*senna-lax (generic for SENOKOT) - Tier 1; OTC; QL*  
*senna-plus (generic for SENOKOT S) - Tier 1; OTC*  
*senna-s (generic for SENOKOT S) - Tier 1; OTC*  
*senna-tabs (generic for SENOKOT) - Tier 1; OTC; QL*  
*senna-time (generic for SENOKOT) - Tier 1; OTC; QL*  
*senna-time s (generic for SENOKOT S) - Tier 1; OTC*  
*sennazon (generic for ONELAX SENNA) - Tier 1; OTC*  
*SENOKOT (brand for cvs senna) - Tier 2; OTC; QL*  
*SENOKOT S (brand for cvs senna plus) - Tier 2; OTC*  
*soluble fiber therapy (generic for CITRUCEL) - Tier 1; OTC*  
*stimulant lax plus (generic for SENOKOT S) - Tier 1; OTC*  
*stimulant laxative (generic for SENOKOT S) - Tier 1; OTC*  
*stool softener laxative oral capsule (generic for COLACE) - Tier 1; OTC; QL*  
*stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; OTC; QL*  
*stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1; OTC*  
*stool softener oral capsule 250 mg - Tier 1; OTC; QL*

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1; OTC</i></p> <p><i>stool softener pls laxative (generic for SENOKOT S) - Tier 1; OTC</i></p> <p><i>stool softener plus laxative (generic for SENOKOT S) - Tier 1; OTC</i></p> <p><i>stool softener/laxative (generic for SENOKOT S) - Tier 1; OTC</i></p> <p><i>stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1; OTC</i></p> <p><i>vegetable lax+stool softener (generic for SENOKOT S) - Tier 1; OTC</i></p> <p><i>vegetable laxative (generic for SENOKOT) - Tier 1; OTC; QL</i></p>	
<p>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</p>	
<p>CHOLBAM - Tier 2; PA; SP; QL</p> <p>CREON - Tier 2</p> <p>CYSTAGON - Tier 2; SP; QL</p> <p>NITYR - Tier 2; DX2RX; SP; CH; QL</p> <p>RAVICTI - Tier 2; PA; SP; CH; QL</p> <p><i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; CH; QL</i></p> <p><i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; CH; QL</i></p> <p>STRENSIQ - Tier 2; PA; SP</p> <p>TEGSEDI - Tier 2; PA; SP; QL</p> <p>VYNDAMAX - Tier 2; PA; SP; QL</p> <p>VYNDAQEL - Tier 2; PA; SP; QL</p> <p>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2</p>	<p>CERDELGA - Tier 2; PA; SP; QL</p> <p><i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; CH; QL</i></p> <p>PHEBURANE - Tier 2; PA; SP; CH; QL</p>

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

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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; OTC</i></p> <p><i>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i></p> <p><i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1; OTC</i></p> <p><i>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL</i></p> <p><i>phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i></p> <p><i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1; OTC</i></p> <p><i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i></p> <p><i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1; OTC</i></p> <p><i>URO-PAIN (brand for cvs urinary pain relief) - Tier 2; OTC</i></p>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i>  <i>dexamethasone oral elixir - Tier 1; QL</i>  <i>dexamethasone oral solution - Tier 1; QL</i>  <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i>  <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i>  <i>fludrocortisone acetate oral - Tier 1; QL</i>  <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL</i>  <b>MEDROL ORAL TABLET 2 MG - Tier 2</b>  <i>methylprednisolone oral (generic for MEDROL) - Tier 1; QL</i>  <i>prednisolone oral solution - Tier 1; QL</i>  <i>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</i>  <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i>  <i>prednisone oral solution - Tier 1; QL</i>  <i>prednisone oral tablet - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p>	<p><b>ACTHAR - Tier 2; PA; SP; QL</b>  <b>CORTROPHIN - Tier 2; PA; SP; QL</b></p>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p><i>desmopressin ace spray refrig - Tier 1; QL</i>  <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; CH; QL</i>  <i>desmopressin acetate spray - Tier 1; QL</i>  <b>EGRIFTA SV - Tier 2; DX2RX; SP; QL</b>  <b>INCRELEX - Tier 2; PA; SP</b>  <b>NOCDURNA - Tier 2; PA; QL</b>  <b>NOVAREL - Tier 2; PA; SP</b>  <b>NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP</b>  <b>NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP</b>  <b>NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP</b>  <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA; SP</i></p>	<p><b>GENOTROPIN - Tier 2; PA; SP</b>  <b>GENOTROPIN MINIQUICK - Tier 2; PA; SP</b>  <b>HUMATROPE - Tier 2; PA; SP</b>  <b>NORDITROPIN FLEXPRO - Tier 2; PA; SP</b>  <b>OMNITROPE - Tier 2; PA; SP</b></p>

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
FOLLISTIM AQ - Tier 2; PA; SP	GONAL-F - Tier 2; PA; SP GONAL-F RFF - Tier 2; PA; SP GONAL-F RFF REDIRECT - Tier 2; PA; SP OVIDREL - Tier 2; PA; SP SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; Coverage based on benefit; CH; QL</i>	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1; QL</i></p> <p><i>DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; PA; QL</i></p> <p><i>NATESTO - Tier 2; PA; QL</i></p> <p><i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA</i></p>	<p><i>ANDRODERM - Tier 2; PA; QL</i></p> <p><i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i></p> <p><i>XYOSTED - Tier 2; PA; QL</i></p>
Estrogens	
<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; PD; QL; GE</i></p> <p><i>ALORA (brand for estradiol) - Tier 2; QL</i></p> <p><i>altavera (generic for ALTAVERA) - Tier 1; PD; QL; GE</i></p> <p><i>alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE</i></p> <p><i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE</i></p> <p><i>apri - Tier 1; PD; QL; GE</i></p> <p><i>aranelle - Tier 1; PD; QL; GE</i></p> <p><i>ashlyna (generic for ASHLYNA) - Tier 1; PD; QL</i></p> <p><i>aubra eq (generic for AFIRMELLE) - Tier 1; PD; QL; GE</i></p> <p><i>aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE</i></p> <p><i>aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE</i></p> <p><i>aurovela 24 fe - Tier 1; PD; QL</i></p> <p><i>aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE</i></p>	<p><i>ANNOVERA - Tier 2; PA; PD; QL</i></p> <p><i>BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; PD; QL</i></p> <p><i>BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL</i></p> <p><i>BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL</i></p> <p><i>CLIMARA (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>CLIMARA PRO - Tier 2; PA</i></p> <p><i>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA</i></p> <p><i>ELESTRIN - Tier 2; PA</i></p> <p><i>EVAMIST - Tier 2; PA</i></p> <p><i>LO LOESTRIN FE - Tier 2; PA; PD; QL</i></p>

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## Preferred Agents

*aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE*  
*aviane (generic for AFIRMELLE) - Tier 1; PD; QL; GE*  
*ayuna (generic for ALTAVERA) - Tier 1; PD; QL; GE*  
*azurette (generic for AZURETTE) - Tier 1; PD; QL; GE*  
*balziva (generic for BALZIVA) - Tier 1; PD; QL; GE*  
*blisovi 24 fe - Tier 1; PD; QL*  
*blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE*  
*blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE*  
*briellyn (generic for BALZIVA) - Tier 1; PD; QL; GE*  
*camrese (generic for ASHLYNA) - Tier 1; PD; QL*  
*camrese lo (generic for CAMRESE LO) - Tier 1; PD; QL*  
*charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE*  
*chateal eq (generic for ALTAVERA) - Tier 1; PD; QL; GE*  
*cryselle-28 - Tier 1; PD; QL; GE*  
*cyred eq - Tier 1; PD; QL; GE*  
*dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE*  
*dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE*  
*daysee (generic for ASHLYNA) - Tier 1; PD; QL*  
*delyla (generic for AFIRMELLE) - Tier 1; PD; QL; GE*  
*DEPO-ESTRADIOL - Tier 2; QL*  
*desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) (generic for AZURETTE) - Tier 1; PD; QL; GE*  
*dotti (generic for DOTTI) - Tier 1; QL*  
*drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; PD; QL*  
*DUAVEE - Tier 2; QL*  
*elinest - Tier 1; PD; QL; GE*

## Non-Preferred Agents

*NATAZIA - Tier 2; PA; PD; QL*  
*NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; PD; QL; GE*  
*SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; PD; QL*  
*VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL*  
*YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; PD; QL*  
*YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; PD; QL*

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## Preferred Agents

*eluryng (generic for ELURYNG) - Tier 1; PD; QL; GE*  
*enilloring (generic for ELURYNG) - Tier 1; PD; QL; GE*  
*enpresse-28 (generic for ENPRESSE-28) - Tier 1; PD; QL; GE*  
*enskyce - Tier 1; PD; QL; GE*  
*estarylla (generic for ESTARYLLA) - Tier 1; PD; QL; GE*  
*estradiol oral (generic for ESTRACE) - Tier 1; QL*  
*estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL*  
*estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL*  
*estradiol vaginal (generic for ESTRACE) - Tier 1; QL*  
*ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; PD; QL; GE*  
*etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; PD; QL; GE*  
*falmina (generic for AFIRMELLE) - Tier 1; PD; QL; GE*  
*finzala (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE*  
*hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE*  
*hailey 24 fe - Tier 1; PD; QL*  
*hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE*  
*hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE*  
*haloette (generic for ELURYNG) - Tier 1; PD; QL; GE*  
*iclevia (generic for ICLEVIA) - Tier 1; PD; QL*  
*introvale (generic for ICLEVIA) - Tier 1; PD; QL*  
*isibloom - Tier 1; PD; QL; GE*  
*jaimiess (generic for ASHLYNA) - Tier 1; PD; QL*  
*jasmiel (generic for JASMIEL) - Tier 1; PD; QL*  
*jolessa (generic for ICLEVIA) - Tier 1; PD; QL*

## Non-Preferred Agents

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

juleber - Tier 1; PD; QL; GE  
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE  
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE  
junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE  
junel fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE  
junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; PD; QL  
kalliga - Tier 1; PD; QL; GE  
kariva (generic for AZURETTE) - Tier 1; PD; QL; GE  
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; PD; QL; GE  
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; PD; QL; GE  
kurvelo (generic for ALTAVERA) - Tier 1; PD; QL; GE  
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE  
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE  
larin 24 fe - Tier 1; PD; QL  
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD; QL; GE  
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE  
leena - Tier 1; PD; QL; GE  
lessina (generic for AFIRMELLE) - Tier 1; PD; QL; GE  
levonest (generic for ENPRESSE-28) - Tier 1; PD; QL; GE  
levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; PD; QL  
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; PD; QL; GE  
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; PD; QL; GE  
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; PD; QL; GE

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

levora 0.15/30 (28) (generic for ALTavera) - Tier 1; PD; QL; GE  
lojaimiess (generic for CAMRESE LO) - Tier 1; PD; QL  
loryna (generic for JASMIEL) - Tier 1; PD; QL  
low-ogestrel - Tier 1; PD; QL; GE  
lo-zumandimine (generic for JASMIEL) - Tier 1; PD; QL  
luterla (generic for AFIRMELLE) - Tier 1; PD; QL; GE  
lyllana (generic for DOTTI) - Tier 1; QL  
marlissa (generic for ALTavera) - Tier 1; PD; QL; GE  
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; PD; QL; GE  
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PD; QL;  
GE  
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; PD; QL; GE  
microgestin 24 fe - Tier 1; PD; QL  
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; PD;  
QL; GE  
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; PD; QL;  
GE  
mili (generic for ESTARYLLA) - Tier 1; PD; QL; GE  
mono-lynyah (generic for ESTARYLLA) - Tier 1; PD; QL; GE  
necon 0.5/35 (28) - Tier 1; PD; QL; GE  
nikki (generic for JASMIEL) - Tier 1; PD; QL  
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; PD; QL;  
GE  
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE  
1.5/30) - Tier 1; PD; QL; GE  
norethin ace-eth estrad-fe oral tablet chewable (generic for  
CHARLOTTE 24 FE) - Tier 1; PD; QL; GE

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

*norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; PD; QL; GE*  
*norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; PD; QL; GE*  
*norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; PD; QL*  
*norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; PD; QL; GE*  
*norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE*  
*nortrel 0.5/35 (28) - Tier 1; PD; QL; GE*  
*nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; PD; QL; GE*  
*nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; PD; QL; GE*  
*nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE*  
*nylia 1/35 (generic for DASETTA 1/35) - Tier 1; PD; QL; GE*  
*nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; PD; QL; GE*  
*nymyo (generic for ESTARYLLA) - Tier 1; PD; QL; GE*  
*ocella (generic for OCELLA) - Tier 1; PD; QL*  
*philith (generic for BALZIVA) - Tier 1; PD; QL; GE*  
*pimtrea (generic for AZURETTE) - Tier 1; PD; QL; GE*  
*portia-28 (generic for ALTAVERA) - Tier 1; PD; QL; GE*  
PREMARIN ORAL - Tier 2; QL  
PREMARIN VAGINAL - Tier 2; QL  
PREMPHASE - Tier 2; QL  
PREMPRO - Tier 2; QL  
*reclipsen - Tier 1; PD; QL; GE*  
*setlakin (generic for ICLEVIA) - Tier 1; PD; QL*  
*simliya (generic for AZURETTE) - Tier 1; PD; QL; GE*

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## Preferred Agents

*simpesse (generic for ASHLYNA) - Tier 1; PD; QL*  
*sprintec 28 (generic for ESTARYLLA) - Tier 1; PD; QL; GE*  
*sronyx (generic for AFIRMELLE) - Tier 1; PD; QL; GE*  
*syeda (generic for OCELLA) - Tier 1; PD; QL*  
*tarina 24 fe - Tier 1; PD; QL*  
*tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; PD; QL; GE*  
*tilia fe (generic for TILIA FE) - Tier 1; PD; QL; GE*  
*tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE*  
*tri-legest fe (generic for TILIA FE) - Tier 1; PD; QL; GE*  
*tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE*  
*tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; PD; QL; GE*  
*tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; PD; QL; GE*  
*tri-mili (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE*  
*tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE*  
*tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE*  
*trivora (28) (generic for ENPRESSE-28) - Tier 1; PD; QL; GE*  
*tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; PD; QL; GE*  
*tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; PD; QL; GE*  
*turqoz - Tier 1; PD; QL; GE*  
*TYBLUME - Tier 2; PD; QL; GE*  
*velivet - Tier 1; PD; QL*  
*vestura (generic for JASMIEL) - Tier 1; PD; QL*  
*vienva (generic for AFIRMELLE) - Tier 1; PD; QL; GE*  
*viorele (generic for AZURETTE) - Tier 1; PD; QL; GE*  
*volnea (generic for AZURETTE) - Tier 1; PD; QL; GE*  
*vyfemla (generic for BALZIVA) - Tier 1; PD; QL; GE*  
*vylibra (generic for ESTARYLLA) - Tier 1; PD; QL; GE*  
*wera - Tier 1; PD; QL; GE*  
*wymzya fe (generic for WYMZYA FE) - Tier 1; PD; QL*  
*xulane (generic for XULANE) - Tier 1; PD; QL; GE*  
*yuvaferm (generic for YUVAFEM) - Tier 1; QL*  
*zafemy (generic for XULANE) - Tier 1; PD; QL; GE*  
*zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; PD; QL; GE*  
*zumandimine (generic for OCELLA) - Tier 1; PD; QL*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
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Progestins

*camila (generic for CAMILA) - Tier 1; PD; QL; GE*  
*deblitane (generic for CAMILA) - Tier 1; PD; QL; GE*  
 ELLA - Tier 2; PD; QL  
*emzahh (generic for CAMILA) - Tier 1; PD; QL; GE*  
*errin (generic for CAMILA) - Tier 1; PD; QL; GE*  
*heather (generic for CAMILA) - Tier 1; PD; QL; GE*  
*incassia (generic for CAMILA) - Tier 1; PD; QL; GE*  
*jencycla (generic for CAMILA) - Tier 1; PD; QL; GE*  
*lyleq (generic for CAMILA) - Tier 1; PD; QL; GE*  
*lyza (generic for CAMILA) - Tier 1; PD; QL; GE*  
*medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; PD; QL; GE*  
*medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL*  
*megestrol acetate oral suspension 40 mg/ml - Tier 1; PD; CH; QL*  
*megestrol acetate oral tablet 20 mg - Tier 1; PD; CH*  
*megestrol acetate oral tablet 40 mg - Tier 1; PD; CH; QL*  
*nora-be (generic for CAMILA) - Tier 1; PD; QL; GE*  
*norethindrone acetate oral - Tier 1; QL*  
*norethindrone oral (generic for CAMILA) - Tier 1; PD; QL; GE*  
*norlyroc (generic for CAMILA) - Tier 1; PD; QL; GE*  
*progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL*  
*sharobel (generic for CAMILA) - Tier 1; PD; QL; GE*

ENDOMETRIN - Tier 2; PA

Selective Estrogen Receptor Modifying Agents

*raloxifene hcl (generic for EVISTA) - Tier 1; PD; CH; QL*

OSPHENA - Tier 2; PA; CH; QL; GE

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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; OTC; PD; QL; GE</i> <i>curae (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; OTC; PD; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; OTC; PD; QL; GE</i>	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
CLOMID - Tier 2; CH	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	ERMEZA - Tier 2; PA; QL TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL TIROSINT-SOL - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; PD; CH; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; CH; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP; PD</i> LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; PD; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; PD; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; PD; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; PD; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP LUPRON DEPOT-PED (6-MONTH) - Tier 2; SP <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic  for SANDOSTATIN) - Tier 1; SP</i> <i>octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL</i> <i>octreotide acetate injection solution 200 mcg/ml - Tier 1; SP</i> <i>octreotide acetate injection solution 500 mcg/ml (generic for  SANDOSTATIN) - Tier 1; SP; QL</i> <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml,  50 mcg/ml - Tier 1; SP</i> <i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml  - Tier 1; SP; QL</i> ORILISSA - Tier 2; PA; CH; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL TRIPTODUR - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
MENOPUR - Tier 2; PA; SP	<i>ganirelix acetate (generic for FYREMADEL)</i> - Tier 1; PA; SP
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral</i> - Tier 1; QL <i>propylthiouracil oral</i> - Tier 1; QL	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
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Immunological Agents, Other

ACTEMRA ACTPEN - Tier 2; PA; SP; QL  
 ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL  
 COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL  
 COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL  
 COSENTYX UNOREADY - Tier 2; PA; QL  
 DUPIXENT - Tier 2; PA; SP; QL  
 ILARIS - Tier 2; PA; SP; QL  
 KINERET - Tier 2; PA; SP; QL  
 OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL  
 ORENCIA CLICKJECT - Tier 2; PA; SP; QL  
 ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL  
 OTEZLA - Tier 2; PA; SP; QL  
 RINVOQ - Tier 2; PA; SP; QL  
 STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL  
 SYNAGIS - Tier 2; PA; SP; QL  
 TREMFYA - Tier 2; PA; SP; QL  
 XELJANZ - Tier 2; PA; SP; QL  
 XELJANZ XR - Tier 2; PA; SP; QL  
 XOLAIR - Tier 2; PA; SP; QL

ADBRY - Tier 2; PA; SP; QL  
 ILUMYA - Tier 2; PA; SP; QL  
 KEVZARA - Tier 2; PA; SP; QL  
 SKYRIZI PEN - Tier 2; PA; SP; QL  
 SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL  
 TALTZ - Tier 2; PA; SP; QL

Immunostimulants

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

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## Preferred Agents

## Non-Preferred Agents

### Immunosuppressants

*azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL*  
*CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL*  
*CIMZIA VIAL KIT - Tier 2; PA; SP; QL*  
*CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML - Tier 2; PA; SP; QL*  
*cyclosporine modified (generic for GENGRAF) - Tier 1; QL*  
*cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL*  
*everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1*  
*gengraf oral capsule (generic for GENGRAF) - Tier 1; QL*  
*HUMIRA (2 PEN) - Tier 2; PA; SP; QL*  
*HUMIRA (2 SYRINGE) - Tier 2; PA; SP; QL*  
*HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL*  
*HUMIRA-PED<40KG CROHNS STARTER - Tier 2; PA; SP; QL*  
*HUMIRA-PED>=40KG CROHNS START - Tier 2; PA; SP; QL*  
*HUMIRA-PED>=40KG UC STARTER - Tier 2; PA; SP; QL*  
*HUMIRA-PSORIASIS/UEIT STARTER - Tier 2; PA; SP; QL*  
*leflunomide oral (generic for ARAVA) - Tier 1; QL*  
*methotrexate sodium (pf) - Tier 1; PD*  
*methotrexate sodium injection - Tier 1; PD*  
*methotrexate sodium oral - Tier 1; PD; CH*  
*mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL*  
*mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL*  
*mycophenolic acid (generic for MYFORTIC) - Tier 1; QL*  
*SIMPONI - Tier 2; PA; SP; QL*  
*sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL*  
*sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL*  
*sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1*  
*tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1*  
*tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL*

*ENBREL - Tier 2; PA; SP; QL*  
*OTREXUP - Tier 2; PA; QL*  
*RASUVO - Tier 2; PA; QL*  
*TREXALL - Tier 2; PA; PD; CH*

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**Preferred Agents**

**Non-Preferred Agents**

Vaccines

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

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Preferred Agents	Non-Preferred Agents
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
AFLURIA QUADRIVALENT - Tier 2; PD; QL DENGVAXIA - Tier 2; PD; QL FLUAD QUADRIVALENT - Tier 2; PD; QL FLUARIX QUADRIVALENT - Tier 2; PD; QL FLUBLOK QUADRIVALENT - Tier 2; PD; QL FLUCELVAX QUADRIVALENT - Tier 2; PD; QL FLULAVAL QUADRIVALENT - Tier 2; PD; QL FLUMIST QUADRIVALENT - Tier 2; PD; QL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; PD; QL FLUZONE QUADRIVALENT - Tier 2; PD; QL HEPLISAV-B - Tier 2; PD; QL; AL HYPERTET - Tier 2; QL NOVAVAX COVID-19 VACCINE - Tier 2; PD; QL PNEUMOVAX 23 - Tier 2; PD; QL PREVNAR 20 - Tier 2; PD; QL	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>LIALDA (brand for mesalamine) - Tier 2; QL</i> <i>mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> SFROWASA - Tier 2; QL <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Glucocorticoids

*budesonide oral - Tier 1; DX2RX; QL*  
*hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL*  
*hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL*  
*PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; OTC; QL*  
*procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL*  
*proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL*  
*proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL*

*CORTIFOAM - Tier 2; PA; QL*  
*UCERIS (brand for budesonide) - Tier 2; PA; QL*

Metabolic Bone Disease Agents

*alendronate sodium oral solution - Tier 1; CH; QL*  
*alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; CH; QL*  
*alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; CH; QL*  
*calcitonin (salmon) nasal - Tier 1; QL*  
*calcitriol oral capsule (generic for ROCALTROL) - Tier 1; CH; QL*  
*calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; CH; AL*  
*cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; CH; QL*  
*TYMLOS - Tier 2; PA; SP; QL*

*FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL*  
*RAYALDEE - Tier 2; PA; CH; QL*  
*TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL*

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Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; PD; QL  <i>acne control cleanser (generic for CLEARSKIN) - Tier 1; OTC</i>  <i>acne medication 10 external lotion - Tier 1; OTC; QL</i>  <i>acne medication 5 external lotion - Tier 1; OTC</i>  <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1; OTC</i>            ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL            ADALIMUMAB-ADAZ (brand for adalimumab-adaz) - Tier 2; PA; SP; QL            ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (brand for adalimumab-adb (2 syringe)) - Tier 2; PA; SP; QL  <i>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1; OTC</i>  <i>advanced acne spot treat (generic for CLEAN &amp; CLEAR ACNE SCRUB) - Tier 1; OTC</i>  <i>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; OTC; QL; DME</i>            AMJEVITA - Tier 2; PA; SP; QL            AMJEVITA-PED 15KG TO &lt;30KG - Tier 2; PA; SP; QL  <i>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</i>  <i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL</i>  <i>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; OTC; QL</i>  <i>antifungal tolinaftate (generic for TINACTIN) - Tier 1; OTC; QL</i>            AREXVY - Tier 2; PD; QL  <i>arthritis pain relieving - Tier 1; OTC; QL</i></p>	<p><i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; OTC; QL; DME</i>  <i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; OTC; QL; DME</i>  <i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; OTC; QL; DME</i>  <i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; OTC; QL; DME</i>  <i>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; OTC; QL; DME</i>  <i>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</i>            EMPAVELI - Tier 2; PA; SP; QL            FYLNETRA - Tier 2; PA; SP            GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL; DME            GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL; DME            HYFTOR - Tier 2; PA; QL  <i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; OTC; QL; DME</i>  <i>INSULIN PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; OTC; QL; DME</i>  <i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; OTC; QL; DME</i>  <i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; OTC; QL; DME</i></p>

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## Preferred Agents

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

## Non-Preferred Agents

INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; OTC; QL; DME  
 INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; OTC; QL; DME  
 INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; OTC; QL; DME  
 OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL; DME  
 OMNIPOD 5 G6 PODS (GEN 5) - Tier 2; PA; QL; DME  
 ORLADEYO - Tier 2; PA; SP; QL  
 QUVIVIQ - Tier 2; PA; QL  
 RYALTRIS - Tier 2; PA; QL; DME  
 SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL  
 VIVJOA - Tier 2; PA; QL  
 VOQUEZNA DUAL PAK - Tier 2; PA; QL  
 VTAMA - Tier 2; PA; QL  
 WINLEVI - Tier 2; PA; QL  
 YONSA - Tier 2; PA; SP; PD; CH; QL  
 ZORYVE EXTERNAL CREAM - Tier 2; PA; QL; AL

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

**Preferred Agents**

*athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC*  
*athletes foot relief (generic for TINACTIN) - Tier 1; OTC*  
*AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; OTC; QL; DME*  
*bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; OTC; QL*  
*bacitracin zinc external - Tier 1; OTC; QL*  
*bacitracin zinc first aid - Tier 1; OTC; QL*  
*bacitracin zinc-aloe - Tier 1; OTC; QL*  
*BAYER ASPIRIN (brand for aspirin) - Tier 2; OTC; PD; QL*  
*BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; OTC; PD; QL*  
*BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME*  
*BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; OTC; QL; DME*  
*BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; OTC; QL; DME*  
*BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL*  
*benzoyl peroxide external gel 2.5 % - Tier 1; OTC; QL*  
*benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; OTC; QL*  
*benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; OTC; QL*  
*BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME*

**Non-Preferred Agents**

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## Preferred Agents

*bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL*  
*bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL*  
*bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL*  
*bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; OTC; QL*  
*bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1; OTC*  
*BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; OTC; QL; DME*  
*calamine external lotion - Tier 1; OTC*  
*CALQUENCE - Tier 2; SP; PD; CH; QL*  
*capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; OTC; QL*  
*capsaicin external cream 0.1 % (generic for ZOSTRIX HP) - Tier 1; OTC; QL*  
*capsaicin hp (generic for ZOSTRIX HP) - Tier 1; OTC; QL*  
*capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; OTC; QL*  
*capzix (generic for ZOSTRIX HP) - Tier 1; OTC; QL*  
*CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL; DME*  
*CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL; DME*  
*CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME*  
*CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; OTC; QL; DME*  
*CASTIVA WARMING - Tier 2; OTC; QL*  
*CAYA - Tier 2; PD; QL; DME*  
*CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; OTC; QL*

## Non-Preferred Agents

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

*CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; OTC; QL*  
*childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; OTC; PD; QL*  
*c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL*  
*CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME*  
*clearskin (generic for CLEARSKIN) - Tier 1; OTC*  
*CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; DME*  
*CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME*  
*COMIRNATY - Tier 2; PD; QL*  
*CONDOMS - Tier 2; OTC; PD; QL; DME*  
*COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; OTC; QL; DME*  
*corn & callus remover (generic for COMPOUND W) - Tier 1; OTC*  
*corn and callus remover (generic for COMPOUND W) - Tier 1; OTC*  
*COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME*  
*COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; OTC; DME*  
*COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; DME*  
*COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME*

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

CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL  
 daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1; OTC  
 darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL  
 DERMELEVE ADVANCED FORMULA - Tier 2; OTC  
 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL; DME  
 DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
 double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1; OTC  
 DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; OTC; QL; DME  
 DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; OTC; PD; QL; DME  
 EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL; DME  
 EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL; DME  
 EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL; DME  
 EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL; DME  
 ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
 enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL  
 EX-LAX ULTRA (brand for bisacodyl) - Tier 2; OTC; PD; QL

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## Preferred Agents

## Non-Preferred Agents

*fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; OTC; QL*  
*FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME*  
*FC2 FEMALE CONDOM - Tier 2; OTC; PD; QL; DME*  
*FEMCAP - Tier 2; PD; QL; DME*  
*FLEET BISACODYL - Tier 2; OTC; QL*  
*FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; OTC; QL*  
*FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME*  
*folic acid oral tablet 1 mg - Tier 1; PD; QL*  
*folic acid oral tablet 1 mg - Tier 1; OTC; PD; QL*  
*folic acid oral tablet 400 mcg, 800 mcg - Tier 1; OTC; PD*  
*foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC*  
*ft antibiotic - Tier 1; OTC; QL*  
*ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; OTC; QL*  
*ft aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL*  
*ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL*  
*ft double antibiotic (generic for POLYSPORIN) - Tier 1; OTC*  
*ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; OTC; PD; QL*  
*ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; OTC; QL*  
*ft laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL*  
*fungi-guard (generic for TINACTIN) - Tier 1; OTC; QL*

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

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

*gentle laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; OTC; QL*

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

*genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL*

*gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL*

*gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL*

*HADLIMA - Tier 2; PA; SP; QL*

*HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL*

*h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL*

*hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL*

*hydromet (generic for HYCODAN) - Tier 1; QL; AL*

*hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL*

*hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL*

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

*hyosyne - Tier 1; QL*

*HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL*

*HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML - Tier 2; PA; SP; QL*

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

HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML - Tier 2; PA; SP; QL  
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL  
HYRIMOZ-CROHNS/UC STARTER - Tier 2; PA; SP; QL  
HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; SP; QL  
HYRIMOZ-PED>=40KG CROHN START - Tier 2; PA; SP; QL  
HYRIMOZ-PLAQUE PSORIASIS START - Tier 2; PA; SP; QL  
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL; DME  
INSPIREASE RESERVOIR BAGS - Tier 2; QL; DME  
INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC  
jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; OTC  
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL  
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; OTC; QL  
LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL  
liquid corn & callus rem (generic for COMPOUND W) - Tier 1; OTC  
liquid wart remover (generic for COMPOUND W) - Tier 1; OTC

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

liquid wart remover max st (generic for COMPOUND W) - Tier 1; OTC  
 magnesium oxide oral tablet 400 mg - Tier 1; OTC  
 magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1; OTC  
 MAOX (brand for magnesium oxide) - Tier 2; OTC  
 MASK VORTEX/CHILD/FROG - Tier 2; OTC; QL; DME  
 MASK VORTEX/TODDLER/LADYBUG - Tier 2; OTC; QL; DME  
 medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1; OTC  
 medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL  
 medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; OTC; PD; QL  
 MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; OTC; QL  
 mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; OTC; PD; QL  
 MODERNA COVID-19 VAC 6M-11Y - Tier 2; PD; QL  
 MOUNJARO - Tier 2; PA; QL  
 NEODOT THERMOMETER - Tier 2; OTC; QL; DME  
 NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2; OTC  
 NULEV (brand for hyoscyamine sulfate) - Tier 2; QL  
 OMNIFLEX DIAPHRAGM - Tier 2; PD; QL; DME; GE  
 ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
 ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
 ONELAX (brand for bisacodyl) - Tier 2; OTC; QL

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

OPILL - Tier 2; OTC; PD; QL  
 OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2  
 OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2  
 PANOXYL (brand for bp wash) - Tier 2; OTC  
 PENBRAYA - Tier 2; PD; QL  
 PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; PD; QL  
 PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; PD; QL  
 PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; DME  
 poly bacitracin (generic for POLYSPORIN) - Tier 1; OTC  
 POLYSPORIN (brand for cvs poly bacitracin) - Tier 2; OTC  
 PREZISTA ORAL SUSPENSION - Tier 2; DX2RX; QL  
 PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; DX2RX; QL  
 QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; OTC; QL; DME  
 scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1; OTC  
 sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1  
 SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; OTC; DME  
 SPIKEVAX - Tier 2; PD; QL  
 ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; OTC; PD; QL  
 STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL; DME  
 sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1  
 sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; OTC; QL

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

*the magic bullet (generic for THE MAGIC BULLET) - Tier 1; OTC; QL*  
*TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; OTC; QL*  
*tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; OTC; QL*  
*tolnaftate external cream (generic for TINACTIN) - Tier 1; OTC; QL*  
*tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1; OTC*  
*TRUE COVER (brand for true cover) - Tier 2; OTC; PD; QL; DME*  
*TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2; OTC; PD*  
*true folic acid tablet 1 mg oral - Tier 1; OTC; PD; QL*  
*TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; OTC; PD; QL*  
*VAPORIZER WARM STEAM - Tier 2; OTC; QL; DME*  
*VAXELIS - Tier 2; QL*  
*vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; OTC; QL*  
*wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1; OTC*  
*wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1; OTC*  
*WIDE-SEAL DIAPHRAGM 60 - Tier 2; PD; QL; DME*  
*WIDE-SEAL DIAPHRAGM 65 - Tier 2; PD; QL; DME*  
*WIDE-SEAL DIAPHRAGM 70 - Tier 2; PD; QL; DME*  
*WIDE-SEAL DIAPHRAGM 75 - Tier 2; PD; QL; DME*  
*WIDE-SEAL DIAPHRAGM 80 - Tier 2; PD; QL; DME*  
*WIDE-SEAL DIAPHRAGM 85 - Tier 2; PD; QL; DME*  
*WIDE-SEAL DIAPHRAGM 90 - Tier 2; PD; QL; DME*  
*WIDE-SEAL DIAPHRAGM 95 - Tier 2; PD; QL; DME*

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Preferred Agents	Non-Preferred Agents
<p>womans laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL</p> <p>womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL</p> <p>womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; OTC; PD; QL</p> <p>YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL</p> <p>ZOSTRIX HP (brand for capsaicin) - Tier 2; OTC; QL</p>	

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

<p>ALECENSA - Tier 2; PA; SP; PD; CH; QL</p> <p>ALUNBRIG - Tier 2; PA; SP; PD; CH; QL</p> <p>BOSULIF - Tier 2; PA; SP; PD; CH; QL</p> <p>BRUKINSA - Tier 2; PA; SP; PD; CH; QL</p> <p>CABOMETYX - Tier 2; PA; SP; PD; CH; QL</p> <p>CAPRELSA - Tier 2; PA; SP; PD; CH; QL</p> <p>COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; PD; CH; QL</p> <p>gefitinib (generic for IRESSA) - Tier 1; PA; SP; PD; CH; QL</p> <p>GILOTRIF - Tier 2; PA; SP; PD; CH; QL</p> <p>ICLUSIG - Tier 2; PA; SP; PD; CH; QL</p>	<p>GAVRETO - Tier 2; PA; SP; PD; CH; QL</p> <p>RETEVMO - Tier 2; PA; SP; PD; CH; QL</p> <p>TABRECTA - Tier 2; PA; SP; PD; CH; QL</p> <p>TAGRISSEO - Tier 2; PA; SP; PD; CH; QL</p>
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Preferred Agents	Non-Preferred Agents
<p><i>imatinib mesylate (generic for GLEEVEC)</i> - Tier 1; PA; SP; PD; CH; QL</p> <p>IMBRUVICA - Tier 2; PA; SP; PD; CH; QL</p> <p>INLYTA - Tier 2; PA; SP; PD; CH; QL</p> <p><i>lapatinib ditosylate (generic for TYKERB)</i> - Tier 1; PA; SP; PD; CH; QL</p> <p>LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p>LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; PD; CH; QL</p> <p><i>pazopanib hcl (generic for VOTRIENT)</i> - Tier 1; PA; SP; PD; CH; QL</p> <p>SPRYCEL - Tier 2; PA; SP; PD; CH; QL</p> <p>TASIGNA - Tier 2; PA; SP; PD; CH; QL</p> <p>TURALIO - Tier 2; PA; SP; PD; CH; QL; AL</p> <p>XALKORI - Tier 2; PA; SP; PD; CH; QL</p>	
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA; PD
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	<p>PONVORY - Tier 2; PA; SP; CH; QL</p> <p>PONVORY STARTER PACK - Tier 2; PA; SP; CH; QL</p>

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Preferred Agents	Non-Preferred Agents
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL
Ophthalmic Agents, Other	
<i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic ointment - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i> <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i> <i>neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i> <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> <i>sulfacetamide-prednisolone - Tier 1</i> TOBRADEX - Tier 2; QL <i>tobramycin-dexamethasone - Tier 1; QL</i> XIIDRA - Tier 2; PA; QL	CEQUA - Tier 2; PA; QL COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA RESTASIS (brand for cyclosporine) - Tier 2; PA; QL RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl ophthalmic - Tier 1; ST</i> <i>cromolyn sodium ophthalmic - Tier 1; QL</i> <i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; OTC; QL</i> <i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; OTC; QL</i>	

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Preferred Agents	Non-Preferred Agents
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**Ophthalmic Anti-Infectives**

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

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

**Ophthalmic Anti-inflammatories**

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

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

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

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

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

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

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

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

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

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

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

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

*lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1; OTC*

*lubricant eye nighttime (generic for ALTALUBE) - Tier 1; OTC; QL*

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

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

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

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

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

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

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

*lubricating plus pf (generic for BIOLLE TEARS) - Tier 1; OTC*

*lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; OTC; QL*

*lubrifresh p.m. (generic for ALTALUBE) - Tier 1; OTC; QL*

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

MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2; OTC  
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; OTC; QL  
natural tears pf (generic for BION TEARS PF) - Tier 1; OTC  
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; OTC; QL  
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; OTC; QL  
polyvinyl alcohol ophthalmic - Tier 1; OTC  
pure & gentle lubricant - Tier 1; OTC  
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL  
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC  
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; OTC; QL  
relief eye drops (generic for VISINE-AC) - Tier 1; OTC; QL  
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1; OTC  
restore pm (generic for ALTALUBE) - Tier 1; OTC; QL  
SENTIA (brand for cvs lubricant drops) - Tier 2; OTC; QL  
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1; OTC  
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1; OTC  
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; OTC; QL  
sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1; OTC  
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; OTC; QL  
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; OTC; QL

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Preferred Agents	Non-Preferred Agents
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SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; OTC; QL  
 SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; OTC; QL  
 SYSTANE CONTACTS (brand for artificial tears) - Tier 2; OTC  
 SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC; QL  
 SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; OTC; QL  
 SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC; QL  
 SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; OTC; QL  
 SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; OTC; QL  
 ultra fresh (generic for ULTRA FRESH) - Tier 1; OTC; QL  
 ultra fresh pm (generic for ALTALUBE) - Tier 1; OTC; QL  
 ultra lubricant drop (generic for SYSTANE) - Tier 1; OTC; QL  
 ultra lubricating eye drops (generic for SYSTANE) - Tier 1; OTC; QL  
 ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; OTC; QL

Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs

NAPHCN-A (brand for allergy eye) - Tier 2; OTC  
 VISINE (brand for allergy eye) - Tier 2; OTC

Otic Agents

acetic acid otic - Tier 1; QL  
 ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL  
 hydrocortisone-acetic acid - Tier 1; QL  
 neomycin-polymyxin-hc otic - Tier 1; QL  
 ofloxacin otic - Tier 1; QL

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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; OTC*  
*CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2; OTC*  
*ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*  
*ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; OTC*

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**Preferred Agents**

**Non-Preferred Agents**

Respiratory Tract/Pulmonary Agents

Antihistamines

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

*allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*

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

*allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; OTC; QL*

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

*allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; OTC; QL*

*aller-tec (generic for KLS ALLER-TEC) - Tier 1; OTC; QL*

*anti-hist allergy (generic for BANOPHEN) - Tier 1; OTC; QL*

*azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL; DME*

*banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL*

*banophen oral tablet (generic for BANOPHEN) - Tier 1; OTC; QL*

*BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; OTC; QL*

*BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; OTC; QL*

*BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; OTC; QL*

*BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; OTC; QL*

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

*cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL*

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**Preferred Agents**

*cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; OTC; QL*  
*childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*clemastine fumarate oral - Tier 1; QL*  
*complete allergy (generic for BANOPHEN) - Tier 1; OTC; QL*  
*complete allergy medicine (generic for BANOPHEN) - Tier 1; OTC; QL*  
*complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL*  
*complete allergy relief (generic for BANOPHEN) - Tier 1; OTC; QL*  
*CURELIEF (brand for allergy childrens) - Tier 2; OTC; QL*  
*cyproheptadine hcl oral - Tier 1; QL*  
*DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; OTC; QL*  
*diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL*  
*diphen (generic for BANOPHEN) - Tier 1; OTC; QL*  
*diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL*  
*diphenhydramine hcl oral elixir - Tier 1; QL*  
*diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; OTC; QL*  
*diphenhydramine hcl oral tablet chewable (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; OTC; QL*

**Non-Preferred Agents**

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



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

*ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; OTC; QL*  
*ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; OTC; QL*  
*ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; OTC; QL*  
*ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; OTC; QL*  
*ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; OTC; QL*  
*geri-dryl (generic for BANOPHEN) - Tier 1; OTC; QL*  
*h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; OTC; QL*  
*levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL*  
*liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; OTC; QL*  
*m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*MM ALLER-BEN (brand for allergy relief) - Tier 2; OTC; QL*  
*NARAMIN (brand for allergy childrens) - Tier 2; OTC; QL*  
*pharbedryl (generic for BANOPHEN) - Tier 1; OTC; QL*  
*siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*total allergy (generic for BANOPHEN) - Tier 1; OTC; QL*  
*total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; OTC; QL*  
*ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; OTC; QL*

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Preferred Agents	Non-Preferred Agents
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Anti-inflammatories, Inhaled Corticosteroids

ARNUIITY ELLIPTA - Tier 2; QL  
 ASMANEX (120 METERED DOSES) - Tier 2; QL  
 ASMANEX (14 METERED DOSES) - Tier 2; QL  
 ASMANEX (30 METERED DOSES) - Tier 2; QL  
 ASMANEX (60 METERED DOSES) - Tier 2; QL  
 ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA; QL  
*budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL*  
 FLUTICASONE PROPIONATE HFA - Tier 2; QL  
*fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL; DME*

ALVESCO - Tier 2; PA  
 OMNARIS - Tier 2; PA; QL; DME  
 PULMICORT FLEXHALER - Tier 2; PA; QL  
 QNASL - Tier 2; PA; QL; DME  
 QNASL CHILDRENS - Tier 2; PA; QL; DME  
 QVAR REDIHALER - Tier 2; PA; QL  
 XHANCE - Tier 2; PA; QL; DME  
 ZETONNA - Tier 2; PA; QL; DME

Antileukotrienes

*montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL*

ZYFLO - Tier 2; PA

Bronchodilators, Anticholinergic

ATROVENT HFA - Tier 2; QL  
 INCRUSE ELLIPTA - Tier 2; QL  
*ipratropium bromide inhalation - Tier 1; QL*  
*ipratropium bromide nasal - Tier 1; QL; DME*

*SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL*  
 SPIRIVA RESPIMAT - Tier 2; PA; QL  
 YUPELRI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<b>Bronchodilators, Sympathomimetic</b>	
<p><i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for VENTOLIN HFA) - Tier 1; QL</i>  <b>ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL</b>  <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i>  <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL</i>  <b>ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL</b>  <i>albuterol sulfate oral syrup - Tier 1; QL</i>  <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i>  <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i>  <b>STRIVERDI RESPIMAT - Tier 2; QL</b>  <i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; QL</i></p>	<p><i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i>  <i>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i>  <i>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i>  <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i>  <b>PROAIR RESPICLICK - Tier 2; PA; QL</b>  <b>SEREVENT DISKUS - Tier 2; PA; QL</b>  <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</i></p>
<b>Cystic Fibrosis Agents</b>	
<p><b>CAYSTON - Tier 2; DX2RX; SP; QL</b>  <b>KALYDECO - Tier 2; PA; SP; QL</b>  <b>ORKAMBI - Tier 2; PA; SP; QL</b>  <b>PULMOZYME - Tier 2; DX2RX; SP; QL</b>  <b>SYMDEKO - Tier 2; PA; SP; QL</b>  <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i>  <b>TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL</b>  <b>TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</b></p>	<p><b>TOBI PODHALER - Tier 2; PA; SP; QL</b></p>
<b>Mast Cell Stabilizers</b>	
<p><i>cromolyn sodium inhalation - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Phosphodiesterase Inhibitors, Airways Disease	
<p><i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i>            THEO-24 - Tier 2  <i>theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL</i>  <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i>  <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i>  <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i>  <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i></p>	
Pulmonary Antihypertensives	
<p>ADEMPAS - Tier 2; DX2RX; SP; QL  <i>ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL</i>  <i>bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL</i>            OPSUMIT - Tier 2; DX2RX; SP; QL  <i>sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i>  <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i></p>	<p>ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL            ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL            ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL            ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP            ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL            TADLIQ - Tier 2; PA; SP; QL  <i>TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL</i>            TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL            TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL</p>
Pulmonary Fibrosis Agents	
<p>OFEV - Tier 2; PA; SP; QL  <i>pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL</i>  <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i></p>	<p><i>ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL</i></p>

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Preferred Agents	Non-Preferred Agents
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Respiratory Tract Agents, Other

<p><i>acetylcysteine inhalation solution 10 % - Tier 1; QL</i>  <i>acetylcysteine inhalation solution 20 % - Tier 1</i>            FASENRA PEN - Tier 2; PA; SP; QL            NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL            NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL  <i>promethazine vc - Tier 1; QL; AL</i></p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p>
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Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

<p><i>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2; OTC; DME</i>  <i>4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2; OTC; DME</i>  <i>AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2; OTC; DME</i>  <i>altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; OTC; DME</i>  <i>altarussin (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL</i>  <i>AYR (brand for altamist spray) - Tier 2; OTC; DME</i>  <i>AYR SALINE NASAL DROPS - Tier 2; OTC; DME</i>  <i>BABY AYR SALINE (brand for altamist spray) - Tier 2; OTC; DME</i>  <i>BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL</i>  <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; OTC; QL; AL</i></p>	
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**Preferred Agents****Non-Preferred Agents**

chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL

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

CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; OTC; AL

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

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

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

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

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

ed bron gp - Tier 1; OTC; AL

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

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

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

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

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

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

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

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

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

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

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

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

*mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1; OTC*

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

*mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL*

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

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

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

*nasal four (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME*

*nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME*

*NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2; OTC; DME*

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

*nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME*

*nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME*

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

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

*NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2; OTC; DME*

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

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

*OCEAN FOR KIDS (brand for altamist spray) - Tier 2; OTC; DME*

*OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2; OTC; DME*

*pharbinex (generic for XPECT) - Tier 1; OTC*

*phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; OTC; DME*

*pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL*

*refenesen 400 (generic for XPECT) - Tier 1; OTC*

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

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

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

*siltussin sa (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL*

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

*sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1; OTC; DME*

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

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

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

Preferred Agents	Non-Preferred Agents
<p><i>tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL</i></p> <p><i>tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL</i></p> <p><i>tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL</i></p> <p><i>tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; OTC; QL; AL</i></p> <p><i>XPECT (brand for chest congestion relief) - Tier 2; OTC</i></p>	
<b>Antihistamines - Allergy Drugs</b>	
<p><i>12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p> <p><i>all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p> <p><i>all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p> <p><i>allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p> <p><i>allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p> <p><i>allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p> <p><i>allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p> <p><i>aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; OTC; QL; AL</i></p>	

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**Preferred Agents**

**Non-Preferred Agents**

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

**Antihistamines - Drugs to Treat Allergies**

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

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

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

*allergy relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL*

*allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; OTC; QL*

*allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL*

*allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL*

*allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL*

*allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL*

*allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL*

*allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL*

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

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

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

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

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

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

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**Preferred Agents**

CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; OTC; QL  
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; OTC; QL  
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; OTC; QL  
fexofenadine hcl (generic for ALLEGRA ALLERGY) - Tier 1; OTC; QL  
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; OTC; QL  
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL  
ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL  
ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; OTC; QL  
ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; OTC; QL  
ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL  
ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; OTC; QL  
loradamed (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL  
loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL  
loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; OTC; QL  
loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL  
loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; OTC; QL  
loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; OTC; QL  
loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; OTC; QL  
TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; OTC; QL

**Non-Preferred Agents**

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Preferred Agents	Non-Preferred Agents
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Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; QL  
 COMBIVENT RESPIMAT - Tier 2; QL  
 FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; QL  
 fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL  
 FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL  
 ipratropium-albuterol - Tier 1; QL  
 STIOLTO RESPIMAT - Tier 2; QL

ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL  
 ANORO ELLIPTA - Tier 2; PA; QL  
 BEVESPI AEROSPHERE - Tier 2; PA; QL  
 BREZTRI AEROSPHERE - Tier 2; PA; QL  
 DULERA - Tier 2; PA; QL  
 SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL; AL  
 TRELEGY ELLIPTA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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*wixela inhub (generic for WIXELA INHUB) - Tier 1; QL*

**Mast Cell Stabilizers - Drugs for the Lungs**

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

**Respiratory Tract Agents, Other - Asthma/Lung Drugs**

*12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; OTC; AL*  
*AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2; OTC; DME*  
*allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; OTC; QL; AL*

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

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

*allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL*

*allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; OTC; QL; AL*

*allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*

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

*allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL*

*allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL*

*allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL*

*allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL*

*allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; OTC; QL; AL*

*allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL*

*allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; OTC; QL; AL*

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

allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL

altarusin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL

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

APRODINE (brand for cold & allergy d) - Tier 2; OTC; AL

benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL

chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC

chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL

childrens cold & allergy - Tier 1; OTC; AL

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

childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC

CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; OTC; QL; AL

CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; OTC; QL; AL

cold & allergy - Tier 1; OTC; AL

cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; OTC; AL

cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL

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

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

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

*cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL*

*cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL*

*cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL*

*cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL*

*cough & chest congestion (generic for DELSYM CGHICHEST CONG DM CHILD) - Tier 1; OTC*

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

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

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

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

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

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

*DELSYM COUGHICHEST CONGEST DM (brand for childrens cough) - Tier 2; OTC*

*DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; OTC; QL; AL*

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## Preferred Agents

*dextromethorphan polistirex er (generic for DELSYM) - Tier 1; OTC; QL; AL*  
*dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*  
*dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL*  
*dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL*  
*dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL*  
*dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*  
*ENDACOF-DM (brand for cold & cough childrens) - Tier 2; OTC; QL; AL*  
*ft 12 hour cough relief (generic for DELSYM) - Tier 1; OTC; QL; AL*  
*ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; OTC; QL; AL*  
*ft cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL*  
*ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; OTC; AL*  
*ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; OTC; QL; AL*  
*ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; OTC; QL; DME*  
*ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME*

## Non-Preferred Agents

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

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

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

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

*g tussin ac - Tier 1; OTC; QL; AL*

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

*giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*

*guaifenesin-codeine - Tier 1; OTC; QL; AL*

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

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

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

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

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

*long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*

*long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*

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

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

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

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

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

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

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

*maxi-tuss ac - Tier 1; OTC; QL; AL*

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

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

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

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

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

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

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

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

*MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2; OTC; DME*

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

*mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; OTC; AL*

*mucus d extended release (generic for MUCINEX D) - Tier 1; OTC; AL*

*mucus d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; OTC; AL*

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

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

*mucus relief cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; OTC; AL*

*mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; OTC; AL*

*mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; OTC; AL*

*mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

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

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

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

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## Preferred Agents

*nasal decongestant max st (generic for SUDOGEST) - Tier 1; OTC; QL; DME*  
*nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME*  
*nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME*  
*nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME*  
*nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*

## Non-Preferred Agents

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



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

*nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2*  
*no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME*  
*promethazine-codeine oral solution - Tier 1; QL; AL*  
*promethazine-dm - Tier 1; QL; AL*  
*pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME*  
*pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME*  
*pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME*  
*pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; OTC; AL*  
*PULMOSAL (brand for sodium chloride) - Tier 2*  
*ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; OTC; QL; AL*  
*ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; OTC; QL; AL*

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

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

ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2; OTC  
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; OTC; QL; AL  
rynex pe - Tier 1; OTC; AL  
rynex pse - Tier 1; OTC; AL  
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME  
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME  
sinus congestion max strength (generic for SUDOGEST) - Tier 1; OTC; QL; DME  
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; OTC; DME  
sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1  
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1  
sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1  
SUDAFED (brand for cvs nasal decongestant) - Tier 2; OTC; QL; DME  
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; OTC; QL; DME  
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2; OTC; DME  
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME  
sudogest maximum strength (generic for SUDOGEST) - Tier 1; OTC; QL; DME

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

*sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME*

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

*suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME*

*suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; OTC; QL; DME*

*suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; OTC; DME*

*tussin cf oral liquid 30-10-100 mg/5ml - Tier 1; OTC*

*tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL*

*tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL*

*tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; OTC; AL*

*tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL*

*tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL*

*tussin dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; OTC*

*tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; OTC; QL; AL*

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Preferred Agents	Non-Preferred Agents
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; CH; QL
Skeletal Muscle Relaxants	
<i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>methocarbamol oral - Tier 1; QL</i> <i>orphenadrine citrate er - Tier 1; QL</i>	LORZONE (brand for chlorzoxazone) - Tier 2; PA; QL
Sleep Disorder Agents	
Sleep Promoting Agents	
<i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i>	BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA; QL
Wakefulness Promoting Agents	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	<i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; CH; QL</i> SUNOSI - Tier 2; PA; QL WAKIX - Tier 2; PA; QL <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; CH; QL</i>

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

## Sleep Disorder Agents - Drugs for Sedation and Sleep

## Sleep Disorders, Other - Drugs for Sleeping

*ft nighttime sleep aid (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

*night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

*nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

*rest simply (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

*SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; PA; OTC; QL*

*sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

*sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

*sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

*sleep tabs (generic for SIMPLY SLEEP) - Tier 1; PA; OTC; QL*

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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

*animal shapes complete (generic for CEROVITE JR) - Tier 1; OTC; QL*  
*ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL*  
*BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; OTC; QL*  
*BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; OTC; QL*  
*BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; OTC; QL*  
*c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL*  
*calcium 600 - Tier 1; OTC; QL*  
*calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; OTC; QL*  
*calcium carbonate - Tier 1; OTC; QL*  
*calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL*  
*calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; OTC; QL*  
*calcium fast dissolution - Tier 1; OTC; QL*  
*calcium high potency - Tier 1; OTC; QL*  
*calcium oral tablet 1500 (600 ca) mg - Tier 1; OTC; QL*  
*calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; OTC; QL*  
*calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1; OTC*  
*cerovite jr (generic for CEROVITE JR) - Tier 1; OTC; QL*  
*chewable c (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL*  
*chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL*  
*chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; OTC; QL*

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

childrens animal shapes (generic for CEROVITE JR) - Tier 1; OTC; QL  
childrens chewables/iron (generic for LAND BEFORE TIME  
MULTIVITAMIN) - Tier 1; OTC; QL  
childrens complete oral tablet chewable 18 mg (generic for CEROVITE  
JR) - Tier 1; OTC; QL  
childrens vitamins/iron (generic for LAND BEFORE TIME  
MULTIVITAMIN) - Tier 1; OTC; QL  
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA  
CAROTENE) - Tier 1; OTC; QL  
EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; OTC; QL  
effe-k oral tablet effervescent 25 meq - Tier 1; QL  
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL  
fruity c - Tier 1; OTC; QL  
klor-con/ef - Tier 1; QL  
k-prime - Tier 1; QL  
LIVITA ADULTS (brand for support) - Tier 2; QL  
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA  
CAROTENE) - Tier 1; OTC; QL  
multivitamin infant & toddler oral solution (generic for BPROTECTED  
PEDIA POLY-VITE) - Tier 1; OTC; QL  
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) -  
Tier 1; OTC; QL  
OBTREX - Tier 2; OTC  
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA  
CAROTENE) - Tier 1; OTC; QL  
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) -  
Tier 1; OTC; QL  
oyster shell calcium oral tablet 500 mg - Tier 1; OTC; QL

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Specialty Medication; ST: Step Therapy

## Preferred Agents

*oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; OTC; QL*  
*oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; OTC; QL*  
*POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; OTC; QL*  
*POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; OTC; QL*  
*prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1; OTC*  
*stress formulairon (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; OTC; QL*  
*SUPPORT (brand for support) - Tier 2; QL*  
*TRUE VITAMIN C ORAL TABLET 250 MG - Tier 2; OTC; QL*  
*TRUE VITAMIN C ORAL TABLET 500 MG (brand for ascorbic acid) - Tier 2; OTC; QL*  
*true vitamin c tablet 1000 mg oral - Tier 1; OTC; QL*  
*TRUE VITAMIN C TABLET 1000 MG ORAL - Tier 2; OTC; QL*  
*vit c/rose hips - Tier 1; OTC; QL*  
*vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; OTC; QL*  
*vitamin c er oral tablet extended release 1500 mg - Tier 1; OTC; QL*  
*vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; OTC; QL*  
*vitamin c oral tablet 1000 mg, 250 mg - Tier 1; OTC; QL*  
*vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL*  
*vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; OTC; QL*  
*vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL*

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p> <i>vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; OTC; QL</i>  <i>vitamin c/rose hips oral tablet 1000 mg - Tier 1; OTC; QL</i>  <i>vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL</i>  <i>vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL</i>  <i>vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; OTC; QL</i>  <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL</i>  <i>vitamins complete childrens (generic for CEROVITE JR) - Tier 1; OTC; QL</i>  <i>zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; OTC; QL</i> </p>	
<p>Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p> <i>b-1 - Tier 1; OTC; QL</i>  <i>b-12 oral tablet extended release - Tier 1; OTC</i>  <i>b6 - Tier 1; OTC; QL</i>  <i>cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL</i>  <i>DODEX (brand for cyanocobalamin) - Tier 2; QL</i>  <i>e - Tier 1; OTC</i>  <i>e-400-clear - Tier 1; OTC; QL</i>  <i>natural vitamin e - Tier 1; OTC; QL</i>  <i>pyridoxine hcl oral - Tier 1; OTC; QL</i>  <i>thiamine hcl oral - Tier 1; OTC; QL</i>  <i>TRUE VITAMIN B6 ORAL TABLET 25 MG, 50 MG - Tier 2; OTC; QL</i>  <i>true vitamin b6 tablet 100 mg oral - Tier 1; OTC; QL</i>  <i>TRUE VITAMIN B6 TABLET 100 MG ORAL - Tier 2; OTC; QL</i> </p>	<p> <i>NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL</i> </p>

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

TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2; OTC  
*vitamin b1 - Tier 1; OTC; QL*  
*vitamin b-1 oral tablet 250 mg - Tier 1; OTC; QL*  
*vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1; OTC*  
*vitamin b12 oral tablet extended release 1000 mcg - Tier 1; OTC*  
*vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1; OTC*  
*vitamin b-6 - Tier 1; OTC; QL*  
*vitamin b-6 er - Tier 1; OTC; QL*  
*vitamin e natural - Tier 1; OTC*  
*vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1; OTC*  
*vitamin e oral capsule 268 mg (400 unit) - Tier 1; OTC; QL*

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## Prior Authorization / Class Criteria

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## Index of Drugs

12 hour allergy-d.....	159	ACCU-CHEK GUIDE CONTROL.....	68	<i>acid gone</i> .....	86
12 hour decongestant.....	164	ACCU-CHEK GUIDE KIT W/DEVICE.....	68	<i>acid reducer oral capsule delayed release</i>	
12 hour nasal decongestant.....	164	ACCU-CHEK GUIDE TEST STRIPS.....	68	20.6 (20 base) mg.....	85
12 hour nasal relief spray.....	164	ACCU-CHEK SMARTVIEW.....	68	<i>acid reducer oral tablet 10 mg</i> .....	84
12 hour nasal spray.....	164	ACCU-CHEK SMARTVIEW CONTROL.....	68	<i>acid reducer oral tablet 200 mg</i> .....	84
12hr allergy relief.....	160	ACCU-CHEK SOFTCLIX LANCET		<i>acidophilus lactobacillus oral</i> .....	86
24 hour nasal allergy.....	163	DEVICE KIT.....	68	<i>acidophilus oral capsule , 10 mg</i> .....	86
24hr allergy relief.....	160	ACCUTREND GLUCOSE CONTROL.....	68	<i>acidophilus probiotic oral capsule 10 mg</i> .....	86
3 day.....	29	<i>acebutolol hcl oral</i> .....	52	<i>acidophilus probiotic oral tablet , 0.5 mg</i> .....	86
3 day vaginal.....	30	<i>acetaminophen 8 hour</i> .....	8	<i>acitretin</i> .....	60
3-day vaginal vaginal cream 2 %.....	30	<i>acetaminophen 8 hours</i> .....	8	<i>acne control cleanser</i> .....	124
4-WAY FAST ACTING.....	153	<i>acetaminophen 8hr arth pain</i> .....	8	<i>acne medication 10 external lotion</i> .....	124
4-WAY MENTHOL.....	153	<i>acetaminophen 8hr musc ache</i> .....	8	<i>acne medication 5 external lotion</i> .....	124
8 hour arthritis pain.....	8	<i>acetaminophen childrens</i> .....	8	<i>acne treatment external cream 10 %</i> .....	124
8 hour arthritis relief.....	8	<i>acetaminophen er</i> .....	8	ACTEMRA ACTPEN.....	119
8 hour pain relief oral tablet extended		<i>acetaminophen ex st oral liquid 500</i>		ACTEMRA SUBCUTANEOUS.....	119
release 650 mg.....	8	<i>mg/15ml</i> .....	8	ACTHAR.....	106
8 hour pain reliever.....	8	<i>acetaminophen ex st oral tablet 500 mg</i> .....	8	ACTHIB.....	121
8 hr arthritis pain relief.....	8	<i>acetaminophen extra strength</i> .....	8	ACTIMMUNE.....	119
8hr arthritis pain relief.....	8	<i>acetaminophen infants</i> .....	9	<i>acyclovir external ointment</i> .....	41
8hr muscle aches & pain.....	8	<i>acetaminophen oral liquid 160 mg/5ml</i> .....	9	<i>acyclovir oral</i> .....	41
a-25.....	78	<i>acetaminophen oral solution 160 mg/5ml,</i>		ADACEL.....	121
abacavir sulfate.....	43	<i>325 mg/10.15ml, 650 mg/20.3ml</i> .....	9	ADALIMUMAB-AATY (2 SYRINGE)	
abacavir sulfate-lamivudine.....	43	<i>acetaminophen oral suspension 160</i>		SUBCUTANEOUS PREFILLED SYRINGE	
abatine.....	86	<i>mg/5ml, 650 mg/20.3ml</i> .....	9	KIT 40 MG/0.4ML.....	124
ABILIFY ASIMTUFII.....	40	<i>acetaminophen oral tablet 325 mg</i> .....	9	ADALIMUMAB-ADAZ.....	124
ABILIFY MAINTENA.....	40	<i>acetaminophen oral tablet 500 mg</i> .....	9	ADALIMUMAB-ADBM (2 SYRINGE)	
abiraterone acetate oral tablet 250 mg.....	34	<i>acetaminophen oral tablet chewable 160</i>		SUBCUTANEOUS PREFILLED SYRINGE	
ABREVA.....	67	<i>mg</i> .....	9	KIT 10 MG/0.2ML, 20 MG/0.4ML.....	124
ABRYSVO.....	124	<i>acetaminophen rectal suppository 120 mg</i> ....	9	ADBRY.....	119
ABSORICA.....	60	<i>acetaminophen rectal suppository 650 mg</i> ....	9	ADDERALL.....	58
ABSORICA LD.....	60	<i>acetaminophen-codeine</i> .....	7	ADDERALL XR.....	58
acamprosate calcium.....	16	<i>acetazolamide er</i> .....	54	ADEMPAS.....	152
acarbose oral.....	46	<i>acetazolamide oral</i> .....	54	ADMELOG.....	47
ACCRUFER.....	71	<i>acetic acid otic</i> .....	144	ADMELOG SOLOSTAR.....	47
ACCU-CHEK AVIVA DEVICE.....	68	<i>acetylcysteine inhalation solution 10 %</i> .....	153	<i>adult 50+ probiotic</i> .....	86
ACCU-CHEK AVIVA PLUS TEST STRIPS.....	68	<i>acetylcysteine inhalation solution 20 %</i> .....	153	<i>adult probiotic</i> .....	86
ACCU-CHEK FASTCLIX LANCET KIT.....	68	<i>acid controller</i> .....	84	<i>adv acne spot treatment</i> .....	124

ADVAIR HFA.....	163	<i>alendronate sodium oral tablet 70 mg.....</i>	123	<i>allergy relief childrens oral liquid 12.5</i>	
<i>advanced acne spot treat.....</i>	124	ALEVE ORAL TABLET.....	4	<i>mg/5ml.....</i>	146
<i>advanced antacid.....</i>	86	<i>alfuzosin hcl er.....</i>	104	<i>allergy relief childrens oral solution 5</i>	
<i>advanced healing external ointment .....</i>	66	<i>all day allergy d.....</i>	159	<i>mg/5ml.....</i>	161
ADVIL COLD/SINUS.....	164	<i>all day allergy oral tablet 10 mg.....</i>	146	<i>allergy relief childrens oral tablet chewable</i>	
ADVIL JUNIOR STRENGTH.....	4	<i>all day allergy relief oral tablet 10 mg.....</i>	160	<i>12.5 mg.....</i>	146
ADVIL ORAL TABLET.....	4	<i>all day allergy-d oral tablet extended</i>		<i>allergy relief d oral tablet extended release</i>	
<i>afirmelle.....</i>	108	<i>release 12 hour 5-120 mg.....</i>	159	<i>12 hour 5-120 mg.....</i>	159
AFLURIA QUADRIVALENT.....	122	<i>all day pain relief.....</i>	4	<i>allergy relief d-12.....</i>	165
AFRIN NODRIP ORIGINAL.....	164	<i>all day relief.....</i>	4	<i>allergy relief d-24.....</i>	165
AFRIN SALINE NASAL MIST.....	153	ALLEGRA ALLERGY.....	160	<i>allergy relief max st.....</i>	146
<i>aftera.....</i>	116	ALLEGRA HIVES 24HR.....	160	<i>allergy relief nasal decong.....</i>	165
AIMOVIG.....	32	<i>allerclear.....</i>	160	<i>allergy relief oral capsule 25 mg.....</i>	146
AJOVY.....	32	<i>allerclear d-12hr.....</i>	164	<i>allergy relief oral liquid 25 mg/10ml.....</i>	146
<i>ala-cort.....</i>	61	<i>allerclear d-24hr.....</i>	164	<i>allergy relief oral tablet 10 mg.....</i>	161
<i>albendazole oral.....</i>	37	<i>aller-ease oral tablet 180 mg.....</i>	160	<i>allergy relief oral tablet 180 mg.....</i>	161
<i>albuterol sulfate hfa aerosol solution 108</i>		<i>aller-fex.....</i>	160	<i>allergy relief oral tablet 25 mg.....</i>	147
<i>(90 base) mcg/act inhalation.....</i>	151	<i>allerg rel child (lorat).....</i>	160	<i>allergy relief oral tablet 60 mg.....</i>	161
ALBUTEROL SULFATE HFA AEROSOL		<i>allerg relief child (lorat).....</i>	160	<i>allergy relief oral tablet chewable 12.5 mg..</i>	147
SOLUTION 108 (90 BASE) MCG/ACT		<i>allergy &amp; congestion oral tablet extended</i>		<i>allergy relief oral tablet dispersible 10 mg..</i>	161
INHALATION.....	151	<i>release 24 hour 10-240 mg.....</i>	165	<i>allergy relief oral tablet extended release</i>	
<i>albuterol sulfate inhalation nebulization</i>		<i>allergy &amp; congestion relief.....</i>	165	<i>12 hour 5-120 mg.....</i>	159
<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>		<i>allergy (cetirizine).....</i>	146	<i>allergy relief(cetirizine).....</i>	147
<i>mg/0.5ml.....</i>	151	<i>allergy 24hour indoor/outdoor.....</i>	146	<i>allergy relief/indoor/outdoor oral tablet 10</i>	
<i>albuterol sulfate inhalation nebulization</i>		<i>allergy 24-hr.....</i>	161	<i>mg.....</i>	147
<i>solution 0.63 mg/3ml, 1.25 mg/3ml.....</i>	151	<i>allergy childrens oral liquid.....</i>	146	<i>allergy relief/indoor/outdoor oral tablet 180</i>	
<i>albuterol sulfate nebulization solution (5</i>		<i>allergy childrens oral solution.....</i>	161	<i>mg.....</i>	161
<i>mg/ml) 0.5% inhalation.....</i>	151	<i>allergy medication.....</i>	146	<i>allergy relief/nasal decong.....</i>	165
ALBUTEROL SULFATE NEBULIZATION		<i>allergy medicine.....</i>	146	<i>allergy relief/nasal decongest oral tablet</i>	
SOLUTION (5 MG/ML) 0.5% INHALATION		<i>allergy nasal mist no drip.....</i>	165	<i>extended release 12 hour.....</i>	159
.....	151	<i>allergy oral capsule 25 mg.....</i>	146	<i>allergy relief/nasal decongest oral tablet</i>	
<i>albuterol sulfate oral syrup.....</i>	151	<i>allergy oral liquid 12.5 mg/5ml.....</i>	146	<i>extended release 24 hour.....</i>	165
<i>alclometasone dipropionate external</i>		<i>allergy oral tablet 25 mg.....</i>	146	<i>allergy relief-d oral tablet extended release</i>	
<i>ointment.....</i>	61	<i>allergy rel child (loratadine).....</i>	161	<i>12 hour 5-120 mg.....</i>	159, 165
ALCOHOL PREP PADS PAD , 70 %.....	124	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	146	<i>allergy relief-d oral tablet extended release</i>	
ALECENSA.....	136	<i>allergy relief (loratadine) oral tablet.....</i>	161	<i>24 hour 10-240 mg.....</i>	165
<i>alendronate sodium oral solution.....</i>	123	<i>allergy relief adult.....</i>	146	<i>allergy relief-d12.....</i>	165
<i>alendronate sodium oral tablet 10 mg, 35</i>		<i>allergy relief cetirizine.....</i>	146	<i>allergy spray 24 hour nasal aerosol.....</i>	163
<i>mg.....</i>	123	<i>allergy relief child.....</i>	161	<i>allergy/congestion relief.....</i>	165

<i>aller-tec</i> .....	147	<i>amoxapine</i> .....	27	<i>antacid liquid</i> .....	88
<i>aller-tec d</i> .....	159	<i>amoxicillin</i> .....	20	<i>antacid m</i> .....	88
<i>allopurinol oral tablet 100 mg, 300 mg</i> .....	31	<i>amoxicillin-potassium clavulanate</i> .....	20	<i>antacid maximum</i> .....	88
<i>almacone double strength</i> .....	86	<i>amphetamine-dextroamphetamine</i> .....	58	<i>antacid maximum strength</i> .....	88
ALOGLIPTIN BENZOATE.....	46	<i>amphetamine-dextroamphetamine er</i> .....	58	<i>antacid maximum strength oral tablet</i>	
ALOGLIPTIN-METFORMIN HCL.....	46	<i>ampicillin</i> .....	20	<i>chewable 1000 mg</i> .....	88
ALOGLIPTIN-PIOGLITAZONE.....	46	<i>anagrelide hcl</i> .....	50	<i>antacid oral suspension 200-200-20</i>	
ALORA.....	108	ANASPAZ.....	124	<i>mg/5ml, 400-400-40 mg/10ml</i> .....	88
ALPHAGAN P.....	140	<i>anastrozole oral</i> .....	34	<i>antacid oral tablet chewable 1000 mg</i> .....	88
<i>alprazolam oral tablet</i> .....	45	ANDRODERM.....	108	<i>antacid oral tablet chewable 500 mg</i> .....	88
<i>altachlore ophthalmic ointment</i> .....	140	ANECREAM EXTERNAL CREAM.....	16	<i>antacid oral tablet chewable 750 mg</i> .....	88
<i>altachlore ophthalmic solution</i> .....	140	<i>anefrin spray</i> .....	166	<i>antacid plus antigas</i> .....	88
<i>altafrin</i> .....	138	<i>animal shapes complete</i> .....	178	<i>antacid regular strength oral suspension</i>	
<i>altalube</i> .....	140	ANNOVERA.....	108	<i>200-200-20 mg/5ml</i> .....	88
<i>altamist spray</i> .....	153	ANORO ELLIPTA.....	163	<i>antacid ultra strength</i> .....	88
<i>altarussin</i> .....	153	<i>antacid &amp; anti-gas oral suspension 200-</i>		<i>antacid ultra strength oral tablet chewable</i>	
<i>altarussin dm</i> .....	166	<i>200-20 mg/5ml</i> .....	87	<i>1000 mg</i> .....	88
<i>altavera</i> .....	108	<i>antacid &amp; antigas oral suspension 2400-</i>		<i>antacid/antigas</i> .....	88
<i>alum &amp; mag hydroxide-simeth</i> .....	86	<i>2400-240 mg/30ml</i> .....	87	<i>antacid/anti-gas max st</i> .....	88
ALUNBRIG.....	136	<i>antacid &amp; anti-gas oral suspension 400-</i>		<i>antacid/anti-gas oral suspension 200-200-</i>	
ALVESCO.....	150	<i>400-40 mg/5ml</i> .....	87	<i>20 mg/5ml, 400-400-40 mg/10ml</i> .....	89
<i>alyacen 1/35</i> .....	108	<i>antacid &amp; gas relief</i> .....	87	<i>antacid/anti-gas oral suspension 400-400-</i>	
<i>alyacen 7/7/7</i> .....	108	<i>antacid advanced</i> .....	87	<i>40 mg/5ml</i> .....	89
<i>amantadine hcl oral capsule</i> .....	38	<i>antacid advanced max st oral suspension</i>		<i>antacid/gas relief max st</i> .....	89
<i>amantadine hcl oral solution</i> .....	38	<i>400-400-40 mg/5ml</i> .....	87	<i>antibiotic</i> .....	22, 124
<i>ambrisentan</i> .....	152	<i>antacid anti-gas</i> .....	87	<i>anti-diarr/ant-gas</i> .....	89
<i>amiloride hcl oral</i> .....	55	<i>antacid anti-gas max strength</i> .....	87	<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i> .....	89
<i>amiloride-hydrochlorothiazide</i> .....	54	<i>antacid calcium</i> .....	87	<i>anti-diarrheal oral suspension 262 mg/15ml</i> .....	89
<i>aminocaproic acid oral</i> .....	50	<i>antacid calcium rich</i> .....	87	<i>anti-diarrheal oral tablet 2 mg</i> .....	83
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i> .....	52	<i>antacid extra str</i> .....	87	<i>anti-diarrheal/anti-gas</i> .....	89
<i>amitriptyline hcl oral</i> .....	27	<i>antacid extra strength oral suspension</i> .....	87	<i>antifungal (tolnaftate)</i> .....	124
AMJEVITA.....	124	<i>antacid extra strength oral tablet chewable</i>		<i>antifungal external cream</i> .....	30
AMJEVITA-PED 15KG TO.....	124	<i>160-105 mg</i> .....	87	<i>antifungal external powder</i> .....	30
<i>amlodipine besylate oral</i> .....	53	<i>antacid extra strength oral tablet chewable</i>		<i>antifungal foot care</i> .....	30
<i>amlodipine besylate-benzapril hcl</i> .....	54	<i>750 mg</i> .....	87	<i>antifungal miconazole</i> .....	30
<i>amlodipine besylate-valsartan</i> .....	54	<i>antacid fast relief</i> .....	87	<i>antifungal tolinaftate</i> .....	124
<i>amlodipine-olmesartan</i> .....	54	<i>antacid i</i> .....	87	<i>anti-gas oral capsule 180 mg</i> .....	89
<i>ammonium lactate external</i> .....	61	<i>antacid iii</i> .....	87	<i>anti-hist allergy</i> .....	147
<i>amnesteem</i> .....	60	<i>antacid kids</i> .....	88	<i>anti-itch aloe</i> .....	61

<i>anti-itch intensive heal</i> .....	61	<i>arthritis pain oral tablet extended release</i>		<i>athletes foot (terbinafine)</i> .....	30
<i>anti-itch max str external cream 1 %</i> .....	61	650 mg.....	9	<i>athletes foot (tolnaftate) external aerosol</i>	
<i>anti-itch maximum strength external cream</i>		<i>arthritis pain relief oral tablet extended</i>		<i>powder 1 %</i> .....	125
1 %.....	61	<i>release 650 mg</i> .....	9	<i>athletes foot (tolnaftate) external cream 1</i>	
<i>anti-nausea</i> .....	28	<i>arthritis pain reliever oral</i> .....	9	%.....	125
<i>anti-nausea relief</i> .....	28	<i>arthritis pain relieving</i> .....	124	<i>athletes foot external aerosol powder 2 %</i> ...	30
<i>antiseptic</i> .....	22	<i>artificial tears ophthalmic solution</i> .....	140	<i>athletes foot external cream 1 %</i> .....	30
ANTIVERT ORAL TABLET CHEWABLE.....	27	<i>ascomp-codeine</i> .....	7	<i>athletes foot external powder 2 %</i> .....	30
<i>apap-caff-dihydrocodeine</i> .....	7	<i>ascorbic acid oral tablet 500 mg</i> .....	178	<i>athletes foot powder spray external aerosol</i>	
APIDRA SOLOSTAR.....	47	<i>ashlyna</i> .....	108	<i>powder 1 %</i> .....	125
APIDRA VIAL.....	47	ASMANEX (120 METERED DOSES).....	150	<i>athletes foot powder spray external aerosol</i>	
<i>apra</i> .....	9	ASMANEX (14 METERED DOSES).....	150	<i>powder 2 %</i> .....	30
<i>apraclonidine hcl</i> .....	140	ASMANEX (30 METERED DOSES).....	150	<i>athletes foot relief</i> .....	126
<i>aprepitant</i> .....	28	ASMANEX (60 METERED DOSES).....	150	<i>athletes foot spray external aerosol 2 %</i> .....	30
<i>apri</i> .....	108	ASMANEX HFA.....	150	<i>atomoxetine hcl</i> .....	57
APRISO.....	122	ASPERFLEX LIDOCAINE EXTERNAL		ATORVALIQ.....	55
APRODINE.....	166	CREAM.....	16	<i>atorvastatin calcium oral</i> .....	55
APTIOM.....	24	<i>aspirin adults</i> .....	124	<i>atovaquone</i> .....	37
APTIVUS.....	44	<i>aspirin childrens</i> .....	125	<i>atovaquone-proguanil hcl</i> .....	37
<i>aqueous vitamin d</i> .....	78	<i>aspirin ec oral tablet 325 mg</i> .....	125	<i>atropine sulfate ophthalmic ointment</i> .....	138
<i>aranelle</i> .....	108	<i>aspirin ec oral tablet delayed release 325</i>		<i>atropine sulfate ophthalmic solution 1 %</i> ....	138
ARANESP (ALBUMIN FREE) INJECTION		<i>mg</i> .....	125	ATROVENT HFA.....	150
SOLUTION.....	50	<i>aspirin ec oral tablet delayed release 81</i>		<i>abra eq</i> .....	108
ARANESP (ALBUMIN FREE) INJECTION		<i>mg</i> .....	125	AUM ALCOHOL PREP PADS.....	126
SOLUTION PREFILLED SYRINGE 10		<i>aspirin oral tablet 325 mg</i> .....	125	<i>aurovela 1.5/30</i> .....	108
MCG/0.4ML.....	50	<i>aspirin oral tablet chewable 81 mg</i> .....	125	<i>aurovela 1/20</i> .....	108
ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin oral tablet delayed release 325 mg</i>	125	<i>aurovela 24 fe</i> .....	108
SOLUTION PREFILLED SYRINGE 100		<i>aspirin oral tablet delayed release 81 mg</i> ..	125	<i>aurovela fe 1.5/30</i> .....	108
MCG/0.5ML, 150 MCG/0.3ML, 200		ASPIRIN ORAL TABLET DELAYED		<i>aurovela fe 1/20</i> .....	108
MCG/0.4ML, 25 MCG/0.42ML, 300		RELEASE 81 MG.....	125	AURYXIA.....	77
MCG/0.6ML, 40 MCG/0.4ML, 500		<i>aspirin rectal suppository 300 mg</i> .....	125	AUSTEDO.....	58
MCG/ML, 60 MCG/0.3ML.....	50	<i>aspirin regimen</i> .....	125	AUVI-Q.....	151
AREXVY.....	124	<i>astringent</i> .....	66	AVAR-E EMOLLIENT.....	66
<i>aripiprazole oral tablet</i> .....	40	<i>astringent eye drops</i> .....	140	AVAR-E GREEN.....	66
ARISTADA.....	40	<i>astringent solution</i> .....	66	AVEDANA GLYCERIN (ADULT).....	99
ARISTADA INITIO.....	40	<i>atazanavir sulfate</i> .....	44	<i>aviane</i> .....	109
<i>armodafinil</i> .....	176	<i>atenolol oral</i> .....	52	AVONEX PEN.....	59
ARMOUR THYROID.....	117	<i>atenolol-chlorthalidone</i> .....	54	AVONEX PREFILLED.....	59
ARNUITY ELLIPTA.....	150	<i>atheletes foot</i> .....	30	AYR.....	153

AYR SALINE NASAL DROPS.....	153	BASAGLAR KWIKPEN.....	47	<i>benazepril-hydrochlorothiazide</i> .....	54
<i>ayuna</i> .....	109	BAYER ASPIRIN.....	126	BENZAC AC WASH.....	126
AZASITE.....	139	BAYER LOW DOSE ORAL TABLET		BENZNIDAZOLE.....	37
<i>azathioprine oral tablet 50 mg</i> .....	120	CHEWABLE.....	126	<i>benzonatate oral capsule 100 mg, 200 mg</i>	166
<i>azelaic acid external</i> .....	60	<i>baza antifungal</i> .....	30	<i>benzoyl peroxide external gel 2.5 %</i> .....	126
<i>azelastine hcl nasal solution 0.1 %, 137</i>		<i>b-complex oral tablet</i> .....	78	<i>benzoyl peroxide external liquid</i> .....	126
<i>mcg/spray</i> .....	147	<i>b-complex with b-12</i> .....	78	<i>benzoyl peroxide wash external liquid 5 %</i>	126
<i>azelastine hcl ophthalmic</i> .....	138	<i>b-complex/b-12 oral</i> .....	78	<i>benztropine mesylate oral</i> .....	38
<i>azithromycin oral suspension reconstituted</i>	20	BD AUTOSHIELD DUO PEN NEEDLES... 126		BESIVANCE.....	139
<i>azithromycin oral tablet</i> .....	20	BD ECLIPSE NEEDLE 25G X 5/8".....	126	BETADINE EXTERNAL SOLUTION 10 %...22	
<i>azo</i> .....	105	BD ULTRA-FINE INSULIN SYRINGES.....	68	<i>betamethasone dipropionate aug</i> .....	61
AZSTARYS.....	58	BD ULTRA-FINE INSULIN SYRINGES		<i>betamethasone dipropionate external lotion</i>	61
<i>azurette</i> .....	109	30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML.....	126	<i>betamethasone dipropionate external</i>	
<i>b complex vitamins</i> .....	78	BD ULTRA-FINE INSULIN SYRINGES		<i>ointment</i> .....	61
<i>b complex-b12</i> .....	78	30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,		<i>betamethasone valerate external cream</i> .....	61
<i>b-1</i> .....	181	31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML,		<i>betamethasone valerate external lotion</i> .....	61
<i>b-12 oral tablet extended release</i> .....	181	31G X 5/16" 1 ML.....	126	<i>betamethasone valerate external ointment</i> ..	61
<i>b6</i> .....	181	BD ULTRA-FINE INSULIN SYRINGES		BETASERON.....	59
BABY AYR SALINE.....	153	31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	126	<i>betatemp childrens</i> .....	9
<i>baby basics diaper rash</i> .....	66	BD ULTRA-FINE INSULIN SYRINGES		<i>betaxolol hcl ophthalmic</i> .....	140
<i>bac</i> .....	7	31G X 5/16" 0.3 ML.....	126	<i>betaxolol hcl oral</i> .....	52
<i>bacitracin external</i> .....	126	BD ULTRA-FINE PEN NEEDLES.....	68	<i>bethanechol chloride oral</i> .....	104
<i>bacitracin ophthalmic</i> .....	139	BD ULTRA-FINE PEN NEEDLES 29G X		BETIMOL.....	140
<i>bacitracin zinc external</i> .....	126	12.7MM.....	126	BEVESPI AEROSPHERE.....	163
<i>bacitracin zinc first aid</i> .....	126	BD ULTRA-FINE PEN NEEDLES 31G X 5		<i>bexarotene external</i> .....	36
<i>bacitracin zinc-aloe</i> .....	126	MM.....	126	<i>bexarotene oral</i> .....	36
<i>bacitracin-polymyxin b</i> .....	139	BD ULTRA-FINE PEN NEEDLES 31G X 8		BEXSERO.....	121
<i>bacitra-neomycin-polymyxin-hc</i> .....	138	MM.....	126	BEYAZ.....	109
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> .....	40	<i>beauty 360 pure glycerin</i> .....	66	<i>bicalutamide</i> .....	34
BAFIERTAM.....	59	<i>beauty 360 soothing bath</i> .....	66	BIJUVA ORAL CAPSULE 1-100 MG.....	109
BALCOLTRA.....	109	BELBUCA.....	6	BIKTARVY ORAL TABLET 30-120-15 MG..	42
<i>balsalazide disodium</i> .....	122	BELSOMRA.....	176	BIKTARVY ORAL TABLET 50-200-25 MG..	42
BALVERSA.....	35	BENADRYL ALLERGY CHILDRENS		BINAXNOW COVID-19 AG HOME TEST..	126
<i>balziva</i> .....	109	ORAL LIQUID.....	147	BIOLLE TEARS.....	140
<i>banophen oral capsule 25 mg</i> .....	147	BENADRYL ALLERGY CHILDRENS		BION TEARS PF.....	140
<i>banophen oral tablet</i> .....	147	ORAL TABLET CHEWABLE.....	147	<i>biotinex</i> .....	89
BAQSIMI ONE PACK.....	47	BENADRYL ALLERGY ORAL TABLET.....	147	<i>bisacodyl ec</i> .....	126
BAQSIMI TWO PACK.....	47	BENADRYL ALLERGY ULTRATABS.....	147	<i>bisacodyl laxative</i> .....	127
BARACLUDGE ORAL SOLUTION.....	41	<i>benazepril hcl oral</i> .....	51	<i>bisacodyl oral</i> .....	127



<i>bisacodyl rectal</i> .....	127	BRONCHITOL.....	60	<i>calcipotriene external solution</i> .....	64
<i>bismuth</i> .....	89	BRUKINSA.....	136	<i>calcitonin (salmon) nasal</i> .....	123
<i>bismuth subsalicylate oral</i> .....	89	BRYHALI.....	61	<i>calcitriol external</i> .....	64
<i>bisoprolol fumarate oral</i> .....	52	BUCKLEYS CHEST CONGESTION.....	153	<i>calcitriol oral capsule</i> .....	123
<i>bisoprolol-hydrochlorothiazide</i> .....	54	<i>budesonide inhalation</i> .....	150	<i>calcitriol oral solution</i> .....	123
<i>blisovi 24 fe</i> .....	109	<i>budesonide oral</i> .....	123	<i>calcium 600</i> .....	178
<i>blisovi fe 1.5/30</i> .....	109	<i>bumetanide oral</i> .....	54	<i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i> .....	73
<i>blisovi fe 1/20</i> .....	109	<i>buprenorphine</i> .....	6	<i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i> .....	73
BLOOD GLUCOSE TEST STRIPS.....	68	<i>buprenorphine hcl sublingual</i> .....	8	<i>calcium 600/vitamin d</i> .....	73
BOLSITOL.....	89	<i>buprenorphine hcl-naloxone hcl</i> .....	16	<i>calcium 600/vitamin d-3</i> .....	73
BONINE.....	27	<i>bupropion hcl er (sr)</i> .....	26	<i>calcium 600+d oral tablet 600-10 mg-mcg</i> ... 73	
BOOSTRIX.....	121	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> .....	26	<i>calcium 600+d oral tablet 600-5 mg-mcg</i> ... 178	
<i>boro-packs</i> .....	66	<i>bupropion hcl oral</i> .....	26	<i>calcium acetate (phos binder)</i> .....	77
<i>bosentan</i> .....	152	<i>buspirone hcl oral</i> .....	44	<i>calcium acetate oral tablet 667 mg</i> .....	77
BOSULIF.....	136	<i>butalbital-acetaminophen oral tablet 50-325 mg</i> .....	7	<i>calcium antacid ex st oral tablet chewable 750 mg</i> .....	89
<i>boudreauxs butt paste ointment 40 % external</i> .....	66	<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> .....	7	<i>calcium antacid extra strength</i> .....	89
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL.....	66	<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> .....	7	<i>calcium antacid oral tablet chewable 500 mg</i> .....	89
<i>bp 10-1</i> .....	66	<i>butalbital-apap-caffeine oral tablet</i> .....	7	<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i> .....	73
<i>bp wash external liquid 2.5 %</i> .....	127	<i>butalbital-asa-caff-codeine</i> .....	7	<i>calcium carbonate</i> .....	178
BPROTECTED PEDIA D-VITE.....	78	<i>butalbital-aspirin-caffeine</i> .....	7	<i>calcium carbonate antacid oral suspension</i> .....	89
BPROTECTED PEDIA IRON.....	73	<i>butorphanol tartrate nasal</i> .....	7	<i>calcium carbonate antacid oral tablet chewable</i> .....	90
BPROTECTED PEDIA POLY-VITE.....	178	BYDUREON BCISE AUTOINJECTOR.....	46	<i>calcium carbonate oral tablet 1500 (600 ca) mg</i> .....	178
BPROTECTED PEDIA POLY-VITE/FE.....	178	BYETTA 10 MCG PEN.....	46	<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i> .....	178
BPROTECTED VITAMIN C.....	178	BYETTA 5 MCG PEN.....	46	<i>calcium cit plus vit d-3</i> .....	73
BREATHE COMFORT HUMIDIFIER.....	127	<i>c 500/rose hips</i> .....	178	<i>calcium citrate + d3 maximum</i> .....	73
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT.....	163	<i>cabergoline</i> .....	117	<i>calcium citrate +d3</i> .....	73
BREZTRI AEROSPHERE.....	163	CABLIVI.....	50	<i>calcium citrate plus vit d</i> .....	73
<i>briellyn</i> .....	109	CABOMETYX.....	136	<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i> .....	73
BRILINTA.....	50	<i>caffeine citrate oral</i> .....	58	<i>calcium citrate+d3 oral tablet</i> .....	73
<i>brimonidine tartrate ophthalmic solution 0.15 %</i> .....	140	<i>cal mag zinc +d3</i> .....	73		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i> .....	140	<i>calamine external lotion</i> .....	127		
BRIVIACT ORAL.....	23	<i>calamine external lotion , 8-8 %</i> .....	67		
BROMFED DM.....	153	<i>calamine-zinc oxide external lotion</i> .....	67		
		<i>calcipotriene external cream</i> .....	64		
		<i>calcipotriene external ointment</i> .....	64		

<i>calcium citrate+d3 w/magne</i> .....	73	CAREPOINT POLY HUB NEEDLE 25G X		CHEMET.....	77
<i>calcium citrate-vit d</i> .....	73	5/8".....	127	CHEMSTRIP 10 MD.....	68
<i>calcium citrate-vitamin d oral tablet 315-5</i>		CAREPOINT SAFETY 1ST NEEDLE 25G		CHEMSTRIP 10/SG.....	68
<i>mg-mcg</i> .....	73	X 5/8".....	127	CHEMSTRIP 2 GP.....	68
<i>calcium fast dissolution</i> .....	178	CARESENS CONTROL SOLUTION A/B.....	68	CHEMSTRIP 5 OB.....	68
<i>calcium high potency</i> .....	178	CARESTART COVID-19 HOME TEST.....	127	CHEMSTRIP 7.....	68
<i>calcium high potency/vitamin d</i> .....	73	CARETOUCH CONTROL SOL LEVEL 2....	68	CHEMSTRIP 9.....	68
<i>calcium oral tablet 1500 (600 ca) mg</i> .....	178	CARETOUCH HYPODERMIC NEEDLE		CHEMSTRIP K.....	68
<i>calcium oyster shell oral tablet 1250 (500</i>		25G X 5/8".....	127	CHEMSTRIP UGK.....	68
<i>ca) mg</i> .....	178	<i>carglumic acid</i> .....	71	<i>chest congest/cough child</i> .....	166
<i>calcium plus vitamin d</i> .....	73	<i>carteolol hcl</i> .....	140	<i>chest congestion relief dm oral syrup</i> .....	166
<i>calcium plus vitamin d3</i> .....	73	<i>cartia xt</i> .....	53	<i>chest congestion relief oral liquid</i> .....	153
<i>calcium soft chews oral tablet chewable</i>		<i>carvedilol</i> .....	52	<i>chest congestion relief oral tablet</i> .....	154
<i>500-200-40 mg-unt-mcg</i> .....	178	CASTIVA WARMING.....	127	<i>chewable c</i> .....	178
<i>calcium/minerals/vitamin d</i> .....	74	CAYA.....	127	<i>chewable c with rose hips</i> .....	178
<i>calcium-magnesium-zinc oral tablet 333-</i>		CAYSTON.....	151	<i>chewable childrens vitamin</i> .....	178
<i>133-5 mg, 333.33-133.33-5 mg</i> .....	74	<i>cefaclor oral capsule</i> .....	20	<i>chewy not chalky flavor</i> .....	90
<i>cal-gest antacid</i> .....	90	<i>cefadroxil</i> .....	20	<i>childrens acetaminophen</i> .....	10
CALQUENCE.....	127	<i>cefdinir</i> .....	20	<i>childrens allergy oral liquid 12.5 mg/5ml</i> ....	148
<i>camila</i> .....	115	<i>cefixime oral capsule</i> .....	20	<i>childrens animal shapes</i> .....	178
<i>camrese</i> .....	109	<i>cefpodoxime proxetil oral tablet</i> .....	20	<i>childrens apap</i> .....	10
<i>camrese lo</i> .....	109	<i>cefprozil</i> .....	20	<i>childrens aspirin oral tablet chewable 81</i>	
<i>capecitabine</i> .....	37	<i>cefuroxime axetil</i> .....	20	<i>mg</i> .....	128
CAPRELSA.....	136	<i>celecoxib oral</i> .....	4	<i>childrens chewables/iron</i> .....	179
<i>capsaicin external cream 0.025 %</i> .....	127	CENTRUM FLAVOR BURST KIDS.....	127	<i>childrens cold &amp; allergy</i> .....	166
<i>capsaicin external cream 0.1 %</i> .....	127	CENTRUM KIDS.....	127	<i>childrens complete oral tablet chewable 18</i>	
<i>capsaicin hp</i> .....	127	CENTRUM SPECIALIST PRENATAL.....	78	<i>mg</i> .....	179
<i>capsaicin pain relief</i> .....	127	<i>cephalexin oral capsule 250 mg, 500 mg</i> ....	20	<i>childrens cough</i> .....	166
<i>captopril oral</i> .....	51	<i>cephalexin oral suspension reconstituted</i> ....	20	<i>childrens loratadine</i> .....	161
<i>captopril-hydrochlorothiazide</i> .....	54	CEQUA.....	138	<i>childrens mucus relief cough</i> .....	166
<i>capzix</i> .....	127	CERDELGA.....	103	<i>childrens non-aspirin</i> .....	10
<i>carbamazepine er</i> .....	24	<i>cerovite jr</i> .....	178	<i>childrens silapap</i> .....	10
<i>carbamazepine oral</i> .....	24	<i>cetiri-d</i> .....	159	<i>childrens soothe</i> .....	90
<i>carbidopa-levodopa er</i> .....	39	<i>cetirizine allergy relief</i> .....	147	<i>childrens vitamins/iron</i> .....	179
<i>carbidopa-levodopa oral tablet</i> .....	39	<i>cetirizine hcl oral solution</i> .....	147	<i>childs non-aspirin</i> .....	10
<i>carboxymethylcellulose sodium ophthalmic</i>		<i>cetirizine hcl oral tablet</i> .....	147	<i>chlordiazepoxide hcl</i> .....	45
<i>solution</i> .....	140	<i>cetirizine-pseudoephedrine er</i> .....	160	<i>chlorhexidine gluconate mouth/throat</i> .....	60
CAREPOINT POLY HUB NEEDLE 18G X		<i>charlotte 24 fe</i> .....	109	<i>chloroquine phosphate oral</i> .....	37
1".....	49	<i>chateal eq</i> .....	109	<i>chlorpromazine hcl oral tablet</i> .....	39

<i>chlorthalidone</i> .....	55	CLEARDETECT COVID-19 AG HOME.....	128	<i>clotrimazole solution 1 % external (otc)</i> .....	65
<i>chlorzoxazone oral tablet 500 mg</i> .....	176	<i>clearlax oral powder 17 gm/scoop</i> .....	97	<i>clotrimazole solution 1 % external (rx)</i> .....	65
CHOLBAM.....	103	<i>clearskin</i> .....	128	<i>clotrimazole vaginal</i> .....	30
<i>cholestyramine light oral powder</i> .....	56	<i>clemastine fumarate oral</i> .....	148	<i>clotrimazole vaginal cream 1 %</i> .....	30
<i>cholestyramine oral powder</i> .....	56	CLENPIQ.....	84	<i>clotrimazole-betamethasone</i> .....	64
CIBINQO.....	67	CLIMARA.....	109	<i>clozapine oral tablet</i> .....	40
<i>ciclodan</i> .....	65	CLIMARA PRO.....	109	<i>codeine sulfate oral tablet 30 mg, 60 mg</i> .....	7
<i>ciclopirox external solution</i> .....	65	<i>clindacin etz external swab</i> .....	65	COLACE.....	99
<i>cilostazol</i> .....	50	<i>clindacin-p</i> .....	65	<i>colchicine oral tablet</i> .....	31
CIMDUO.....	43	<i>clindamycin hcl oral capsule 150 mg, 300 mg</i> .....	19	<i>cold &amp; allergy</i> .....	166
<i>cimetidine oral tablet 200 mg</i> .....	84	<i>clindamycin palmitate hcl</i> .....	19	<i>cold &amp; allergy childrens oral elixir 1-15 mg/5ml</i> .....	166
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> .....	84	<i>clindamycin phosphate external gel</i> .....	65	<i>cold &amp; cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml</i> .....	166
CIMZIA (2 SYRINGE).....	120	<i>clindamycin phosphate external lotion</i> .....	65	<i>cold &amp; sinus</i> .....	166
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML.....	120	<i>clindamycin phosphate external solution</i> .....	65	<i>cold &amp; sinus relief oral tablet 30-200 mg</i> ....	166
CIMZIA VIAL KIT.....	120	<i>clindamycin phosphate external swab</i> .....	65	<i>cold/cough</i> .....	167
<i>cinacalcet hcl</i> .....	123	<i>clindamycin phosphate vaginal</i> .....	19	<i>cold/cough childrens</i> .....	167
CIPRO ORAL SUSPENSION RECONSTITUTED.....	21	CLINDESSE.....	19	<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i> .....	167
<i>ciprofloxacin hcl ophthalmic</i> .....	139	CLINERE EARWAX REMOVAL KIT OTIC SOLUTION.....	145	<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> ..	167
<i>ciprofloxacin hcl oral</i> .....	21	CLINITEST RAPID COVID-19 TEST KIT IN VITRO.....	128	<i>col-rite oral capsule 250 mg</i> .....	99
<i>ciprofloxacin-dexamethasone</i> .....	144	<i>clobazam</i> .....	24	COMBIGAN.....	138
<i>citalopram hydrobromide oral solution</i> .....	26	<i>clobetasol propionate e</i> .....	61	COMBIVENT RESPIMAT.....	163
<i>citalopram hydrobromide oral tablet</i> .....	26	<i>clobetasol propionate external cream</i> .....	61	COMETRIQ (100 MG DAILY DOSE).....	136
<i>citroma</i> .....	99	<i>clobetasol propionate external ointment</i> .....	61	COMETRIQ (140 MG DAILY DOSE).....	136
CITRUCEL.....	99	<i>clobetasol propionate external solution</i> .....	61	COMETRIQ (60 MG DAILY DOSE).....	136
<i>claravis</i> .....	60	CLOBEX.....	61	<i>comfort gel</i> .....	90
<i>clarithromycin er</i> .....	20	CLOBEX SPRAY.....	61	<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i> .....	90
<i>clarithromycin oral</i> .....	20	CLOMID.....	116	COMIRNATY.....	128
CLARITIN ALLERGY CHILDRENS.....	161	<i>clomipramine hcl oral</i> .....	27	COMPLERA.....	42
CLARITIN ORAL TABLET.....	161	<i>clonazepam oral tablet</i> .....	45	<i>complete allergy</i> .....	148
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG.....	162	<i>clonidine hcl oral</i> .....	51	<i>complete allergy medicine</i> .....	148
CLARITIN-D 12 HOUR.....	166	<i>clopidogrel bisulfate oral</i> .....	50	<i>complete allergy medicine oral capsule</i> .....	148
CLARITIN-D 24 HOUR.....	166	<i>clorazepate dipotassium</i> .....	45	<i>complete allergy relief</i> .....	148
<i>classic prenatal</i> .....	78	<i>clotrimazole 3 vaginal cream 2 %</i> .....	30	<i>compro</i> .....	27
<i>c-lax laxative</i> .....	128	<i>clotrimazole 7</i> .....	30	CONDOMS.....	128
CLEARCANAL EARWAX SOFTENER.....	145	<i>clotrimazole external cream 1 %</i> .....	65	<i>constulose</i> .....	83
		<i>clotrimazole mouth/throat troche 10 mg</i> .....	29		

CONTOUR NEXT EZ KIT W/DEVICE.....	68	COVID-19 AT HOME ANTIGEN TEST.....	128	<i>d3 oral capsule 25 mcg (1000 ut)</i> .....	78
CONTOUR NEXT GEN MONITOR KIT.....	68	COVID-19 AT HOME TEST KIT.....	128	<i>d3 oral capsule 250 mcg</i> .....	78
CONTOUR NEXT GEN TEST STRIPS.....	68	COVID-19 AT-HOME TEST KIT IN VITRO	128	<i>d-3-5</i> .....	78
CONTOUR NEXT MONITOR KIT		CREON.....	103	<i>d3-50</i> .....	78
W/DEVICE.....	68	CRESEMBA ORAL CAPSULE 186 MG.....	29	<i>daily acne wash</i> .....	129
CONTOUR NEXT ONE KIT.....	68	CRITIC-AID CLEAR AF.....	30	<i>daily fiber oral capsule 0.52 gm</i> .....	97
CONTOUR TEST STRIPS.....	68	<i>cromolyn sodium inhalation</i> .....	151	<i>daily fiber oral powder 43 %</i> .....	97
COOL MIST HUMIDIFER.....	128	<i>cromolyn sodium nasal</i> .....	164	<i>daily multivitamins/iron</i> .....	179
COPAXONE SUBCUTANEOUS		<i>cromolyn sodium ophthalmic</i> .....	138	<i>dalfampridine er</i> .....	59
SOLUTION PREFILLED SYRINGE 40		CRUEX PRESCRIPTION STRENGTH.....	30	<i>danazol oral</i> .....	108
MG/ML.....	59	<i>cryselle-28</i> .....	109	<i>dantrolene sodium oral</i> .....	40
CORICIDIN HBP COUGH/COLD.....	154	<i>curae</i> .....	116	DAPAGLIFLOZIN PROPANEDIOL.....	46
CORLANOR.....	54	CURANOL.....	10	<i>dapsone oral</i> .....	33
<i>corn &amp; callus remover</i> .....	128	CURELIEF.....	148	DAPTACEL.....	121
<i>corn and callus remover</i> .....	128	<i>cyanocobalamin injection solution 1000</i>		<i>darunavir</i> .....	129
CORTIFOAM.....	123	<i>mcg/ml</i> .....	181	<i>dasetta 1/35</i> .....	109
<i>cortisone maximum strength external</i>		<i>cyclobenzaprine hcl oral tablet 10 mg, 5</i>		<i>dasetta 7/7/7</i> .....	109
<i>cream</i> .....	61	<i>mg</i> .....	176	DAURISMO.....	35
CORTROPHIN.....	106	<i>cyclopentolate hcl ophthalmic</i> .....	138	DAYHIST ALLERGY 12 HOUR RELIEF ...	148
COSENTYX SUBCUTANEOUS		<i>cyclophosphamide oral capsule</i> .....	33	<i>daysee</i> .....	109
SOLUTION AUTO-INJECTOR 150 MG/ML		CYCLOPHOSPHAMIDE ORAL TABLET.....	33	DAYVIGO.....	176
.....	119	<i>cycloserine oral</i> .....	33	<i>deblitane</i> .....	115
COSENTYX SUBCUTANEOUS		<i>cyclosporine modified</i> .....	120	DECARA ORAL CAPSULE 1.25 MG	
SOLUTION PREFILLED SYRINGE 150		<i>cyclosporine oral</i> .....	120	(50000 UT).....	78
MG/ML, 75 MG/0.5ML.....	119	CYLTEZO (2 SYRINGE)		DECARA ORAL CAPSULE 625 MCG	
COSENTYX UNOREADY.....	119	SUBCUTANEOUS PREFILLED SYRINGE		(25000 UT).....	78
COSOPT PF.....	138	KIT 10 MG/0.2ML, 20 MG/0.4ML.....	128	<i>deep sea nasal spray</i> .....	154
COTELLIC.....	35	<i>cyproheptadine hcl oral</i> .....	148	<i>deferasirox granules</i> .....	77
<i>cough &amp; chest congestion</i> .....	167	<i>cyred eq</i> .....	109	<i>deferasirox oral packet</i> .....	77
<i>cough &amp; cold</i> .....	154	CYSTAGON.....	103	<i>deferasirox oral tablet</i> .....	77
<i>cough &amp; cold hbp</i> .....	154	CYSTARAN.....	138	<i>deferasirox oral tablet soluble</i> .....	77
<i>cough childrens</i> .....	167	<i>d3 high potency oral capsule 25 mcg, 25</i>		DELSTRIGO.....	42
<i>cough dm childrens oral suspension</i>		<i>mcg (1000 ut)</i> .....	78	DELSYM CGH/CHEST CONG DM CHILD	167
<i>extended release 30 mg/5ml</i> .....	167	<i>d3 high potency oral capsule 250 mcg</i>		DELSYM COUGH CHILDRENS.....	167
<i>cough dm er</i> .....	167	<i>(10000 ut)</i> .....	78	DELSYM COUGH/CHEST CONGEST DM	167
<i>cough dm oral suspension extended</i>		<i>d3 max st</i> .....	78	DELSYM ORAL SUSPENSION	
<i>release 30 mg/5ml</i> .....	167	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg</i>		EXTENDED RELEASE.....	167
<i>cough relief oral syrup 15 mg/5ml</i> .....	154	<i>(2000 ut)</i> .....	78	<i>delyla</i> .....	109
<i>cough/cold hbp</i> .....	154	<i>d3 oral capsule 125 mcg (5000 ut)</i> .....	78	DENGVAXIA.....	122

DENTA 5000 PLUS.....	71	DHIVY .....	39	<i>dimethyl fumarate oral</i> .....	59
DENTAGEL.....	71	DIALYVITE 800 ORAL TABLET .....	78	<i>dimethyl fumarate starter pack</i> .....	59
DEPEN TITRATABS .....	104	DIALYVITE VITAMIN D 5000 .....	79	<i>diotame instydose</i> .....	90
DEPO-ESTRADIOL.....	109	<i>diamode</i> .....	83	DIPENTUM.....	122
DEPO-TESTOSTERONE SOLUTION 200		<i>diaper rash external ointment</i> .....	66	<i>diphedryl allergy</i> .....	148
MG/ML INTRAMUSCULAR.....	108	<i>diarrhea</i> .....	90	<i>diphen</i> .....	148
DERMELEVE ADVANCED FORMULA.....	129	<i>diarrhea relief</i> .....	90	<i>diphenhydramine hcl childrens</i> .....	148
DESENEK EXTERNAL POWDER.....	30	DIATRUST COVID-19 HOME TEST .....	129	<i>diphenhydramine hcl oral capsule</i> .....	148
DESENEK JOCK ITCH.....	31	<i>diazepam oral solution</i> .....	45	<i>diphenhydramine hcl oral elixir</i> .....	148
<i>desgen dm oral liquid</i> .....	160	<i>diazepam oral tablet</i> .....	45	<i>diphenhydramine hcl oral liquid</i> .....	148
<i>desipramine hcl oral</i> .....	27	<i>diazepam rectal</i> .....	24	<i>diphenhydramine hcl oral tablet</i> .....	148
<i>desmopressin ace spray refrig</i> .....	106	<i>dibromm childrens cold/cgh</i> .....	168	<i>diphenhydramine hcl oral tablet chewable</i> .....	148
<i>desmopressin acetate oral</i> .....	106	<i>diclofenac potassium oral tablet 50 mg</i> .....	4	<i>diphenoxylate-atropine</i> .....	83
<i>desmopressin acetate spray</i> .....	106	<i>diclofenac sodium er</i> .....	4	<i>dipyridamole oral</i> .....	50
<i>desogestrel-ethinyl estradiol oral tablet</i>		<i>diclofenac sodium external gel 1 %</i> .....	4	<i>disopyramide phosphate</i> .....	52
<i>0.15-0.02/0.01 mg (21/5)</i> .....	109	<i>diclofenac sodium external solution 1.5 %</i> .....	4	<i>disulfiram oral tablet 250 mg</i> .....	16
<i>dexamethasone intensol</i> .....	106	<i>diclofenac sodium ophthalmic</i> .....	139	<i>disulfiram oral tablet 500 mg</i> .....	16
<i>dexamethasone oral elixir</i> .....	106	<i>diclofenac sodium oral</i> .....	4	DIURIL.....	55
<i>dexamethasone oral solution</i> .....	106	<i>dicloxacillin sodium</i> .....	20	<i>divalproex sodium er oral tablet extended</i>	
<i>dexamethasone oral tablet 0.5 mg, 0.75</i>		<i>dicyclomine hcl oral capsule</i> .....	83	<i>release 24 hour 500 mg</i> .....	45
<i>mg, 1 mg, 2 mg</i> .....	106	<i>dicyclomine hcl oral solution</i> .....	83	<i>divalproex sodium oral capsule delayed</i>	
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6</i>		<i>dicyclomine hcl oral tablet</i> .....	83	<i>release sprinkle</i> .....	45
<i>mg</i> .....	106	DIFFERIN EXTERNAL GEL 0.1 %.....	60	<i>divalproex sodium oral tablet delayed</i>	
<i>dexamethasone sodium phosphate</i>		DIFICID .....	20	<i>release</i> .....	45
<i>ophthalmic</i> .....	139	<i>digestive probiotic oral capsule</i> .....	90	DIVIGEL TRANSDERMAL GEL 0.25	
DEXCOM G6 RECEIVER.....	68	<i>digestive probiotic oral capsule 250 mg</i> .....	90	MG/0.25GM, 0.75 MG/0.75GM, 1.25	
DEXCOM G6 SENSOR.....	68	<i>digoxin oral solution</i> .....	54	MG/1.25GM.....	109
DEXCOM G6 TRANSMITTER.....	129	<i>digoxin oral tablet 125 mcg, 250 mcg</i> .....	54	DIVIGEL TRANSDERMAL GEL 0.5	
DEXCOM G7 RECEIVER.....	68	<i>dihydroergotamine mesylate injection</i> .....	31	MG/0.5GM, 1 MG/GM.....	109
DEXCOM G7 SENSOR.....	68	DILANTIN ORAL CAPSULE 30 MG.....	24	<i>dm maximum adult</i> .....	168
<i>dexmethylphenidate hcl</i> .....	57	<i>diltiazem hcl er beads</i> .....	53	<i>docosanol external</i> .....	67
<i>dexmethylphenidate hcl er</i> .....	57	<i>diltiazem hcl er coated beads</i> .....	53	<i>docusate calcium</i> .....	99
<i>dextroamphetamine sulfate er</i> .....	58	<i>diltiazem hcl er oral capsule extended</i>		<i>docusate mini</i> .....	99
<i>dextroamphetamine sulfate oral tablet 10</i>		<i>release 12 hour</i> .....	53	<i>docusate sodium oral capsule</i> .....	99
<i>mg, 5 mg</i> .....	58	<i>diltiazem hcl er oral capsule extended</i>		<i>docusate sodium oral liquid</i> .....	99
<i>dextromethorphan polistirex er</i> .....	167	<i>release 24 hour</i> .....	53	<i>docusate sodium oral syrup</i> .....	99
<i>dextromethorphan-guaifenesin oral liquid</i>		<i>diltiazem hcl oral</i> .....	53	DOCUSOL MINI.....	99
<i>5-100 mg/5ml</i> .....	168	<i>dilt-xr</i> .....	53	<i>docuzen</i> .....	99
<i>dextromethorphan-guaifenesin oral syrup</i> ..	168	<i>dimaphen dm cold/cough</i> .....	168	DODEX.....	181

<i>dofetilide</i> .....	52	<i>d-vite pediatric</i> .....	79	ELIQUIS DVT/PE STARTER PACK.....	49
<i>donepezil hcl oral tablet 10 mg, 5 mg</i> .....	25	DYMISTA.....	148	<i>elixophyllin</i> .....	152
<i>donepezil hcl oral tablet 23 mg</i> .....	25	<i>e</i> .....	181	ELLA.....	115
DOPTELET.....	50	E.E.S. 400.....	20	ELLUME COVID-19 HOME TEST.....	129
DORZOLAMIDE HCL SOLUTION 2 %		<i>e-400-clear</i> .....	181	ELMIRON.....	104
OPHTHALMIC.....	140	<i>ear drops</i> .....	145	<i>eluryng</i> .....	109
<i>dorzolamide hcl solution 2 % ophthalmic</i> ...	140	<i>ear wax kit</i> .....	145	ELYXYB.....	4
<i>dorzolamide hcl-timolol mal</i> .....	138	<i>ear wax removal</i> .....	145	EMETROL ORAL SOLUTION.....	28
<i>dotti</i> .....	109	<i>ear wax removal system</i> .....	145	EMGALITY.....	32
<i>double antibiotic external ointment 500-10000 unit/gm</i> .....	129	<i>earwax removal</i> .....	145	EMGALITY (300 MG DOSE).....	32
DOVATO.....	42	<i>earwax removal drops</i> .....	145	EMPAVELI.....	129
<i>doxazosin mesylate oral</i> .....	51	<i>earwax removal kit otic solution 6.5 %</i> .....	145	<i>emtricitabine</i> .....	43
<i>doxepin hcl oral capsule</i> .....	27	EASIVENT.....	129	<i>emtricitabine-tenofovir df</i> .....	43
<i>doxepin hcl oral concentrate</i> .....	27	EASIVENT MASK LARGE.....	129	EMTRIVA ORAL SOLUTION.....	43
<i>doxycycline hyclate oral capsule</i> .....	21	EASIVENT MASK MEDIUM.....	129	EMVERM.....	37
<i>doxycycline hyclate oral tablet 100 mg</i> .....	21	EASIVENT MASK SMALL.....	129	<i>emzahh</i> .....	115
<i>doxycycline monohydrate oral capsule 100 mg</i> .....	21	EASY-C IMMUNE HEALTH.....	179	<i>enalapril maleate oral solution</i> .....	51
<i>doxycycline monohydrate oral capsule 50 mg</i> .....	21	<i>easygel</i> .....	71	<i>enalapril maleate oral tablet</i> .....	51
DR SMITHS DIAPER.....	66	<i>easy-lax plus</i> .....	100	<i>enalapril-hydrochlorothiazide</i> .....	54
<i>driminate</i> .....	27	EASYMAX 15 LEVEL 2 CONTROL.....	69	ENBREL.....	120
<i>dronabinol</i> .....	28	EASYMAX 15 LEVEL 2-3 CONTROL.....	69	ENDACOF-DM.....	168
DROPSAFE ALCOHOL PREP.....	129	<i>ec-naproxen</i> .....	4	ENDARI.....	71
<i>drospirenone-ethinyl estradiol</i> .....	109	<i>econtra one-step</i> .....	116	<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	7
DROXIA ORAL CAPSULE 200 MG, 300 MG.....	50	ED A-HIST ORAL LIQUID.....	160	ENDOMETRIN.....	115
DROXIA ORAL CAPSULE 400 MG.....	50	<i>ed bron gp</i> .....	154	<i>enema</i> .....	90
<i>dry-eye relief nighttime</i> .....	140	<i>ed chlorped jr</i> .....	162	<i>enema disposable</i> .....	90
<i>dss</i> .....	99	<i>ed-apap</i> .....	10	<i>enema mineral oil</i> .....	97
DUAVEE.....	109	EDARBI.....	51	<i>enema ready-to-use</i> .....	90
DUEXIS.....	4	EDARBYCLOR.....	54	<i>enema rectal enema 16-6 gm/133ml</i> .....	90
DULERA.....	163	EDURANT.....	42	ENEMEEZ MINI.....	100
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i> .....	59	<i>efavirenz</i> .....	42	ENFAMIL ENFALYTE.....	74
DUPIXENT.....	119	<i>efavirenz-emtricitab-tenofo df</i> .....	42	ENFAMIL EXPECTA.....	79
DUREX EXTRA SENSITIVE THIN.....	129	<i>efavirenz-lamivudine-tenofovir</i> .....	42	ENGERIX-B.....	121
D-VI-SOL.....	79	<i>effer-k oral tablet effervescent 25 meq</i> .....	179	<i>enilloring</i> .....	110
		EGRIFTA SV.....	106	<i>enoxaparin sodium</i> .....	49
		<i>electrolyte solution</i> .....	74	<i>enpresse-28</i> .....	110
		ELESTRIN.....	109	<i>enskyce</i> .....	110
		<i>elinest</i> .....	109	ENSTILAR.....	64
		ELIQUIS.....	49		

<i>entacapone</i> .....	38	<i>ethynodiol diac-eth estradiol</i> .....	110	<i>famotidine oral tablet 20 mg</i> .....	84
<i>entecavir</i> .....	41	<i>etodolac</i> .....	4	<i>famotidine oral tablet 40 mg</i> .....	85
<i>enteric aspirin</i> .....	129	<i>etonogestrel-ethinyl estradiol</i> .....	110	<i>famotidine orig st</i> .....	85
ENTRESTO.....	54	<i>etoposide oral</i> .....	35	FARXIGA.....	46
<i>enulose</i> .....	83	<i>etravirine</i> .....	42	FASENRA PEN.....	153
EPCLUSA.....	41	EUCRISA.....	61	<i>fast relief laxative</i> .....	129
<i>ephrine nose drops</i> .....	154	EULEXIN.....	34	FASTEP COVID-19 ANTIGEN TEST.....	130
EPIDIOLEX.....	23	<i>euthyrox</i> .....	116	FC2 FEMALE CONDOM.....	130
EPIDUO FORTE.....	60	EVAC.....	97	<i>febuxostat</i> .....	31
<i>epinephrine injection solution auto-injector</i>	151	EVAMIST.....	110	<i>felbamate oral suspension</i> .....	23
EPIPEN 2-PAK.....	151	<i>everolimus oral tablet 0.25 mg, 0.5 mg,</i>		<i>felbamate oral tablet</i> .....	23
EPIPEN JR 2-PAK.....	151	<i>0.75 mg, 1 mg</i> .....	120	<i>felodipine er</i> .....	53
<i>epitol</i> .....	24	<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg</i>	35	FEMCAP.....	130
EPOGEN.....	50	<i>everolimus oral tablet 7.5 mg</i> .....	35	<i>fenofibrate micronized oral capsule 130 mg</i>	55
<i>ergocalciferol oral capsule</i> .....	179	<i>everolimus oral tablet soluble</i> .....	35	<i>fenofibrate micronized oral capsule 134</i>	
ERIVEDGE.....	35	EVOTAZ.....	44	<i>mg, 200 mg, 67 mg</i> .....	55
ERLEADA ORAL TABLET 240 MG.....	34	EXCEDRIN EXTRA STRENGTH.....	10	<i>fenofibrate oral capsule 134 mg, 200 mg,</i>	
ERLEADA ORAL TABLET 60 MG.....	34	EXCEDRIN MIGRAINE.....	10	<i>67 mg</i> .....	55
<i>erlotinib hcl</i> .....	136	<i>exemestane</i> .....	34	<i>fenofibrate oral tablet</i> .....	55
ERMEZA.....	116	EXKIVITY.....	35	FENSOLVI (6 MONTH).....	117
<i>errin</i> .....	115	EX-LAX MAXIMUM STRENGTH.....	100	<i>fentanyl transdermal patch 72 hour 100</i>	
ERYTHROCIN STEARATE.....	20	EX-LAX ULTRA.....	129	<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>	
<i>erythromycin base oral</i> .....	20	<i>eye drops adv relief</i> .....	140	<i>75 mcg/hr</i> .....	6
<i>erythromycin ethylsuccinate oral</i> .....	20	<i>eye drops advanced relief</i> .....	140	<i>ferate</i> .....	74
<i>erythromycin external</i> .....	65	<i>eye drops long lasting</i> .....	141	FER-IN-SOL.....	74
<i>erythromycin ophthalmic</i> .....	139	<i>eye drops ophthalmic solution 0.05 %</i> .....	141	<i>ferosul</i> .....	74
<i>erythromycin oral</i> .....	20	<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>		<i>ferretts</i> .....	74
ESBRIET.....	152	<i>%</i> .....	141	<i>ferrex 150 capsule 150 mg oral</i> .....	74
<i>escitalopram oxalate oral tablet</i> .....	26	<i>eye drops ophthalmic solution 0.05-0.25 %</i>	141	FERREX 150 CAPSULE 150 MG ORAL.....	74
<i>esomeprazole magnesium oral packet</i> .....	85	<i>eye irritation relief drops</i> .....	141	FERRIC X-150.....	74
<i>estarylla</i> .....	110	<i>eye lubricant</i> .....	141	<i>ferrous fumarate oral tablet 324 (106 fe)</i>	
<i>estradiol oral</i> .....	110	<i>eye lubricant nighttime</i> .....	141	<i>mg, 324 mg</i> .....	74
<i>estradiol transdermal patch twice weekly</i> ...	110	EYSUVIS.....	139	<i>ferrous gluconate</i> .....	74
<i>estradiol transdermal patch weekly</i> .....	110	<i>ezetimibe</i> .....	56	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	74
<i>estradiol vaginal</i> .....	110	EZFE 200.....	74	<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>	
<i>eszopiclone</i> .....	176	<i>falmina</i> .....	110	<i>mg</i> .....	74
<i>ethambutol hcl oral tablet 100 mg</i> .....	33	<i>famotidine acid reducer oral tablet 10 mg</i> ....	84	<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	74
<i>ethambutol hcl oral tablet 400 mg</i> .....	33	<i>famotidine oral suspension reconstituted</i> ....	84	<i>ferrous sulfite</i> .....	74
<i>ethosuximide oral</i> .....	23	<i>famotidine oral tablet 10 mg</i> .....	84		

<i>ferrous sulfate oral solution 75 (15 fe)</i>	FIRVANQ.....	19	<i>fluphenazine hcl oral concentrate.....</i>	39
<i>mg/ml.....</i>	FLAREX.....	139	<i>fluphenazine hcl oral elixir.....</i>	39
<i>ferrous sulfate oral tablet 325 (65 fe) mg.....</i>	<i>flecainide acetate.....</i>	52	<i>fluphenazine hcl oral tablet.....</i>	39
<i>ferrous sulfate oral tablet delayed release... 75</i>	FLECTOR.....	4	<i>flurbiprofen sodium.....</i>	139
<i>fever reducer/pain reliever.....</i>	FLEET BISACODYL.....	130	FLUTICASON FUROATE-VILANTEROL	163
<i>fever reducing childrens.....</i>	FLEET ENEMA.....	90	<i>fluticasone propionate external cream.....</i>	62
<i>feverall adults.....</i>	FLEET OIL.....	97	<i>fluticasone propionate external ointment.....</i>	62
<i>feverall childrens.....</i>	FLEET PEDIATRIC.....	90	FLUTICASON PROPIONATE HFA.....	150
FEVERALL INFANTS.....	FLINTSTONES COMPLETE ORAL		<i>fluticasone propionate nasal.....</i>	150
FEVERALL JUNIOR STRENGTH.....	TABLET CHEWABLE.....	130	<i>fluticasone-salmeterol inhalation aerosol</i>	
<i>fe-vite iron.....</i>	FLORA VANCE.....	90	<i>powder breath activated 100-50 mcg/act,</i>	
<i>fexofenadine hcl.....</i>	<i>floranex tablet oral.....</i>	90	<i>250-50 mcg/act, 500-50 mcg/act.....</i>	163
<i>fexofenadine hcl oral.....</i>	FLORANEX TABLET ORAL.....	90	FLUTICASON-SALMETEROL	
FIASP.....	FLOWFLEX COVID-19 AG HOME TEST..	130	INHALATION AEROSOL POWDER	
FIASP FLEXTOUCH.....	FLUAD QUADRIVALENT.....	122	BREATH ACTIVATED 113-14 MCG/ACT,	
FIASP PENFILL.....	FLUARIX QUADRIVALENT.....	122	232-14 MCG/ACT, 55-14 MCG/ACT.....	163
<i>fiber laxative + calcium.....</i>	FLUBLOK QUADRIVALENT.....	122	<i>fluvoxamine maleate.....</i>	26
<i>fiber laxative oral capsule 0.52 gm.....</i>	FLUCELVAX QUADRIVALENT.....	122	FLUZONE HIGH-DOSE QUADRIVALENT	122
<i>fiber laxative oral tablet 500 mg.....</i>	<i>fluconazole oral.....</i>	29	FLUZONE QUADRIVALENT.....	122
<i>fiber oral capsule 0.52 gm.....</i>	<i>fludrocortisone acetate oral.....</i>	106	<i>foaming antacid oral tablet chewable 80-20</i>	
<i>fiber oral powder 28.3 %.....</i>	FLULAVAL QUADRIVALENT.....	122	<i>mg.....</i>	91
<i>fiber oral powder 43 %.....</i>	FLUMIST QUADRIVALENT.....	122	<i>folic acid oral tablet 1 mg.....</i>	130
<i>fiber oral powder 58.6 %.....</i>	<i>fluocinolone acetonide body.....</i>	61	<i>folic acid oral tablet 400 mcg, 800 mcg.....</i>	130
<i>fiber oral tablet 500 mg.....</i>	<i>fluocinolone acetonide external cream</i>		FOLLISTIM AQ.....	107
<i>fiber oral tablet 625 mg.....</i>	<i>0.025 %.....</i>	61	<i>foot &amp; sneaker.....</i>	130
<i>fiber powder oral powder 43 %.....</i>	<i>fluocinolone acetonide external ointment.....</i>	62	<i>foot care (terbinafine).....</i>	31
<i>fiber therapy oral capsule 0.52 gm.....</i>	<i>fluocinolone acetonide external solution.....</i>	62	<i>for sty relief.....</i>	141
<i>fiber therapy oral powder 28.3 %.....</i>	<i>fluocinolone acetonide scalp.....</i>	62	FORFIVO XL.....	26
<i>fiber therapy oral tablet 500 mg.....</i>	<i>fluocinonide emulsified base.....</i>	62	FORTEO.....	123
<i>fiber therapy oral tablet 625 mg.....</i>	<i>fluocinonide external cream.....</i>	62	<i>fosamprenavir calcium.....</i>	44
<i>fiber-caps.....</i>	<i>fluocinonide external solution.....</i>	62	<i>fosinopril sodium.....</i>	51
<i>fiber-lax.....</i>	<i>fluoridex daily renewal.....</i>	71	<i>fosinopril sodium-hctz.....</i>	54
FINACEA EXTERNAL FOAM.....	<i>fluorometholone.....</i>	139	FREESTYLE LIBRE 14 DAY READER.....	69
<i>finasteride oral tablet 5 mg.....</i>	<i>fluorouracil external cream 5 %.....</i>	64	FREESTYLE LIBRE 14 DAY SENSOR.....	69
<i>fingolimod hcl.....</i>	<i>fluorouracil external solution.....</i>	64	FREESTYLE LIBRE 2 READER.....	69
<i>finzala.....</i>	<i>fluoxetine hcl oral capsule.....</i>	26	FREESTYLE LIBRE 2 SENSOR.....	69
<i>first aid antibiotic external ointment , 3.5-</i>	<i>fluoxetine hcl oral solution.....</i>	26	FREESTYLE LIBRE 3 SENSOR.....	69
<i>400-5000.....</i>	<i>fluphenazine decanoate injection.....</i>	39	FREESTYLE LIBRE READER.....	69
<i>first aid antiseptic external solution 10 %.....</i>	<i>fluphenazine hcl injection.....</i>	39	FREESTYLE PRECISION NEO TEST.....	69



FREESTYLE TEST.....	69	<i>ft cold &amp; cough relief dm.....</i>	168	<i>ft nicotine mini.....</i>	18
<i>freeze dried acidophilus.....</i>	91	<i>ft docosanol.....</i>	67	<i>ft nicotine mouth/throat lozenge.....</i>	18
<i>fruity c.....</i>	179	<i>ft double antibiotic.....</i>	130	<i>ft nighttime sleep aid.....</i>	177
<i>ft 12 hour cough relief.....</i>	168	<i>ft earwax removal.....</i>	145	<i>ft pain &amp; fever childrens.....</i>	11
<i>ft 24 hour nasal allergy.....</i>	163	<i>ft earwax removal kit.....</i>	145	<i>ft pain &amp; fever infants.....</i>	11
<i>ft 8 hour pain relief.....</i>	10	<i>ft enema mineral oil.....</i>	97	<i>ft pain relief adult extra st.....</i>	11
<i>ft acid reducer oral capsule delayed release.....</i>	85	<i>ft enema saline.....</i>	91	<i>ft pain relief extra strength.....</i>	11
<i>ft acid reducer oral tablet.....</i>	85	<i>ft enteric coated aspirin.....</i>	130	<i>ft pain relief oral tablet 200 mg.....</i>	4
<i>ft all day allergy.....</i>	148	<i>ft eye drops.....</i>	141	<i>ft pain relief oral tablet 325 mg.....</i>	11
<i>ft all day allergy 24 hour.....</i>	149	<i>ft fiber laxative.....</i>	100	<i>ft pain reliever ex str adult.....</i>	11
<i>ft all day allergy relief.....</i>	162	<i>ft fiber oral powder 43 %.....</i>	97	<i>ft senna laxative.....</i>	100
<i>ft all day allergy-d.....</i>	160	<i>ft gas relief.....</i>	91	<i>ft senna laxatives.....</i>	100
<i>ft all day pain relief.....</i>	4	<i>ft gas relief extra strength.....</i>	91	<i>ft senna-s.....</i>	100
<i>ft allergy childrens.....</i>	162	<i>ft gas relief ultra strength.....</i>	91	<i>ft stomach relief oral suspension.....</i>	91
<i>ft allergy relief 12 hour.....</i>	162	<i>ft gentle laxative.....</i>	130	<i>ft stomach relief oral tablet.....</i>	91
<i>ft allergy relief 24 hour.....</i>	162	<i>ft ibuprofen ib childrens.....</i>	4	<i>ft stomach relief oral tablet chewable.....</i>	91
<i>ft allergy relief cetirizine.....</i>	149	<i>ft ibuprofen oral tablet.....</i>	4	<i>ft stool softener oral capsule.....</i>	100
<i>ft allergy relief childrens oral liquid.....</i>	149	<i>ft laxative.....</i>	130	<i>ft stool softener oral tablet 50-8.6 mg.....</i>	100
<i>ft allergy relief loratadine.....</i>	162	<i>ft lice killing max st.....</i>	38	<i>ft tussin adult.....</i>	154
<i>ft allergy relief oral capsule.....</i>	149	<i>ft lubricant eye drops ophthalmic solution 0.4-0.3 %.....</i>	141	<i>ft tussin cf adult.....</i>	160
<i>ft allergy relief oral tablet 180 mg.....</i>	162	<i>ft lubricant eye drops ophthalmic solution 0.5 %.....</i>	141	<i>ft tussin dm max adult.....</i>	169
<i>ft allergy relief oral tablet 25 mg.....</i>	149	<i>ft magnesium citrate.....</i>	100	<i>ft vitamin d3 oral tablet.....</i>	79
<i>ft allergy relief-d.....</i>	168	<i>ft miconazole 7.....</i>	29	<i>full spectrum b1/vitamin c.....</i>	79
<i>ft antacid &amp; antigas.....</i>	91	<i>ft migraine relief.....</i>	11	FULPHILA.....	50
<i>ft antacid extra strength.....</i>	91	<i>ft milk of magnesia.....</i>	91	<i>fungi-guard.....</i>	130
<i>ft antacid regular strength.....</i>	91	<i>ft mineral oil.....</i>	97	FUROSCIX.....	54
<i>ft antibiotic.....</i>	130	<i>ft motion sickness oral tablet 50 mg.....</i>	27	<i>furosemide oral solution 10 mg/ml.....</i>	54
<i>ft anti-diarrheal oral tablet.....</i>	83	<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg.....</i>	154	<i>furosemide oral tablet.....</i>	54
<i>ft anti-diarrheal/anti-gas.....</i>	91	<i>ft mucus relief d 12 hour.....</i>	168	FUZEON.....	43
<i>ft antifungal external cream 1 %.....</i>	130	<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg.....</i>	168	FYCOMPA.....	23
<i>ft antifungal external cream 2 %.....</i>	31	<i>ft nasal decongestant max str oral tablet... ft nasal decongestant max str oral tablet extended release 12 hour.....</i>	168	FYLNETRA.....	130
<i>ft arthritis pain reliever.....</i>	10	<i>ft nasal decongestant pe.....</i>	154	<i>g tussin ac.....</i>	169
<i>ft aspirin.....</i>	130	<i>ft nasal spray.....</i>	168	<i>gabapentin oral capsule.....</i>	24
<i>ft aspirin low dose.....</i>	130			<i>gabapentin oral tablet 600 mg, 800 mg.....</i>	24
<i>ft athletes foot (terbinafine).....</i>	31			<i>galantamine hydrobromide oral solution.....</i>	25
<i>ft chest congestion relief.....</i>	154			<i>galantamine hydrobromide oral tablet 12 mg, 8 mg.....</i>	25
<i>ft children's pain/fever.....</i>	11			<i>galantamine hydrobromide oral tablet 4 mg.25</i>	
<i>ft clearlax.....</i>	97			<i>ganirelix acetate.....</i>	118

GARDASIL 9.....	121	GENTEAL TEARS SEVERE DAY/NIGHT. 141	<i>glycerin child rectal suppository 1 gm, 1.2 gm</i> .....	100
<i>gas relief extra strength</i> .....	91	<i>gentle laxative oral tablet delayed release 5 mg</i> .....	<i>glycerin childrens</i> .....	100
<i>gas relief extra strength oral tablet chewable 125 mg</i> .....	91	<i>gentle laxative rectal suppository 10 mg</i> ....	<i>glycerin external</i> .....	66
<i>gas relief extstrength</i> .....	91	<i>gentle laxative womens</i> .....	<i>glycerin external liquid 99.5 %</i> .....	66
<i>gas relief oral capsule 125 mg</i> .....	92	<i>gentlelax</i> .....	<i>glycerin pediatric rectal suppository 1.2 gm</i>	101
<i>gas relief oral capsule 180 mg</i> .....	92	<i>genuine aspirin</i> .....	.....	101
<i>gas relief oral tablet chewable 125 mg</i> .....	92	GENVOYA.....	<i>glycolax</i> .....	98
<i>gas relief oral tablet chewable 80 mg</i> .....	92	<i>geri-dryl</i> .....	<i>glycopyrrolate oral tablet 1 mg</i> .....	83
<i>gas relief ultra strength</i> .....	92	<i>geri-kot</i> .....	<i>glycopyrrolate oral tablet 2 mg</i> .....	83
<i>gas relief ultstrength</i> .....	92	<i>geri-lanta maximum strength</i> .....	GLYXAMBI.....	46
GAS-X EXTRA STRENGTH ORAL CAPSULE.....	92	<i>geri-lanta oral suspension 200-200-20 mg/5ml</i> .....	GONAL-F.....	107
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE.....	92	<i>geri-mox</i> .....	GONAL-F RFF.....	107
GAS-X ULTRA STRENGTH.....	92	<i>geri-tussin dm oral syrup</i> .....	GONAL-F RFF REDJECT.....	107
GATTEX.....	84	<i>geri-tussin oral liquid</i> .....	<i>gormel</i> .....	67
<i>gavilax oral powder</i> .....	97	GILENYA ORAL CAPSULE 0.25 MG.....	<i>gormel 10</i> .....	67
<i>gavilyte-c</i> .....	84	GILOTRIF.....	GRALISE ORAL TABLET 300 MG, 600 MG.....	58
<i>gavilyte-g</i> .....	84	<i>giltuss severe sinus</i> .....	<i>griseofulvin microsize oral</i> .....	29
GAVISCON.....	92	<i>glatiramer acetate</i> .....	<i>griseofulvin ultramicrosize</i> .....	29
GAVISCON EXTRA RELIEF FORMULA.....	92	<i>glatopa</i> .....	<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i> .....	154
GAVISCON EXTRA STRENGTH.....	92	<i>glimepiride</i> .....	<i>guaifenesin oral liquid</i> .....	154
GAVRETO.....	136	<i>glipizide er</i> .....	<i>guaifenesin oral tablet 400 mg</i> .....	155
<i>gefitinib</i> .....	136	<i>glipizide oral tablet 10 mg, 5 mg</i> .....	<i>guaifenesin-codeine</i> .....	169
GELUSIL.....	92	<i>glipizide xl</i> .....	<i>guaifenesin-dm oral syrup</i> .....	169
<i>gemfibrozil oral</i> .....	55	GLUCAGEN HYPOKIT.....	<i>guanfacine hcl</i> .....	51
<i>generlac</i> .....	83	<i>glucagon emergency injection kit</i> .....	<i>guanfacine hcl er</i> .....	57
<i>gengraf oral capsule</i> .....	120	GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED.....	GUARDIAN CONNECT TRANSMITTER... 131	
GENOTROPIN.....	106	GLUCO TO GO.....	GUARDIAN LINK 3 TRANSMITTER.....	131
GENOTROPIN MINIQUICK.....	106	GLUCOSE CONTROL SOLUTIONS.....	GUARDIAN SENSOR (3).....	69
<i>gentamicin sulfate external</i> .....	65	<i>glucose oral tablet chewable 4 gm</i> .....	GUARDIAN SENSOR 3.....	69
<i>gentamicin sulfate ophthalmic</i> .....	139	<i>glyburide micronized</i> .....	<i>gummy dinos</i> .....	131
GENTEAL SEVERE.....	141	<i>glyburide oral</i> .....	<i>gummy multivitamin kids</i> .....	131
GENTEAL TEARS MODERATE PF.....	141	<i>glyburide-metformin</i> .....	GVOKE HYPOPEN 1-PACK.....	47
GENTEAL TEARS NIGHT-TIME.....	141	<i>glycerin (adult) rectal suppository 2 gm</i> ....	GVOKE HYPOPEN 2-PACK.....	47
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %.....	141	<i>glycerin (infants &amp; children) rectal suppository 1 gm</i> .....	GVOKE KIT.....	47
GENTEAL TEARS PF.....	141	<i>glycerin adult rectal suppository 2 gm</i> .....	GVOKE PFS.....	47
			GYNAZOLE-1.....	29

<i>habitrol</i> .....	17	HORIZANT.....	58	<i>hydrocortisone butyrate external ointment</i> ...	62
HADLIMA.....	131	HUMALOG INJECTION.....	47	<i>hydrocortisone butyrate external solution</i> ....	62
HADLIMA PUSHTOUCH.....	131	HUMALOG JUNIOR KWIKPEN.....	47	<i>hydrocortisone cream 1 % external (otc)</i> .....	62
HAEGARDA.....	118	HUMALOG KWIKPEN.....	47	<i>hydrocortisone cream 1 % external (rx)</i> .....	62
<i>hailey 1.5/30</i> .....	110	HUMALOG MIX 50/50 KWIKPEN.....	47	<i>hydrocortisone external cream 0.5 %</i> .....	62
<i>hailey 24 fe</i> .....	110	HUMALOG MIX 75/25.....	47	<i>hydrocortisone external cream 1 %</i> .....	62
<i>hailey fe 1.5/30</i> .....	110	HUMALOG MIX 75/25 KWIKPEN.....	47	<i>hydrocortisone external cream 2.5 %</i> .....	62
<i>hailey fe 1/20</i> .....	110	HUMALOG SUBCUTANEOUS.....	47	<i>hydrocortisone external lotion 2.5 %</i> .....	62
<i>halobetasol propionate external cream</i> .....	62	HUMATROPE.....	106	<i>hydrocortisone external ointment 0.5 %</i> .....	62
<i>haloette</i> .....	110	HUMIRA (2 PEN).....	120	<i>hydrocortisone external ointment 1 %</i> .....	62
<i>haloperidol decanoate intramuscular</i> .....	39	HUMIRA (2 SYRINGE).....	120	<i>hydrocortisone external ointment 2.5 %</i> .....	63
<i>haloperidol oral</i> .....	39	HUMIRA SUBCUTANEOUS PEN-		<i>hydrocortisone max st external cream</i> .....	63
HARVONI.....	41	INJECTOR KIT 80 MG/0.8ML.....	120	<i>hydrocortisone max st/12 moist</i> .....	63
HAVRIX.....	121	HUMIRA-PED		<i>hydrocortisone oral tablet 10 mg, 20 mg, 5</i>	
<i>headache formula</i> .....	11	.....	120	<i>mg</i> .....	106
<i>headache relief</i> .....	11	HUMIRA-PED>/=40KG CROHNS START.	120	<i>hydrocortisone plus external cream 1 %</i> .....	63
<i>headache relief extra str</i> .....	11	HUMIRA-PED>/=40KG UC STARTER.....	120	<i>hydrocortisone rectal enema 100 mg/60ml</i>	123
<i>heartburn antacid</i> .....	93	HUMIRA-PSORIASIS/UEVIT STARTER...	120	<i>hydrocortisonel/aloe</i> .....	63
<i>heartburn antacid ex st</i> .....	93	HUMULIN 70/30 KWIKPEN.....	47	<i>hydrocortisonel/aloe max str</i> .....	63
<i>heartburn prevention oral tablet 10 mg</i> .....	85	HUMULIN 70/30 VIAL.....	47	<i>hydrocortisone-acetic acid</i> .....	144
<i>heartburn relief ex st</i> .....	93	HUMULIN N KWIKPEN.....	47	<i>hydrolatum</i> .....	66
<i>heartburn relief oral tablet 10 mg</i> .....	85	HUMULIN N VIAL.....	47	<i>hydromet</i> .....	131
<i>heartburn relief oral tablet 200 mg</i> .....	85	HUMULIN R U-500 KWIKPEN.....	47	<i>hydromorphone hcl oral</i> .....	7
<i>heartburn relief oral tablet chewable 160-</i>		HUMULIN R U-500 VIAL		<i>hydromorphone hcl rectal</i> .....	7
<i>105 mg</i> .....	93	(CONCENTRATED).....	47	<i>hydrophor</i> .....	66
<i>heartland gas relief</i> .....	93	HUMULIN R VIAL.....	47	<i>hydroxychloroquine sulfate oral tablet 200</i>	
<i>heather</i> .....	115	HYCAMTIN ORAL.....	35	<i>mg</i> .....	37
<i>h-e-b aspirin</i> .....	131	<i>hydralazine hcl oral</i> .....	56	<i>hydroxyurea oral</i> .....	34
<i>h-e-b childrens allergy</i> .....	149	<i>hydrochlorothiazide oral capsule</i> .....	55	<i>hydroxyzine hcl oral</i> .....	44
HEMANGEOL.....	52	<i>hydrochlorothiazide oral tablet 12.5 mg</i> .....	55	<i>hydroxyzine pamoate oral</i> .....	44
HEMLIBRA.....	51	<i>hydrochlorothiazide oral tablet 25 mg, 50</i>		HYFTOR.....	131
<i>hemorrhoidal rectal suppository 0.25-3-</i>		<i>mg</i> .....	55	<i>hyoscyamine sulfate er</i> .....	131
<i>85.5 %</i> .....	67	<i>hydrocodone bit-homatrop mbr</i> .....	131	<i>hyoscyamine sulfate oral</i> .....	131
<i>heparin sodium (porcine)</i> .....	49	<i>hydrocodone-acetaminophen oral solution</i>		<i>hyoscyamine sulfate sublingual</i> .....	131
<i>heparin sodium (porcine) pf</i> .....	49	<i>7.5-325 mg/15ml</i> .....	7	<i>hyosyne</i> .....	131
HEPLISAV-B.....	122	<i>hydrocodone-acetaminophen oral tablet</i>		HYPERSAL INHALATION NEBULIZATION	
<i>her style</i> .....	116	<i>10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	7	SOLUTION 7 %.....	169
HIBERIX.....	121	<i>hydrocortisone (perianal)</i> .....	123	HYPERTET.....	122
<i>high potency probiotic oral capsule</i> .....	93	<i>hydrocortisone anti-itch</i> .....	62	HYPOTEARs.....	141

HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML.....	131	IHEALTH COVID-19 RAPID TEST.....	132	INSULIN PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM.....	132
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	131	ILARIS.....	119	INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM.....	69
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML.....	131	ILEVRO.....	139	INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML.....	132
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	132	ILUMYA.....	119	INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	132
HYRIMOZ-CROHNS/UC STARTER.....	132	<i>imatinib mesylate</i> .....	136	INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML.....	132
HYRIMOZ-PED.....	132	IMBRUVICA.....	137	INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML.....	132
HYRIMOZ-PED>=40KG CROHN START..	132	<i>imipramine hcl oral</i> .....	27	INSULIN SYRINGES 30G X 5/16" 1 ML....	132
HYRIMOZ-PLAQUE PSORIASIS START..	132	<i>imiquimod external cream 5 %</i> .....	64	INTELENCE ORAL TABLET 25 MG.....	42
HYSINGLA ER.....	6	IMODIUM A-D ORAL TABLET.....	83	INTELISWAB COVID-19 RAPID TEST.....	132
IBRANCE.....	35	IMODIUM MULTI-SYMPTOM RELIEF.....	93	<i>intestinex</i> .....	93
<i>ibuprofen</i> .....	4	INBRIJA.....	39	<i>introvale</i> .....	110
<i>ibuprofen childrens oral tablet chewable 100 mg</i> .....	4	<i>incassia</i> .....	115	INVEGA HAFYERA.....	40
<i>ibuprofen cold &amp; sinus</i> .....	169	INCRELEX.....	106	INVEGA SUSTENNA.....	40
<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	169	INCRUSE ELLIPTA.....	150	INVEGA TRINZA.....	40
<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	169	<i>indapamide</i> .....	55	INVELTYS.....	139
<i>ibuprofen ib childrens</i> .....	4	INDICAID COVID-19 RAPID TEST.....	132	INVOKAMET.....	46
<i>ibuprofen ib oral tablet 200 mg</i> .....	4	<i>indomethacin oral capsule</i> .....	5	INVOKAMET XR.....	46
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i> .....	5	<i>indoor/outdoor allergy rlf</i> .....	149	IPOL.....	121
<i>ibuprofen jr oral tablet 100 mg</i> .....	5	INFANRIX.....	121	<i>ipratropium bromide inhalation</i> .....	150
<i>ibuprofen junior</i> .....	5	INFANTS ADVIL.....	5	<i>ipratropium bromide nasal</i> .....	150
<i>ibuprofen junior strength</i> .....	5	<i>infants ibuprofen</i> .....	5	<i>ipratropium-albuterol</i> .....	163
<i>ibuprofen oral suspension 100 mg/5ml</i> .....	5	<i>infants pain &amp; fever</i> .....	11	<i>irbesartan</i> .....	51
<i>ibuprofen oral tablet 200 mg</i> .....	5	<i>infants pain relief drops</i> .....	11	<i>irbesartan-hydrochlorothiazide</i> .....	54
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	5	<i>infants pain/fever</i> .....	11	<i>iron (ferrous sulfate) oral solution</i> .....	75
<i>icatibant acetate</i> .....	118	INGREZZA ORAL CAPSULE.....	58	<i>iron infant/toddler</i> .....	75
<i>iclevia</i> .....	110	INGREZZA ORAL CAPSULE THERAPY PACK.....	58	<i>iron oral tablet 240 (27 fe) mg</i> .....	75
ICLUSIG.....	136	INLYTA.....	137	<i>iron oral tablet 325 (65 fe) mg</i> .....	75
IDHIFA.....	34	INSPIREASE.....	132	<i>iron supplement childrens</i> .....	75
<i>iferex 150</i> .....	75	INSPIREASE RESERVOIR BAGS.....	132	ISENTRESS HD.....	42
		<i>instacort 5</i> .....	63	ISENTRESS ORAL PACKET.....	42
		INSULIN ASPART PROT & ASPART.....	47	ISENTRESS ORAL TABLET.....	42
		INSULIN GLARGINE-YFGN.....	48	ISENTRESS ORAL TABLET CHEWABLE..	42
		INSULIN LISPRO.....	48		
		INSULIN LISPRO (1 UNIT DIAL).....	48		
		INSULIN LISPRO JUNIOR KWIKPEN.....	48		
		INSULIN LISPRO PROT & LISPRO.....	48		
		INSULIN PEN NEEDLES 29G X 12.7MM..	132		

<i>isibloom</i> .....	110	<i>kelnor 1/35</i> .....	111	LAC-HYDRIN FIVE.....	63
<i>isoniazid oral</i> .....	33	<i>kelnor 1/50</i> .....	111	<i>lacosamide oral tablet</i> .....	24
<i>isosorbide dinitrate</i> .....	56	KERENDIA.....	54	<i>lactobacillus oral tablet</i> .....	93
<i>isosorbide mononitrate</i> .....	56	KESIMPTA.....	59	<i>lacto-pectin</i> .....	93
<i>isosorbide mononitrate er</i> .....	56	<i>ketoconazole external cream</i> .....	65	<i>lactulose encephalopathy</i> .....	83
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> .....	60	<i>ketoconazole external shampoo</i> .....	65	<i>lactulose oral solution</i> .....	83
<i>isotretinoin oral capsule 30 mg</i> .....	60	<i>ketoconazole oral</i> .....	29	LAGEVRIO.....	44
<i>itraconazole oral</i> .....	29	KETO-DIASTIX.....	69	LAMISIL AT EXTERNAL CREAM.....	31
<i>ivermectin oral</i> .....	37	KETONE CARE.....	69	LAMISIL AT JOCK ITCH.....	31
<i>jaimiess</i> .....	110	KETONE TEST.....	69	<i>lamivudine oral solution</i> .....	43
JAKAFI.....	35	<i>ketoprofen oral capsule 25 mg</i> .....	5	<i>lamivudine oral tablet 100 mg</i> .....	41
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i> .....	49	<i>ketorolac tromethamine ophthalmic solution 0.4 %</i> .....	139	<i>lamivudine oral tablet 150 mg, 300 mg</i> .....	43
<i>jantoven oral tablet 6 mg</i> .....	49	<i>ketorolac tromethamine ophthalmic solution 0.5 %</i> .....	139	<i>lamivudine-zidovudine</i> .....	43
JANUMET.....	46	<i>ketorolac tromethamine oral</i> .....	5	<i>lamotrigine oral tablet</i> .....	23
JANUMET XR.....	46	KETOSTIX.....	69	<i>lamotrigine oral tablet chewable</i> .....	23
JANUVIA.....	46	KEVZARA.....	119	<i>lamotrigine starter kit-blue</i> .....	23
JARDIANCE.....	46	KINERET.....	119	<i>lamotrigine starter kit-green</i> .....	23
<i>jasmiel</i> .....	110	KISQALI (200 MG DOSE).....	35	<i>lamotrigine starter kit-orange</i> .....	23
<i>jencycla</i> .....	115	KISQALI (400 MG DOSE).....	35	LANCETS.....	69
JENTADUETO.....	46	KISQALI (600 MG DOSE).....	35	<i>lansoprazole capsule delayed release 15 mg oral (otc)</i> .....	85
JENTADUETO XR.....	46	KISQALI FEMARA (200 MG DOSE).....	35	<i>lansoprazole capsule delayed release 15 mg oral (rx)</i> .....	85
<i>jock itch external cream 1 %</i> .....	31	KISQALI FEMARA (400 MG DOSE).....	35	<i>lansoprazole oral capsule delayed release 15 mg</i> .....	85
<i>jock itch max st</i> .....	132	KISQALI FEMARA (600 MG DOSE).....	35	<i>lansoprazole oral capsule delayed release 30 mg</i> .....	85
<i>jock itch spray powder</i> .....	132	<i>klayesta</i> .....	65	LANTUS SOLOSTAR.....	48
<i>jolessa</i> .....	110	<i>klor-con</i> .....	71	LANTUS U-100 VIAL.....	48
JORNAY PM.....	57	<i>klor-con 10</i> .....	71	<i>lapatinib ditosylate</i> .....	137
JUBLIA.....	65	<i>klor-con m10</i> .....	71	<i>larin 1.5/30</i> .....	111
<i>juleber</i> .....	110	<i>klor-con m20</i> .....	71	<i>larin 1/20</i> .....	111
JULUCA.....	42	<i>klor-con/ef</i> .....	179	<i>larin 24 fe</i> .....	111
<i>junel 1.5/30</i> .....	111	KLOXXADO.....	17	<i>larin fe 1.5/30</i> .....	111
<i>junel 1/20</i> .....	111	KOSELUGO.....	35	<i>larin fe 1/20</i> .....	111
<i>junel fe oral tablet 1.5-30 mg-mcg</i> .....	111	<i>kourzeq</i> .....	60	<i>latanoprost ophthalmic</i> .....	138
<i>junel fe oral tablet 1-20 mg-mcg</i> .....	111	K-PHOS.....	75	<i>laxacin</i> .....	101
<i>junel fe oral tablet 1-20 mg-mcg(24)</i> .....	111	<i>k-prime</i> .....	179	<i>laxaclear</i> .....	98
<i>kalliga</i> .....	111	KRINTAFEL.....	37	<i>laxative max str</i> .....	101
KALYDECO.....	151	<i>kurvelo</i> .....	111		
<i>kariva</i> .....	111	<i>labetalol hcl oral</i> .....	52		

<i>laxative oral powder 17 gm/scoop</i> .....	98	<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>lisinopril-hydrochlorothiazide</i> .....	54
<i>laxative oral tablet delayed release 5 mg</i> ...	132	<i>0.1-20 mg-mcg</i> .....	111	<i>lithium</i> .....	45
<i>laxative pills max st</i> .....	101	<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>lithium carbonate er</i> .....	45
<i>laxative pills oral tablet 25 mg</i> .....	101	<i>0.15-30 mg-mcg</i> .....	111	<i>lithium carbonate oral</i> .....	45
<i>laxative rectal suppository 10 mg</i> .....	132	<i>levonorg-eth estrad triphasic</i> .....	111	LIVALO.....	55
<i>laxative regular strength</i> .....	101	<i>levora 0.15/30 (28)</i> .....	111	LIVITA ADULTS.....	179
LEDIPASVIR-SOFOSBUVIR.....	41	<i>levo-t</i> .....	116	LMX 4.....	16
<i>leena</i> .....	111	<i>levothyroxine sodium oral tablet</i> .....	116	LO LOESTRIN FE.....	112
<i>leflunomide oral</i> .....	120	<i>levoxyl</i> .....	116	<i>lojaimiess</i> .....	112
<i>lenalidomide</i> .....	34	LIALDA.....	122	LOKELMA.....	77
LENVIMA (10 MG DAILY DOSE).....	137	LICART.....	5	<i>long acting nasal spray</i> .....	169
LENVIMA (12 MG DAILY DOSE).....	137	<i>lice killing</i> .....	38, 64	<i>long lasting antacid</i> .....	93
LENVIMA (14 MG DAILY DOSE).....	137	<i>lice killing max st external shampoo 0.33-4</i>		<i>long lasting nasal spray</i> .....	169
LENVIMA (18 MG DAILY DOSE).....	137	<i>%</i> .....	38	LONSURF.....	34
LENVIMA (20 MG DAILY DOSE).....	137	<i>lice killing max str</i> .....	38	<i>loperamide hcl oral capsule</i> .....	83
LENVIMA (24 MG DAILY DOSE).....	137	<i>lice killing max strength</i> .....	38	<i>loperamide hcl oral tablet</i> .....	83
LENVIMA (4 MG DAILY DOSE).....	137	<i>lice killing maximum strength</i> .....	38	<i>loperamide-simethicone</i> .....	93
LENVIMA (8 MG DAILY DOSE).....	137	<i>lice killing shampoo max str</i> .....	38	<i>lopinavir-ritonavir</i> .....	44
<i>lessina</i> .....	111	<i>lice maximum strength</i> .....	38	<i>loradamed</i> .....	162
<i>letrozole oral</i> .....	34	<i>lice treatment external liquid 1 %</i> .....	64	<i>lorata-d</i> .....	169
<i>leucovorin calcium oral tablet 10 mg</i> .....	36	<i>lice treatment external shampoo 0.33-4 %</i> ...38		<i>loratadine allergy relief oral tablet 10 mg</i> ... 162	
<i>leucovorin calcium oral tablet 15 mg, 25</i>		<i>lidocaine external cream 4 %</i> .....	16	<i>loratadine allergy relief oral tablet</i>	
<i>mg, 5 mg</i> .....	36	<i>lidocaine external patch 5 %</i> .....	16	<i>dispersible 10 mg</i> .....	162
LEUKERAN.....	33	<i>lidocaine hcl external cream 3 %</i> .....	16	<i>loratadine childrens oral solution</i> .....	162
LEUKINE.....	50	<i>lidocaine viscous hcl</i> .....	16	<i>lorata-dine d</i> .....	169
<i>leuprolide acetate injection</i> .....	117	<i>lidocaine-prilocaine external cream</i> .....	16	<i>loratadine d 12hr</i> .....	169
<i>levalbuterol hcl inhalation</i> .....	151	<i>lidopin external cream 3 %</i> .....	16	<i>loratadine oral solution</i> .....	162
LEVBID.....	132	<i>linezolid oral suspension reconstituted</i> .....	19	<i>loratadine oral tablet</i> .....	162
LEVEMIR FLEXPEN.....	48	<i>linezolid oral tablet</i> .....	19	<i>loratadine oral tablet dispersible</i> .....	162
LEVEMIR U-100 VIAL.....	48	LINZESS.....	83	<i>loratadine-d</i> .....	170
<i>levetiracetam oral solution</i> .....	23	<i>liothyronine sodium oral</i> .....	116	<i>loratadine-d 12hr</i> .....	170
<i>levetiracetam oral tablet</i> .....	23	<i>liquid acetaminophen</i> .....	12	<i>loratadine-d 24hr</i> .....	170
<i>levobunolol hcl</i> .....	140	<i>liquid allergy relief</i> .....	149	<i>lorazepam oral tablet</i> .....	45
<i>levocetirizine dihydrochloride oral tablet</i> ... 149		<i>liquid corn &amp; callus rem</i> .....	132	LOREEV XR.....	45
<i>levofloxacin oral tablet</i> .....	21	<i>liquid pain relief</i> .....	12	<i>loryna</i> .....	112
<i>levonest</i> .....	111	<i>liquid wart remover</i> .....	132	LORZONE.....	176
<i>levonorgest-eth estrad 91-day</i> .....	111	<i>liquid wart remover max st</i> .....	132	<i>losartan potassium oral</i> .....	51
<i>levonorgestrel</i> .....	116	<i>lisdexamfetamine dimesylate oral capsule</i> ...58		<i>losartan potassium-hctz</i> .....	54
		<i>lisinopril oral</i> .....	51	LOTEMAX OPHTHALMIC GEL.....	139

LOTEMAX OPHTHALMIC OINTMENT .....	139	LUPRON DEPOT (4-MONTH)		MASK VORTEX/CHILD/FROG .....	133
LOTEMAX SM .....	139	INTRAMUSCULAR KIT 30MG .....	117	MASK VORTEX/TODDLER/LADYBUG .....	133
<i>lovastatin oral</i> .....	55	LUPRON DEPOT (6-MONTH)		MATULANE .....	33
<i>low-ogestrel</i> .....	112	INTRAMUSCULAR KIT 45MG .....	117	MAVENCLAD (10 TABS) .....	59
<i>loxapine succinate</i> .....	39	LUPRON DEPOT-PED (1-MONTH) .....	117	MAVENCLAD (4 TABS) .....	59
<i>lo-zumandimine</i> .....	112	LUPRON DEPOT-PED (3-MONTH) .....	117	MAVENCLAD (5 TABS) .....	59
<i>lubricant drops fast act</i> .....	141	LUPRON DEPOT-PED (6-MONTH) .....	117	MAVENCLAD (6 TABS) .....	59
<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	141	<i>lurasidone hcl</i> .....	40	MAVENCLAD (7 TABS) .....	59
<i>lubricant drops ophthalmic solution</i> .....	141	<i>lutera</i> .....	112	MAVENCLAD (8 TABS) .....	59
<i>lubricant eye drops (pf) ophthalmic solution</i>		LYBALVI .....	40	MAVENCLAD (9 TABS) .....	59
<i>0.4-0.3 %</i> .....	142	<i>lyleq</i> .....	115	MAVYRET ORAL PACKET .....	41
<i>lubricant eye drops (pf) ophthalmic solution</i>		<i>lyllana</i> .....	112	MAVYRET ORAL TABLET .....	41
<i>0.5 %</i> .....	142	LYNPARZA .....	35	MAX RELIEF JR CHILD PAIN/FEVER .....	12
<i>lubricant eye drops ophthalmic solution</i>		LYSODREN .....	117	MAX RELIEF JUNIOR .....	12
<i>0.4-0.3 %</i> .....	142	LYUMJEV .....	48	MAX TUSSIN MUCUS & CHEST CONG .....	155
<i>lubricant eye drops ophthalmic solution 0.5</i>		LYUMJEV KWIKPEN .....	48	MAXALLERGY KIDS .....	149
<i>%</i> .....	142	<i>lyza</i> .....	115	<i>maxi-tuss ac</i> .....	170
<i>lubricant eye drops ophthalmic solution 0.6</i>		MAALOX CHILDRENS .....	93	<i>maxi-tuss gmx</i> .....	170
<i>%</i> .....	142	MAALOX MAX ORAL SUSPENSION .....	93	<i>maxi-tuss pe max</i> .....	155
<i>lubricant eye drops pf</i> .....	142	MAALOX MULTI SYMPTOM MAX ST .....	93	MAYZENT .....	59
<i>lubricant eye nighttime</i> .....	142	<i>mag-al plus</i> .....	93	MAYZENT STARTER PACK .....	59
<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>		<i>mag-al plus xs</i> .....	93	<i>m-dryl</i> .....	149
.....	142	<i>magnesium citrate oral solution</i> .....	101	<i>meclizine hcl oral tablet 12.5 mg</i> .....	27
<i>lubricant pm</i> .....	142	<i>magnesium oral tablet 500 mg</i> .....	75	<i>meclizine hcl oral tablet 25 mg</i> .....	27
<i>lubricating eye drop</i> .....	142	<i>magnesium oxide -mg supplement oral</i>		<i>meclizine hcl oral tablet chewable</i> .....	27
<i>lubricating eye drops</i> .....	142	<i>tablet 400 (240 mg) mg</i> .....	75	<i>medicated spot</i> .....	133
<i>lubricating eyel/overnight</i> .....	142	<i>magnesium oxide -mg supplement oral</i>		<i>medifin 400</i> .....	155
<i>lubricating plus eye drops</i> .....	142	<i>tablet 500 mg</i> .....	75	<i>medifin mucus relief child</i> .....	155
<i>lubricating plus ophthalmic solution 0.5 %</i>	142	<i>magnesium oxide oral tablet 400 mg</i> .....	133	<i>medi-first aspirin</i> .....	133
<i>lubricating plus pf</i> .....	142	<i>magnesium oxide oral tablet 420 mg</i> .....	133	<i>medi-first hydrocortisone</i> .....	63
<i>lubricating tears ophthalmic solution 0.4-</i>		<i>magnesium-aluminum-simethicone</i> .....	93	<i>medi-first ibuprofen</i> .....	5
<i>0.3 %</i> .....	142	<i>magnesium-oxide</i> .....	75	<i>medi-first triple antibiotic</i> .....	22
<i>lubrifresh p.m.</i> .....	142	<i>malathion</i> .....	64	<i>mediproxen</i> .....	5
LUMAKRAS .....	37	MAOX .....	133	<i>medique aspirin</i> .....	133
LUMIGAN .....	138	<i>mapap acetaminophen extra str</i> .....	12	MEDISENSE GLUCOSE KETONE	
LUPKYNIS .....	118	<i>mapap childrens</i> .....	12	CONTR .....	69
LUPRON DEPOT (1-MONTH) .....	117	<i>mapap oral capsule</i> .....	12	MEDISENSE HI/MID/LOW CONTROL .....	69
LUPRON DEPOT (3-MONTH) .....	117	<i>maraviroc</i> .....	43	MEDPURA BENZOYL PEROXIDE .....	133
		<i>marlissa</i> .....	112	MEDROL ORAL TABLET 2 MG .....	106

<i>medroxyprogesterone acetate intramuscular</i> .....	115	<i>methocarbamol oral</i> .....	176	<i>miconazole 7 vaginal cream 2 %</i> .....	29
<i>medroxyprogesterone acetate oral</i> .....	115	<i>methotrexate sodium (pf)</i> .....	120	<i>miconazole 7 vaginal suppository 100 mg</i> ...	29
<i>mefloquine hcl</i> .....	37	<i>methotrexate sodium injection</i> .....	120	<i>miconazole antifungal</i> .....	31
<i>mega probiotic</i> .....	94	<i>methotrexate sodium oral</i> .....	120	<i>miconazole nitrate external cream</i> .....	31
<i>megestrol acetate oral suspension 40 mg/ml</i> .....	115	<i>methoxsalen rapid</i> .....	64	<i>miconazole nitrate vaginal</i> .....	29
<i>megestrol acetate oral tablet 20 mg</i> .....	115	<i>methsuximide</i> .....	23	<i>miconazorb af</i> .....	31
<i>megestrol acetate oral tablet 40 mg</i> .....	115	METHYLDOPA.....	51	MICRO GUARD.....	31
<i>meijer allergy relief-d</i> .....	170	<i>methylergonovine maleate oral</i> .....	107	<i>microgestin 1.5/30</i> .....	112
<i>meijer antacid</i> .....	94	<i>methylphenidate hcl er</i> .....	57	<i>microgestin 1/20</i> .....	112
<i>meijer anti-diarrheal</i> .....	83	<i>methylphenidate hcl er (cd)</i> .....	57	<i>microgestin 24 fe</i> .....	112
MEKINIST ORAL SOLUTION RECONSTITUTED.....	35	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i> .....	57	<i>microgestin fe 1.5/30</i> .....	112
MEKINIST ORAL TABLET.....	35	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i> .....	57	<i>microgestin fe 1/20</i> .....	112
<i>meloxicam oral tablet</i> .....	5	<i>methylphenidate hcl oral tablet</i> .....	57	<i>midodrine hcl</i> .....	51
<i>memantine hcl oral solution</i> .....	25	<i>methylprednisolone oral</i> .....	106	<i>mifepristone oral tablet 200 mg</i> .....	107
<i>memantine hcl oral tablet</i> .....	25	<i>metoclopramide hcl oral solution 5 mg/5ml</i> ..	27	<i>mifepristone oral tablet 300 mg</i> .....	107
MENOPUR.....	118	<i>metoclopramide hcl oral tablet</i> .....	27	MIGERGOT.....	31
MENQUADFI.....	121	<i>metolazone</i> .....	55	<i>migraine formula oral tablet 250-250-65 mg</i>	12
MENVEO.....	121	<i>metoprolol succinate er</i> .....	52	<i>migraine headache relief</i> .....	12
<i>mercaptapurine oral</i> .....	34	<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> .....	52	<i>migraine relief oral tablet 250-250-65 mg</i> ....	12
<i>mesalamine er oral capsule 0.375 gm</i> .....	122	<i>metoprolol tartrate oral tablet 25 mg</i> .....	52	<i>mili</i> .....	112
<i>mesalamine rectal</i> .....	122	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i> .....	52	<i>milk of magnesia</i> .....	94
MESNEX ORAL.....	36	<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> .....	52	<i>milk of magnesia oral suspension 1200 mg/15ml</i> .....	94
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 %.....	98	<i>metoprolol tartrate oral tablet 25 mg</i> .....	52	<i>mineral oil enema</i> .....	98
METAMUCIL FREE & NATURAL.....	98	<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i> .....	52	<i>mineral oil heavy oral</i> .....	98
<i>metformin hcl er (osm)</i> .....	46	<i>metronidazole external</i> .....	19	<i>mineral oil heavy oral oil</i> .....	98
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> .....	46	<i>metronidazole oral tablet</i> .....	19	<i>mineral oil oral oil</i> .....	98
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> .....	46	<i>metronidazole vaginal</i> .....	19	<i>mineral oil rectal enema</i> .....	98
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i> .....	46	<i>mexiletine hcl oral</i> .....	52	<i>mini nicotine</i> .....	18
<i>methazolamide oral</i> .....	140	<i>mibelas 24 fe</i> .....	112	<i>minocycline hcl oral capsule 100 mg, 50 mg</i> .....	21
<i>methenamine hippurate</i> .....	19	<i>micaderm</i> .....	31	<i>minoxidil oral</i> .....	56
<i>methergine</i> .....	107	MICATIN.....	31	<i>mintox maximum strength</i> .....	94
<i>methimazole oral</i> .....	118	<i>miconazole 3</i> .....	29	<i>mintox plus</i> .....	94
		<i>miconazole 3 applicator vaginal kit 200 &amp; 2 mg-% (9gm)</i> .....	29	MIRALAX ORAL POWDER.....	98
		<i>miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i> .....	29	<i>mirtazapine oral tablet 15 mg, 30 mg</i> .....	26
				<i>mirtazapine oral tablet 45 mg, 7.5 mg</i> .....	26
				MIRVASO.....	60
				<i>misoprostol oral</i> .....	85



MITIGARE.....	31	<i>m-pap</i> .....	12	<i>mucus relief er oral tablet extended release</i>	
<i>mm acetaminophen ex str</i> .....	12	MUCINEX COUGH CHILDRENS.....	170	<i>12 hour 1200 mg</i> .....	155
MM ALLER-BEN.....	149	MUCINEX D.....	170	<i>mucus relief max st</i> .....	155
<i>mm arthritis pain</i> .....	12	MUCINEX D MAX STRENGTH.....	170	<i>mucus relief max strength oral tablet</i>	
<i>mm aspirin</i> .....	133	MUCINEX DM.....	170	<i>extended release 12 hour 1200 mg</i> .....	156
<i>mm clearlax</i> .....	98	MUCINEX FAST-MAX CHEST CONG MS	155	<i>mucus relief oral tablet 400 mg</i> .....	156
<i>mm ibuprofen</i> .....	5	MUCINEX FAST-MAX DM MAX.....	170	<i>mucus relief oral tablet extended release</i>	
<i>mm stool softener laxative</i> .....	101	MUCINEX MAXIMUM STRENGTH.....	155	<i>12 hour 1200 mg</i> .....	156
M-M-R II.....	121	MUCINEX SINUS-MAX CLEAR & COOL..	170	<i>mucus+chest congestion</i> .....	156
M-NATAL PLUS.....	79	MUCINEX SINUS-MAX SINUS/ALLRGY..	170	<i>mucus-dm</i> .....	171
<i>modafinil oral</i> .....	176	<i>mucus &amp; cough relief child</i> .....	170	<i>mucus-er oral tablet extended release 12</i>	
MODERNA COVID-19 VAC 6M-11Y.....	133	<i>mucus d</i> .....	171	<i>hour 1200 mg</i> .....	156
<i>mometasone furoate external</i> .....	63	<i>mucus d extended release</i> .....	171	MULPLETA.....	50
<i>mondoxylene nl</i> .....	21	<i>mucus d max st er</i> .....	171	MULTAQ.....	52
MONOJECT HYPODERMIC NEEDLE 18G		<i>mucus dm</i> .....	171	<i>multiple vitamins/iron</i> .....	179
X 1".....	49	<i>mucus dm extended release oral tablet</i>		<i>multivitamin infant &amp; toddler oral solution</i>	179
<i>mono-lynyah</i> .....	112	<i>extended release 12 hour 30-600 mg</i> .....	171	<i>multi-vitamin/iron</i> .....	179
<i>montelukast sodium oral</i> .....	150	<i>mucus er maximum str</i> .....	155	<i>mupirocin external</i> .....	65
<i>mood support probiotic</i> .....	94	<i>mucus er oral tablet extended release 12</i>		MURO 128 OPHTHALMIC OINTMENT.....	142
<i>morphine sulfate (concentrate)</i> .....	7	<i>hour 1200 mg</i> .....	155	MURO 128 OPHTHALMIC SOLUTION 5	
<i>morphine sulfate er oral tablet extended</i>		<i>mucus extended release oral tablet</i>		%.....	143
<i>release</i> .....	6	<i>extended release 12 hour 1200 mg</i> .....	155	<i>my choice</i> .....	116
<i>morphine sulfate oral</i> .....	7	<i>mucus relief 12 hour max st</i> .....	155	<i>my way</i> .....	116
<i>morphine sulfate rectal</i> .....	7	<i>mucus relief chest oral tablet 400 mg</i> .....	155	<i>mycophenolate mofetil oral</i> .....	120
MOTEGRITY.....	83	<i>mucus relief childrens oral liquid 100</i>		<i>mycophenolate sodium</i> .....	120
<i>motion sickness oral tablet 50 mg</i> .....	27	<i>mg/5ml</i> .....	155	<i>mycophenolic acid</i> .....	120
<i>motion sickness relief oral tablet 50 mg</i> .....	28	<i>mucus relief cough childrens</i> .....	171	MYFEMBREE.....	82
<i>motion sickness relief oral tablet chewable</i>		<i>mucus relief d max strength</i> .....	171	MYLERAN.....	33
<i>25 mg</i> .....	28	<i>mucus relief d oral tablet extended release</i>		MYRBETRIQ ORAL SUSPENSION	
<i>motion-time</i> .....	28	<i>12 hour 120-1200 mg</i> .....	171	RECONSTITUTED ER.....	104
MOTRIN CHILDRENS.....	5	<i>mucus relief d oral tablet extended release</i>		MYRBETRIQ ORAL TABLET EXTENDED	
MOTRIN IB ORAL TABLET.....	6	<i>12 hour 60-600 mg</i> .....	171	RELEASE 24 HOUR.....	104
MOTRIN INFANTS DROPS.....	6	<i>mucus relief dm max oral liquid 20-400</i>		MYTESI.....	83
MOUNJARO.....	133	<i>mg/20ml, 5-100 mg/5ml</i> .....	171	<i>nabumetone oral</i> .....	6
MOVANTIK.....	83	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>		<i>nadolol oral</i> .....	52
MOVIPREP.....	84	.....	171	<i>naloxone hcl injection</i> .....	17
<i>moxifloxacin hcl (2x day)</i> .....	139	<i>mucus relief dm oral tablet extended</i>		<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i> ...	17
<i>moxifloxacin hcl ophthalmic</i> .....	139	<i>release 12 hour 30-600 mg</i> .....	171	<i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i> .....	17
<i>moxifloxacin hcl oral</i> .....	21	<i>mucus relief er</i> .....	155	<i>naltrexone hcl oral</i> .....	16

NAMZARIC.....	25	<i>nasal spray nasal solution 0.05 %</i> .....	172	<i>neo-polycin hc</i> .....	138
NAPHCN-A.....	144	<i>nasal spray nasal solution 1 %</i> .....	156	NEOSPORIN ORIGINAL.....	22
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG.....	6	<i>nasal spray no drip</i> .....	172	NEO-SYNEPHRINE COLD/ALLRGY EXT.....	157
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	6	<i>nasal spray saline</i> .....	156	<i>nephro vitamins</i> .....	79
<i>naproxen dr</i> .....	6	<i>nasal spray sinus</i> .....	172	NEPHRO-VITE.....	79
<i>naproxen oral</i> .....	6	NASALCROM.....	164	NEULASTA.....	50
<i>naproxen sodium oral tablet 220 mg</i> .....	6	NASCOBAL.....	181	NEULASTA ONPRO.....	50
NARAMIN.....	149	NATAZIA.....	112	NEUPOGEN.....	50
<i>naratriptan hcl</i> .....	32	<i>nateglinide</i> .....	46	NEUPRO.....	39
NARCAN LIQUID 4 MG/0.1ML NASAL (OTC).....	17	NATESTO.....	108	NEUTEK 2TEK CONTROL.....	69
NARCAN LIQUID 4 MG/0.1ML NASAL (RX).....	17	<i>natural daily fiber</i> .....	98	NEUTROGENA OIL-FREE ACNE WASH.....	133
NASACORT ALLERGY 24HR.....	163	<i>natural fiber oral capsule 0.52 gm</i> .....	98	NEVANAC.....	139
<i>nasal allergy 24 hour</i> .....	163	<i>natural fiber oral powder 28.3 %</i> .....	98	<i>nevirapine</i> .....	42
<i>nasal allergy nasal aerosol 55 mcg/act</i> .....	163	<i>natural fiber oral powder 58.6 %</i> .....	99	<i>nevirapine er</i> .....	42
<i>nasal allergy spray</i> .....	163	<i>natural fiber supplement</i> .....	99	<i>new day</i> .....	116
<i>nasal decongestant 12hr</i> .....	171	<i>natural senna laxative</i> .....	101	NEXIUM ORAL PACKET 2.5 MG, 5 MG.....	85
<i>nasal decongestant max st</i> .....	171	<i>natural tears pf</i> .....	143	NEXLETOL.....	56
<i>nasal decongestant oral tablet 30 mg</i> .....	172	<i>natural vegetable</i> .....	99	NEXLIZET.....	56
<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i> .....	172	<i>natural vegetable laxative oral tablet 8.6 mg</i> .....	101	NEXTSTELLIS.....	82
<i>nasal decongestant pe max st</i> .....	156	<i>natural vitamin e</i> .....	181	<i>niacin er (antihyperlipidemic)</i> .....	56
<i>nasal decongestant pe oral tablet 10 mg</i> ...	156	<i>natura-lax</i> .....	99	<i>niacin er oral capsule extended release 250 mg</i> .....	79
<i>nasal decongestant pe oral tablet 30 mg</i> ...	172	<i>nausea control</i> .....	28	<i>niacin er oral capsule extended release 500 mg</i> .....	79
<i>nasal decongestant spray</i> .....	172	<i>nausea relief oral solution 1.87-1.87-21.5</i> ...	28	<i>niacin er oral tablet extended release 1000 mg</i> .....	79
<i>nasal four</i> .....	156	NAYZILAM.....	24	<i>niacin er oral tablet extended release 250 mg, 500 mg</i> .....	79
<i>nasal four spray</i> .....	156	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	173	<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i> ....	79
<i>nasal mist nasal solution</i> .....	172	<i>necon 0.5/35 (28)</i> .....	112	NICODERM CQ.....	17
<i>nasal mist no drip</i> .....	172	NEODOT THERMOMETER.....	133	NICORETTE.....	18
NASAL MOIST NASAL SOLUTION.....	156	<i>neomycin sulfate oral</i> .....	19	NICORETTE MINI.....	18
<i>nasal moisturizing spray</i> .....	156	<i>neomycin-bacitracin zn-polymyx</i> .....	139	NICORETTE STARTER KIT.....	18
<i>nasal relief</i> .....	172	<i>neomycin-polymyxin-dexameth ophthalmic ointment</i> .....	138	<i>nicotine gum mouth/throat gum 2 mg</i> .....	18
<i>nasal spray 12 hour</i> .....	172	<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> .....	138	<i>nicotine gum mouth/throat gum 4 mg</i> .....	18
<i>nasal spray extra moist</i> .....	172	<i>neomycin-polymyxin-gramicidin</i> .....	139	<i>nicotine gum mouth/throat lozenge 2 mg</i> ....	18
<i>nasal spray extra moisturizing</i> .....	172	<i>neomycin-polymyxin-hc otic</i> .....	144	<i>nicotine gum mouth/throat lozenge 4 mg</i> ....	18
<i>nasal spray fast acting</i> .....	156	NEONATAL PLUS.....	79	<i>nicotine mini</i> .....	18
		<i>neo-polycin</i> .....	139	<i>nicotine mouth/throat gum 2 mg</i> .....	18

<i>nicotine mouth/throat gum 4 mg</i> .....	18	<i>nohist-lq</i> .....	160	NOVOLIN N FLEXPEN.....	48
<i>nicotine mouth/throat lozenge 2 mg</i> .....	18	NOKOR VENTED NEEDLE.....	49	NOVOLIN N RELION.....	48
<i>nicotine mouth/throat lozenge 4 mg</i> .....	18	<i>non-aspirin</i> .....	12	NOVOLIN N VIAL.....	48
<i>nicotine polacrilex mini</i> .....	18	<i>non-aspirin 8 hour</i> .....	12	NOVOLIN R FLEXPEN.....	48
<i>nicotine polacrilex mouth/throat</i> .....	18	<i>non-aspirin childrens</i> .....	12	NOVOLIN R RELION.....	48
<i>nicotine step 1</i> .....	17	<i>non-aspirin extra strength</i> .....	13	NOVOLIN R VIAL.....	48
<i>nicotine step 2</i> .....	17	<i>non-aspirin jr strength</i> .....	13	NOVOLOG FLEXPEN.....	48
<i>nicotine step 3</i> .....	17	<i>non-aspirin pain relief</i> .....	13	NOVOLOG FLEXPEN RELION.....	48
<i>nicotine transdermal patch 24 hour 14</i>		<i>non-pseudo sinus decongestant</i> .....	157	NOVOLOG MIX 70/30 FLEXPEN.....	48
<i>mg/24hr, 7 mg/24hr</i> .....	17	<i>nora-be</i> .....	115	NOVOLOG MIX 70/30 VIAL.....	48
<i>nicotine transdermal patch 24 hour 21</i>		NORDITROPIN FLEXPEN.....	106	NOVOLOG PENFILL.....	48
<i>mg/24hr</i> .....	17	<i>norelgestromin-eth estradiol</i> .....	112	NOVOLOG RELION.....	48
<i>nicotine transdermal system</i> .....	17	<i>norethin ace-eth estrad-fe oral tablet</i> .....	112	NOVOLOG U-100 VIAL.....	48
<i>nifedipine er</i> .....	53	<i>norethin ace-eth estrad-fe oral tablet</i>		NUBEQA.....	34
<i>nifedipine er osmotic release</i> .....	53	<i>chewable</i> .....	112	NUCALA SUBCUTANEOUS SOLUTION	
<i>nifedipine oral</i> .....	53	<i>norethindrone acetate oral</i> .....	115	AUTO-INJECTOR.....	153
<i>night time sleep aid</i> .....	177	<i>norethindrone acet-ethinyl est</i> .....	112	NUCALA SUBCUTANEOUS SOLUTION	
<i>nighttime dry-eye relief</i> .....	143	<i>norethindrone oral</i> .....	115	PREFILLED SYRINGE.....	153
<i>nighttime relief lub eye</i> .....	143	<i>norethindrone oral</i> .....	115	NUCYNTA.....	7
<i>nighttime sleep aid oral tablet 25 mg</i> .....	177	<i>norethindron-ethinyl estrad-fe</i> .....	113	NUCYNTA ER.....	6
<i>nikki</i> .....	112	<i>norethin-eth estradiol-fe oral tablet</i>		NUDEXTA.....	58
<i>nimodipine oral</i> .....	53	<i>chewable 0.4-35 mg-mcg</i> .....	113	NU-IRON.....	75
NINLARO.....	34	<i>norgestimate-eth estradiol</i> .....	113	NULEV.....	133
<i>nitazoxanide oral</i> .....	37	<i>norgestimate-ethinyl estradiol triphasic</i> .....	113	NURTEC.....	32
NITRO-BID.....	56	NORLIQVA.....	53	NUTRAPLUS.....	67
<i>nitrofurantoin macrocrystal</i> .....	19	<i>norlyroc</i> .....	115	NUTROPIN AQ NUSPIN 10.....	106
<i>nitrofurantoin monohydrate macrocrystals</i> ...	19	NORPACE CR.....	52	NUTROPIN AQ NUSPIN 20.....	106
<i>nitrofurantoin oral suspension 25 mg/5ml</i> ....	19	<i>nortrel 0.5/35 (28)</i> .....	113	NUTROPIN AQ NUSPIN 5.....	106
<i>nitroglycerin rectal</i> .....	56	<i>nortrel 1/35 (21)</i> .....	113	NUVARING.....	113
<i>nitroglycerin sublingual</i> .....	56	<i>nortrel 1/35 (28)</i> .....	113	NUZYRA ORAL.....	21
<i>nitroglycerin translingual</i> .....	56	<i>nortrel 7/7/7</i> .....	113	<i>nyamyc</i> .....	65
NITYR.....	103	<i>nortriptyline hcl oral</i> .....	27	<i>nylia 1/35</i> .....	113
NIVA-PLUS.....	79	NORVIR ORAL PACKET.....	44	<i>nylia 7/7/7</i> .....	113
NIVESTYM.....	50	<i>nose drops extstrength</i> .....	157	NYMALIZE.....	53
<i>no drip extra moisturizing</i> .....	173	NOURIANZ.....	38	<i>nymyo</i> .....	113
<i>no drip nasal relief</i> .....	173	NOVAREL.....	106	<i>nystatin external</i> .....	65
<i>no drip nasal spray</i> .....	173	NOVAVAX COVID-19 VACCINE.....	122	<i>nystatin mouth/throat</i> .....	29
<i>no drip original 12 hours</i> .....	173	NOVOLIN 70/30 FLEXPEN.....	48	<i>nystatin oral</i> .....	29
NOCDURNA.....	106	NOVOLIN 70/30 RELION.....	48	<i>nystop</i> .....	65
		NOVOLIN 70/30 VIAL.....	48		

NYVEPRIA.....	50	OMNIFLEX DIAPHRAGM.....	133	ORENITRAM MONTH 2.....	152
OBSTETRIX DHA.....	79	OMNIPOD 5 G6 INTRO (GEN 5).....	133	ORENITRAM MONTH 3.....	152
OBTREX.....	179	OMNIPOD 5 G6 PODS (GEN 5).....	133	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG.....	152
OCEAN FOR KIDS.....	157	OMNITROPE.....	106	ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG.....	152
OCEAN NASAL SPRAY.....	157	ON/GO COVID-19 ANTIGEN TEST.....	133	ORFADIN.....	103
<i>ocella</i> .....	113	ON/GO ONE COVID-19 HOME TEST.....	133	ORGOVYX.....	19
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> .....	117	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> .....	28	ORIAHNN.....	117
<i>octreotide acetate injection solution 1000 mcg/ml</i> .....	117	<i>ondansetron odt</i> .....	28	ORLISSA.....	117
<i>octreotide acetate injection solution 200 mcg/ml</i> .....	117	ONE VITE WOMENS.....	79	ORKAMBI.....	151
<i>octreotide acetate injection solution 500 mcg/ml</i> .....	117	ONE VITE WOMENS PLUS.....	79	ORLADEYO.....	134
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i> ....	117	<i>one-daily multi-vitamin/iron</i> .....	179	<i>orphenadrine citrate er</i> .....	176
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i> .....	117	<i>one-daily/iron</i> .....	179	<i>oseltamivir phosphate oral capsule</i> .....	44
ODEFSEY.....	43	ONELAX.....	133	<i>oseltamivir phosphate oral suspension reconstituted</i> .....	44
ODOMZO.....	35	ONELAX DOCUSATE SODIUM.....	101	OSPHENA.....	115
OFEV.....	152	ONELAX MAGNESIUM CITRATE.....	101	OTEZLA.....	119
<i>ofloxacin ophthalmic</i> .....	139	ONELAX SENNA.....	101	OTREXUP.....	120
<i>ofloxacin oral</i> .....	21	ONETOUCH ULTRA 2 KIT W/DEVICE.....	69	OVACE PLUS WASH EXTERNAL LIQUID.....	134
<i>ofloxacin otic</i> .....	144	ONETOUCH ULTRA CONTROL.....	69	OVACE WASH.....	134
<i>ointment base</i> .....	66	ONETOUCH ULTRA IN VITRO LIQUID.....	70	OVIDREL.....	107
<i>olanzapine oral tablet</i> .....	40	ONETOUCH ULTRA STRIP IN VITRO.....	70	<i>oxaprozin oral tablet</i> .....	6
<i>olmesartan medoxomil oral</i> .....	51	ONETOUCH ULTRA TEST.....	70	<i>oxazepam</i> .....	45
<i>olmesartan medoxomil-hctz</i> .....	54	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE.....	70	<i>oxcarbazepine oral suspension</i> .....	24
<i>olopatadine hcl ophthalmic</i> .....	138	ONETOUCH VERIO IN VITRO LIQUID.....	70	<i>oxcarbazepine oral tablet</i> .....	24
OLUMIANT ORAL TABLET 1 MG, 2 MG... 119		ONETOUCH VERIO REFLECT KIT W/DEVICE.....	70	<i>oxybutynin chloride er</i> .....	104
<i>omega-3-acid ethyl esters</i> .....	56	ONETOUCH VERIO STRIP IN VITRO.....	70	<i>oxybutynin chloride oral tablet 5 mg</i> .....	104
<i>omeprazole magnesium</i> .....	86	ONEXTON.....	60	<i>oxycodone hcl oral concentrate</i> .....	7
<i>omeprazole magnesium oral capsule delayed release</i> .....	86	ONGENTYS.....	38	<i>oxycodone hcl oral solution</i> .....	7
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> .....	86	<i>opcicon one-step</i> .....	116	<i>oxycodone hcl oral tablet 10 mg, 20 mg</i> .....	15
<i>omeprazole oral capsule delayed release 20.6 (20 base) mg</i> .....	86	OPILL.....	133	<i>oxycodone hcl oral tablet 15 mg, 30 mg</i> .....	15
OMNARIS.....	150	OPSUMIT.....	152	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....	7
		<i>option 2</i> .....	116	<i>oxycodone-acetaminophen oral tablet 10- 325 mg, 5-325 mg, 7.5-325 mg</i> .....	7
		OPZELURA.....	67	OXYCONTIN.....	6
		ORACEA.....	21	<i>oxymorphone hcl er</i> .....	6
		<i>oralone</i> .....	60	OXYTROL FOR WOMEN.....	104
		ORENCIA CLICKJECT.....	119		
		ORENCIA SUBCUTANEOUS.....	119		
		ORENITRAM MONTH 1.....	152		

<i>oyster shell calcium oral tablet 500 mg</i> .....	179	<i>pain reliever oral tablet 325 mg</i> .....	14	PEPTO-BISMOL ORAL SUSPENSION	
<i>oyster shell calcium/d oral tablet 250-3.125</i>		<i>pain reliever oral tablet 500 mg</i> .....	14	524 MG/30ML.....	94
<i>mg-mcg</i> .....	179	<i>pain reliever plus</i> .....	15	PERDIEM OVERNIGHT RELIEF.....	101
<i>oyster shell calcium/vitamin d oral tablet</i>		<i>pain-off</i> .....	15	PERFOROMIST.....	151
<i>250-3.125 mg-mcg</i> .....	180	PANADOL CHILDRENS.....	15	<i>perigard</i> .....	60
OZEMPIC.....	46	PANADOL EXTRA STRENGTH.....	15	<i>permethrin external</i> .....	64
OZEMPIC (2 MG/DOSE).....	46	PANADOL INFANTS.....	15	<i>perphenazine oral</i> .....	28
<i>p col-rite</i> .....	101	PANOXYL.....	134	<i>perphenazine-amitriptyline oral tablet 2-10</i>	
<i>pain &amp; fever child</i> .....	13	<i>pantoprazole sodium oral tablet delayed</i>		<i>mg, 4-10 mg, 4-25 mg, 4-50 mg</i> .....	26
<i>pain &amp; fever childrens</i> .....	13	<i>release</i> .....	86	<i>perphenazine-amitriptyline oral tablet 2-25</i>	
<i>pain &amp; fever childrens oral suspension 160</i>		<i>paroxetine hcl oral tablet</i> .....	26	<i>mg</i> .....	26
<i>mg/5ml</i> .....	13	PATADAY OPHTHALMIC SOLUTION 0.1		PERSERIS.....	40
<i>pain &amp; fever infants</i> .....	13	%, 0.2 %.....	138	PFIZER COVID-19 VAC-TRIS 5-11Y.....	134
<i>pain and fever relief kids</i> .....	13	PAXLOVID (150/100).....	44	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	134
<i>pain relief childrens oral elixir 160 mg/5ml</i> ...	13	PAXLOVID (300/100).....	44	<i>pharbedryl</i> .....	149
<i>pain relief childrens oral suspension</i> .....	13	<i>pazopanib hcl</i> .....	137	PHARBETOL.....	15
<i>pain relief childrens oral tablet chewable</i>		<i>ped electrolyte freeze pop</i> .....	75	PHARBETOL EXTRA STRENGTH.....	15
<i>160 mg</i> .....	13	PEDIA-LAX ORAL LIQUID.....	101	<i>pharbinex</i> .....	157
<i>pain relief extra st</i> .....	13	PEDIALYTE FREEZER POPS.....	75	PHAZYME.....	94
<i>pain relief extra strength oral capsule 500</i>		PEDIALYTE ORAL SOLUTION.....	76	PHAZYME ULTRA STRENGTH.....	94
<i>mg</i> .....	13	PEDIALYTE SINGLES.....	76	PHEBURANE.....	103
<i>pain relief extra strength oral liquid 500</i>		PEDIARIX.....	121	<i>phenazo oral tablet 200 mg</i> .....	105
<i>mg/15ml</i> .....	13	<i>pediatric electrolyte oral solution</i> .....	76	<i>phenazo oral tablet 95 mg</i> .....	105
<i>pain relief extra strength oral tablet 500 mg</i> ...	14	PEDVAX HIB.....	121	<i>phenazopyridine hcl oral tablet 100 mg</i> .....	105
<i>pain relief oral liquid 500 mg/15ml</i> .....	14	<i>peg 3350 oral powder</i> .....	99	<i>phenazopyridine hcl oral tablet 200 mg</i> .....	105
<i>pain relief oral tablet 325 mg</i> .....	14	<i>peg 3350-kcl-na bicarb-nacl</i> .....	84	<i>phenazopyridine hcl oral tablet 95 mg</i> .....	105
<i>pain relief oral tablet 500 mg</i> .....	14	<i>peg-3350/electrolytes</i> .....	84	<i>phenobarbital oral</i> .....	24
<i>pain relief oral tablet extended release 650</i>		PEGASYS.....	119	<i>phenylephrine hcl ophthalmic</i> .....	138
<i>mg</i> .....	14	PENBRAYA.....	134	<i>phenylephrine hcl oral</i> .....	157
<i>pain relief regular strength</i> .....	14	<i>penicillamine oral tablet</i> .....	104	<i>phenytek</i> .....	24
<i>pain relief/rapid burst</i> .....	14	<i>penicillin v potassium</i> .....	20	<i>phenytoin infatabs</i> .....	24
<i>pain reliever childrens oral suspension 160</i>		PENTACEL.....	121	<i>phenytoin oral</i> .....	24
<i>mg/5ml</i> .....	14	<i>pentamidine isethionate inhalation</i> .....	37	<i>phenytoin sodium extended oral capsule</i>	
<i>pain reliever ex st oral liquid 500 mg/15ml</i> ...	14	PENTASA ORAL CAPSULE EXTENDED		<i>200 mg, 300 mg</i> .....	24
<i>pain reliever ex st oral tablet 500 mg</i> .....	14	RELEASE 250 MG.....	122	<i>philith</i> .....	113
<i>pain reliever extra strength oral tablet 250-</i>		<i>pentazocine-naloxone hcl</i> .....	7	PHOSPHA 250 NEUTRAL.....	76
<i>250-65 mg</i> .....	14	<i>pentoxifylline er</i> .....	54	PHOSPHOLINE IODIDE.....	140
<i>pain reliever extra strength oral tablet 500</i>		PEPCID AC.....	85	<i>phosphorous</i> .....	76
<i>mg</i> .....	14			<i>phospho-trin 250 neutral</i> .....	76

PHOSPHO-TRIN K500.....	76	<i>polysaccharide-iron complex</i> .....	76	<i>praziquantel oral</i> .....	37
<i>phytonadione oral</i> .....	79	POLYSPORIN.....	134	<i>prazosin hcl oral</i> .....	51
<i>pilocarpine hcl ophthalmic</i> .....	140	<i>polyvinyl alcohol ophthalmic</i> .....	143	PRECISION GLUCOSE KETONE CONTR.	70
<i>pilocarpine hcl oral tablet 5 mg</i> .....	60	POLY-VI-SOL.....	180	PRECISION XTRA BLOOD GLUCOSE.....	70
<i>pilocarpine hcl oral tablet 7.5 mg</i> .....	60	POLY-VITE PEDIATRIC.....	180	<i>prednisolone acetate ophthalmic</i> .....	139
PILOT COVID-19 AT-HOME TEST.....	134	POMALYST.....	34	PREDNISOLONE ACETATE P-F.....	139
<i>pimecrolimus</i> .....	63	PONVORY.....	137	<i>prednisolone oral solution</i> .....	106
<i>pimozide</i> .....	39	PONVORY STARTER PACK.....	137	<i>prednisolone sodium phosphate</i>	
<i>pimtrex</i> .....	113	<i>portia-28</i> .....	113	<i>ophthalmic</i> .....	139
<i>pink bismuth maximum strength</i> .....	94	<i>potassium chloride crys er oral tablet</i>		<i>prednisolone sodium phosphate oral</i>	
<i>pink bismuth oral suspension 262 mg/15ml</i>	94	<i>extended release 10 meq</i> .....	71	<i>solution 15 mg/5ml</i> .....	106
<i>pink bismuth oral suspension 525 mg/15ml</i>	94	<i>potassium chloride crys er oral tablet</i>		<i>prednisolone sodium phosphate oral</i>	
<i>pink bismuth oral tablet 262 mg</i> .....	94	<i>extended release 20 meq</i> .....	71	<i>solution 6.7 (5 base) mg/5ml</i> .....	106
<i>pink bismuth oral tablet chewable 262 mg</i> ...	94	<i>potassium chloride er oral capsule</i>		<i>prednisone oral solution</i> .....	106
<i>pink bismuth ultra str</i> .....	94	<i>extended release 10 meq</i> .....	71	<i>prednisone oral tablet</i> .....	106
<i>pink-bismuth</i> .....	95	<i>potassium chloride er oral tablet extended</i>		<i>prednisone oral tablet therapy pack 10 mg</i>	
<i>pioglitazone hcl</i> .....	46	<i>release 10 meq</i> .....	72	(21).....	106
PIP GLUCOSE CONTROL SOLUTION.....	70	<i>potassium chloride er oral tablet extended</i>		<i>prednisone oral tablet therapy pack 10 mg</i>	
PIQRAY (200 MG DAILY DOSE).....	35	<i>release 20 meq</i> .....	72	(48), 5 mg (21), 5 mg (48).....	106
PIQRAY (250 MG DAILY DOSE).....	35	<i>potassium chloride er oral tablet extended</i>		<i>pregabalin oral</i> .....	59
PIQRAY (300 MG DAILY DOSE).....	35	<i>release 8 meq</i> .....	72	PREGNYL.....	106
<i>pirfenidone oral capsule</i> .....	152	<i>potassium chloride oral</i> .....	72	PREHEVBRIO.....	121
<i>pirfenidone oral tablet 267 mg, 801 mg</i> .....	152	<i>potassium citrate er oral tablet extended</i>		PREMARIN ORAL.....	113
<i>piroxicam oral</i> .....	6	<i>release 10 meq (1080 mg)</i> .....	72	PREMARIN VAGINAL.....	113
PLAN B ONE-STEP.....	116	<i>potassium citrate er oral tablet extended</i>		PREMPHASE.....	113
PLEGRIDY INTRAMUSCULAR.....	59	<i>release 15 meq (1620 mg)</i> .....	72	PREMPRO.....	113
PLEGRIDY STARTER PACK.....	59	<i>potassium citrate er oral tablet extended</i>		<i>prenatal formula oral tablet 28-0.8 mg</i> .....	79
PLEGRIDY SUBCUTANEOUS.....	59	<i>release 5 meq (540 mg)</i> .....	72	<i>prenatal gummy oral tablet chewable 0.4-</i>	
PLENVU.....	84	<i>potassium citrate-citric acid</i> .....	76	<i>113.5 mg</i> .....	180
<i>plerixafor</i> .....	50	<i>povidone iodine</i> .....	22	<i>prenatal gummy oral tablet chewable 0.4-</i>	
PNEUMOVAX 23.....	122	<i>povidone-iodine external solution</i> .....	22	<i>25 mg</i> .....	79
<i>podofilox external solution</i> .....	64	PRADAXA ORAL CAPSULE.....	49	<i>prenatal multi+dha</i> .....	79
<i>poly bacitracin</i> .....	134	PRALUENT.....	56	<i>prenatal multivitamins</i> .....	80
<i>polycin</i> .....	139	<i>pramipexole dihydrochloride oral tablet</i>		<i>prenatal oral tablet 27-0.8 mg</i> .....	80
<i>polyethylene glycol 3350 oral powder</i> .....	99	<i>0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> ...	39	<i>prenatal oral tablet 27-1 mg</i> .....	80
<i>polyethylene glycol 3350-grx oral powder</i> ..	99	<i>pramipexole dihydrochloride oral tablet</i>		<i>prenatal oral tablet 28-0.8 mg</i> .....	80
<i>poly-iron 150</i> .....	76	<i>0.75 mg</i> .....	39	<i>prenatal vitamins oral tablet 28-0.8 mg</i> .....	80
<i>polymyxin b-trimethoprim</i> .....	139	<i>prasugrel hcl</i> .....	50	<i>prenatal/iron</i> .....	80
<i>polysaccharide iron complex</i> .....	76	<i>pravastatin sodium</i> .....	55		

PREPARATION H EXTERNAL CREAM 1 %.....	123	<i>promethazine-dm</i> .....	173	<i>quinapril-hydrochlorothiazide</i> .....	54
PREVACID 24HR.....	86	<i>promethegan</i> .....	28	<i>quinidine gluconate er</i> .....	52
<i>prevalite oral powder</i> .....	56	PRONUTRIENTS VITAMIN D3.....	80	<i>quinidine sulfate</i> .....	52
PREVIDENT.....	72	<i>propafenone hcl</i> .....	52	QUINTET CONTROL HIGH/NORMAL.....	70
PREVIDENT 5000 DRY MOUTH.....	72	<i>propranolol hcl er</i> .....	52	<i>quit2</i> .....	18
PREVIDENT 5000 PLUS.....	72	<i>propranolol hcl oral solution 20 mg/5ml</i> .....	52	<i>quit4</i> .....	18
PREVNAR 20.....	122	<i>propranolol hcl oral solution 40 mg/5ml</i> .....	52	QULIPTA.....	31
PREZCOBIX.....	44	<i>propranolol hcl oral tablet</i> .....	52	QUVIVIQ.....	134
PREZISTA ORAL SUSPENSION.....	134	<i>propylthiouracil oral</i> .....	118	QVAR REDIHALER.....	150
PREZISTA ORAL TABLET 150 MG, 75 MG.....	134	PROQUAD.....	121	<i>radiance platinum vitamin d3</i> .....	80
PRIFTIN.....	33	PROXIVOL.....	16	RADICAVA ORS.....	58
<i>primaquine phosphate</i> .....	37	<i>pseudoephedrine hcl 12 hr</i> .....	173	RADICAVA ORS STARTER KIT.....	58
<i>primidone oral tablet 250 mg, 50 mg</i> .....	24	<i>pseudoephedrine hcl er</i> .....	173	<i>raloxifene hcl</i> .....	115
PRIORIX.....	121	<i>pseudoephedrine hcl oral tablet 30 mg</i> .....	173	<i>ramipril</i> .....	51
PROAIR RESPICLICK.....	151	<i>pseudoephedrine-bromphen-dm</i> .....	157	<i>ranolazine er</i> .....	54
<i>probenecid</i> .....	31	<i>pseudoephedrine-guaifenesin er</i> .....	173	RASUVO.....	120
<i>probiotic blend</i> .....	95	PULMICORT FLEXHALER.....	150	RAVICTI.....	103
<i>probiotic colon care</i> .....	95	PULMOSAL.....	173	RAYALDEE.....	123
<i>probiotic complex</i> .....	95	PULMOZYME.....	151	<i>react</i> .....	116
<i>probiotic maximum strength</i> .....	95	<i>pure &amp; gentle lubricant</i> .....	143	<i>ready-to-use enema rectal enema</i> .....	95
<i>probiotic oral capsule</i> .....	95	<i>purelax oral powder</i> .....	99	REBIF.....	59
<i>probiotic oral capsule 250 mg</i> .....	95	PYLERA.....	84	REBIF REBIDOSE.....	59
<i>probiotic pearls ex st</i> .....	95	<i>pyrazinamide oral</i> .....	33	REBIF REBIDOSE TITRATION PACK.....	59
<i>prochlorperazine</i> .....	28	PYRIDIDIUM.....	105	REBIF TITRATION PACK.....	59
<i>prochlorperazine maleate oral</i> .....	28	<i>pyridostigmine bromide er</i> .....	32	<i>reclipsen</i> .....	113
PROCRIT.....	50	<i>pyridostigmine bromide oral solution</i> .....	32	RECOMBIVAX HB.....	121
PROCTOFOAM HC.....	64	<i>pyridostigmine bromide oral tablet 60 mg</i> ....	32	<i>refenesen 400</i> .....	157
<i>procto-med hc</i> .....	123	<i>pyridoxine hcl oral</i> .....	181	REFRESH LACRI-LUBE.....	143
<i>proctosol hc</i> .....	123	<i>pyrimethamine oral</i> .....	37	REFRESH PLUS.....	143
<i>proctozone-hc</i> .....	123	QELBREE.....	45	REFRESH TEARS.....	143
<i>progesterone oral</i> .....	115	QNASL.....	150	<i>reguloid oral powder 43 %</i> .....	99
PROLENSA.....	139	QNASL CHILDRENS.....	150	REHYDRALYTE.....	76
PROMACTA.....	50	QTERN.....	46	RELENZA DISKHALER.....	44
<i>promethazine hcl oral</i> .....	28	QUADRACEL INTRAMUSCULAR SUSPENSION.....	121	RELEUKO.....	50
<i>promethazine hcl rectal</i> .....	28	<i>quetiapine fumarate</i> .....	40	<i>relief eye drops</i> .....	143
<i>promethazine vc</i> .....	153	<i>quetiapine fumarate er</i> .....	40	RELION TRUE METRIX TEST STRIPS.....	70
<i>promethazine-codeine oral solution</i> .....	173	QUICKVUE AT-HOME COVID-19 TEST...	134	RELISTOR SUBCUTANEOUS.....	83
		<i>quinapril hcl</i> .....	51	<i>rena-vite</i> .....	80
				<i>renewal soothing bath</i> .....	66

<i>repaglinide</i> .....	46	ROBITUSSIN COUGH+CHEST CONG		<i>saxagliptin hcl</i> .....	46
REPATHA.....	56	DM ORAL LIQUID 20-400 MG/20ML.....	173	<i>sb arthritis pain relief</i> .....	15
<i>rest simply</i> .....	177	ROBITUSSIN PEAK COLD MULTI-SYM...	160	<i>sb docusate sodium/senna</i> .....	101
RESTASIS.....	138	ROCKLATAN.....	138	<i>sb lice killing max st</i> .....	38
RESTASIS MULTIDOSE.....	138	<i>ropinirole hcl</i> .....	39	<i>sb mucus relief</i> .....	157
RESTORA.....	95	<i>rosuvastatin calcium</i> .....	55	<i>sb pain reliever childrens</i> .....	15
<i>restore plus lubricant eye</i> .....	143	ROTARIX.....	121	<i>scalp relief external liquid 3 %</i> .....	134
<i>restore pm</i> .....	143	ROTATEQ.....	121	SCEMBLIX.....	37
RETACRIT.....	50	<i>roweepra</i> .....	23	SCRUB CARE POVIDONE-IODINE.....	22
RETEVMO.....	137	ROXYBOND ORAL TABLET ABUSE-		SEGLENTIS.....	7
RETIN-A MICRO PUMP EXTERNAL GEL		DETERRENT 15 MG, 30 MG, 5 MG.....	6	SEGLUROMET.....	47
0.06 %.....	60	ROZLYTREK ORAL CAPSULE.....	35	<i>selegiline hcl oral</i> .....	39
RETIN-A MICRO PUMP EXTERNAL GEL		ROZLYTREK PACKET 50 MG ORAL.....	35	<i>selenium sulfide external lotion</i> .....	63
0.08 %.....	60	RUBRACA.....	35	SELZENTRY ORAL SOLUTION.....	43
REVLIMID.....	34	RUCONEST.....	118	SEMGLEE (YFGN).....	48
REXULTI.....	40	<i>rufinamide</i> .....	24	<i>senexon-s</i> .....	101
REYATAZ ORAL PACKET.....	44	RYALTRIS.....	134	<i>senior probiotic</i> .....	95
REYVOW.....	32	RYBELSUS.....	46	<i>senna lax</i> .....	101
REZVOGLAR KWIKPEN.....	49	RYDAPT.....	35	<i>senna laxative</i> .....	101
RHOPRESSA.....	140	RYKINDO.....	40	<i>senna oral liquid</i> .....	102
<i>ribavirin oral</i> .....	41	<i>rynex dm</i> .....	174	<i>senna oral syrup</i> .....	102
<i>rifabutin</i> .....	33	<i>rynex pe</i> .....	174	<i>senna oral tablet</i> .....	102
<i>rifampin oral</i> .....	33	<i>rynex pse</i> .....	174	<i>senna plus oral tablet</i> .....	102
<i>riluzole</i> .....	58	RYTARY ORAL CAPSULE EXTENDED		<i>senna s</i> .....	102
<i>rimantadine hcl</i> .....	44	RELEASE 23.75-95 MG, 36.25-145 MG,		<i>senna smooth</i> .....	102
RINVOQ.....	119	61.25-245 MG.....	39	<i>senna-docusate sodium</i> .....	102
RISAQUAD.....	95	RYTARY ORAL CAPSULE EXTENDED		<i>senna-lax</i> .....	102
RISAQUAD-2.....	95	RELEASE 48.75-195 MG.....	39	<i>senna-plus</i> .....	102
RISPERDAL CONSTA.....	40	<i>saccharomyces boulardii</i> .....	95	<i>senna-s</i> .....	102
<i>risperidone microspheres er</i> .....	40	SAFYRAL.....	113	<i>senna-tabs</i> .....	102
<i>risperidone oral solution</i> .....	40	<i>sajazir</i> .....	118	<i>senna-time</i> .....	102
<i>risperidone oral tablet</i> .....	40	<i>saline enema</i> .....	95	<i>senna-time s</i> .....	102
<i>ritonavir</i> .....	44	<i>saline mist spray</i> .....	157	<i>sennazon</i> .....	102
<i>rivastigmine</i> .....	25	<i>saline nasal spray</i> .....	157	SENOKOT.....	102
<i>rivastigmine tartrate</i> .....	25	<i>salsalate oral</i> .....	15	SENOKOT S.....	102
<i>rizatriptan benzoate</i> .....	32	SANCUSO.....	28	SENTIA.....	143
ROBAFEN CF MULTI-SYMPTOM COLD..	160	SANTYL.....	64	SEREVENT DISKUS.....	151
ROBITUSSIN 12 HOUR COUGH.....	173	<i>sapropterin dihydrochloride</i> .....	103	<i>sertraline hcl oral concentrate</i> .....	26
ROBITUSSIN 12 HOUR COUGH CHILD..	173	SAVAYSA.....	49	<i>sertraline hcl oral tablet</i> .....	26



setlakin.....	113	SKYTROFA.....	107	solifenacin succinate.....	104
sevelamer carbonate oral tablet.....	77	sleep aid (diphenhydramine).....	177	SOLIQUA.....	47
sf.....	72	sleep aid nighttime.....	177	SOLOSEC.....	19
sf 5000 plus.....	72	sleep aid oral tablet 25 mg.....	177	soluble fiber therapy.....	102
SFROWASA.....	122	sleep tabs.....	177	SOMAVERT.....	117
sharobel.....	115	SLO-NIACIN.....	80	SOOLANTRA.....	64
SHINGRIX.....	121	smooth antacid ex st oral tablet chewable		soothe maximum strength.....	96
SIGNIFOR.....	117	750 mg.....	95	soothe oral suspension.....	96
siladryl allergy.....	149	smooth antacid extra st.....	95	soothe oral tablet chewable.....	96
sildenafil citrate oral suspension		smooth antacid extra strength.....	96	sorafenib tosylate.....	35
reconstituted.....	152	smooth lax oral powder.....	99	sorbitol oral.....	99
sildenafil citrate oral tablet 20 mg.....	152	SOAANZ ORAL TABLET 20 MG.....	54	sotalol hcl (af).....	52
siltussin sa.....	157	sod chloride hypertonicity.....	143	sotalol hcl oral.....	52
silver sulfadiazine external.....	64	sod citrate-citric acid oral solution 500-334		SOVALDI ORAL TABLET.....	41
SIMBRINZA.....	140	mg/5ml.....	76	SOVUNA ORAL TABLET 200 MG.....	37
simethicone oral capsule.....	95	sodium bicarbonate oral tablet.....	96	SPEEDY SWAB COVID-19 ANTIGEN.....	134
simethicone oral tablet chewable.....	95	sodium chloride (hypertonic) ophthalmic		SPIKEVAX.....	134
simethicone ultra strength.....	95	ointment.....	143	spinosad.....	64
simliya.....	113	sodium chloride (hypertonic) ophthalmic		SPIRIVA HANDIHALER.....	150
simpesse.....	113	solution.....	143	SPIRIVA RESPIMAT.....	150
SIMPLY SLEEP.....	177	sodium chloride inhalation nebulization		spironolactone oral tablet.....	55
SIMPONI.....	120	solution 0.9 %, 10 %.....	174	spironolactone-hctz.....	54
simvastatin oral.....	55	sodium chloride inhalation nebulization		sprintec 28.....	114
sinus 12 hour.....	174	solution 3 %.....	174	SPRYCEL.....	137
sinus 12-hour.....	174	sodium chloride inhalation nebulization		SPS.....	77
sinus congestion max strength.....	174	solution 7 %.....	174	sronyx.....	114
sinus nasal spray.....	174	sodium chloride ophthalmic ointment 5 %..	143	ssd.....	64
sinus pe decongestant.....	157	sodium chloride ophthalmic solution 5 %..	143	sss 10-5 external cream.....	66
sinus relief extra strength.....	157	sodium fluoride 5000 plus.....	72	ST JOSEPH LOW DOSE.....	134
sinus/congestion relief pe.....	157	sodium fluoride 5000 ppm dental cream.....	72	STEGLATRO.....	47
sirolimus oral solution.....	120	sodium fluoride dental cream.....	72	STEGLUJAN.....	47
sirolimus oral tablet 0.5 mg, 1 mg.....	120	sodium fluoride dental gel.....	72	STELARA SUBCUTANEOUS.....	119
sirolimus oral tablet 2 mg.....	120	sodium fluoride oral solution.....	72	stimulant lax plus.....	102
SIRTURO.....	33	sodium fluoride oral tablet chewable.....	72	stimulant laxative.....	102
SKYRIZI PEN.....	119	SODIUM OXYBATE.....	176	STIOLTO RESPIMAT.....	163
SKYRIZI SUBCUTANEOUS SOLUTION		sodium phenylbutyrate oral powder.....	103	STIVARGA.....	36
CARTRIDGE.....	134	sodium sulfacetamide wash.....	134	stomach relief extra strength.....	96
SKYRIZI SUBCUTANEOUS SOLUTION		SOFOSBUVIR-VELPATASVIR.....	41	stomach relief max st oral suspension 525	
PREFILLED SYRINGE.....	119	soft glucose.....	48	mg/15ml.....	96

<i>stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml</i> .....	96	<i>sulfacetamide sodium external</i> .....	134	SYMPAZAN.....	24
<i>stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i> .....	96	<i>sulfacetamide sodium ophthalmic</i> .....	139	SYMPROIC.....	83
<i>stomach relief oral tablet 262 mg</i> .....	96	<i>sulfacetamide sodium-sulfur external cream 10-5 %</i> .....	66	SYMTUZA.....	44
<i>stomach relief oral tablet chewable 262 mg</i> .....	96	<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i> .....	67	SYNAGIS.....	119
<i>stomach relief plus</i> .....	96	<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i> .....	67	SYNJARDY.....	47
<i>stomach relief ultra oral suspension 525 mg/15ml</i> .....	96	<i>sulfacetamide-prednisolone</i> .....	138	SYNJARDY XR.....	47
<i>stool softener laxative oral capsule</i> .....	102	<i>sulfamethoxazole-trimethoprim oral</i> .....	21	SYSTANE.....	143
<i>stool softener oral capsule 100 mg</i> .....	102	<i>sulfamez wash</i> .....	67	SYSTANE BALANCE.....	143
<i>stool softener oral capsule 240 mg</i> .....	102	<i>sulfasalazine oral</i> .....	122	SYSTANE COMPLETE.....	144
<i>stool softener oral capsule 250 mg</i> .....	102	<i>sulfatrim pediatric</i> .....	21	SYSTANE CONTACTS.....	144
<i>stool softener oral capsule 50 mg</i> .....	102	<i>sulindac oral</i> .....	6	SYSTANE HYDRATION PF.....	144
<i>stool softener pls laxative</i> .....	103	SUMADAN WASH.....	67	SYSTANE NIGHTTIME.....	144
<i>stool softener plus laxative</i> .....	103	<i>sumatriptan nasal</i> .....	32	SYSTANE PRESERVATIVE FREE.....	144
<i>stool softener/laxative</i> .....	103	<i>sumatriptan succinate oral</i> .....	32	SYSTANE ULTRA.....	144
<i>stool softener/laxative oral tablet</i> .....	103	<i>sumatriptan succinate refill</i> .....	32	SYSTANE ULTRA PF.....	144
STRENSIQ.....	103	<i>sumatriptan succinate subcutaneous</i> .....	32	<i>tab tussin</i> .....	158
<i>stress formulaliron</i> .....	180	<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i> .....	36	TABLOID.....	34
STRIBILD.....	42	<i>sunitinib malate oral capsule 37.5 mg</i> .....	36	TABRECTA.....	137
STRIVE DUAL ZONE PEAK FLOW MTR..	134	SUNOSI.....	176	TACLONEX.....	64
STRIVERDI RESPIMAT.....	151	<i>suphedrine 12hour</i> .....	175	<i>tacrolimus external ointment 0.03 %</i> .....	63
SUBOXONE.....	16	<i>suphedrine maximum strength</i> .....	175	<i>tacrolimus external ointment 0.1 %</i> .....	63
<i>subvenite</i> .....	23	<i>suphedrine oral tablet 30 mg</i> .....	175	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i> .....	120
<i>subvenite starter kit-blue</i> .....	23	<i>suphedrine oral tablet extended release 12 hour 120 mg</i> .....	175	<i>tacrolimus oral capsule 1 mg</i> .....	120
<i>subvenite starter kit-green</i> .....	23	SUPPORT.....	180	TADLIQ.....	152
<i>subvenite starter kit-orange</i> .....	23	SUPREP BOWEL PREP KIT.....	84	TAFINLAR ORAL CAPSULE.....	36
<i>sucrafate oral suspension</i> .....	85	<i>sure result sr relief</i> .....	134	TAFINLAR ORAL TABLET SOLUBLE.....	36
<i>sucrafate oral tablet</i> .....	85	SUTAB.....	22	TAGAMET HB 200.....	85
SUDAFED.....	174	<i>syeda</i> .....	114	TAGRISSE.....	137
SUDAFED PE CONGESTION ORAL TABLET 10 MG.....	158	SYMBICORT.....	163	<i>take action</i> .....	116
SUDAFED PE SINUS CONGESTION.....	158	SYMDEKO.....	151	TALICIA.....	84
SUDAFED SINUS CONGESTION.....	174	SYMFI.....	42	TALTZ.....	119
SUDAFED SINUS CONGESTION 12HR..	174	SYMFI LO.....	42	<i>tamoxifen citrate oral</i> .....	34
<i>sudogest 12 hour</i> .....	174	SYMLINPEN 120.....	47	<i>tamsulosin hcl</i> .....	104
<i>sudogest maximum strength</i> .....	174	SYMLINPEN 60.....	47	<i>tarina 24 fe</i> .....	114
<i>sudogest oral tablet 30 mg</i> .....	174			<i>tarina fe 1/20 eq</i> .....	114
				TASIGNA.....	137
				TAVALISSE.....	50
				<i>taztia xt</i> .....	53
				TDVAX.....	121

TEGRETOL ORAL SUSPENSION.....	24	<i>the magic bullet</i> .....	134	<i>tobramycin inhalation nebulization solution</i>	
TEGSEDI.....	103	THEO-24.....	152	<i>300 mg/4ml</i> .....	151
TEKTRUNA.....	54	<i>theophylline er oral tablet extended release</i>		<i>tobramycin ophthalmic</i> .....	139
<i>telmisartan</i> .....	51	<i>12 hour 300 mg</i> .....	152	<i>tobramycin-dexamethasone</i> .....	138
<i>temazepam oral capsule 15 mg, 30 mg</i> .....	176	<i>theophylline er oral tablet extended release</i>		<i>tolcapone</i> .....	38
<i>temozolomide oral capsule 100 mg, 140</i>		<i>12 hour 450 mg</i> .....	152	<i>tolnaftate antifungal external cream</i> .....	135
<i>mg</i> .....	33	<i>theophylline er oral tablet extended release</i>		<i>tolnaftate external cream</i> .....	135
<i>temozolomide oral capsule 180 mg, 20 mg,</i>		<i>24 hour 400 mg</i> .....	152	<i>tolnaftate external powder</i> .....	135
<i>250 mg, 5 mg</i> .....	33	<i>theophylline er oral tablet extended release</i>		<i>tolterodine tartrate</i> .....	104
TENCON.....	7	<i>24 hour 600 mg</i> .....	152	<i>tolterodine tartrate er</i> .....	104
TENIVAC.....	121	<i>theophylline oral</i> .....	152	TOPAMAX.....	23
<i>tenofovir disoproxil fumarate</i> .....	43	<i>thiamine hcl oral</i> .....	181	TOPAMAX SPRINKLE.....	23
<i>terazosin hcl</i> .....	104	<i>thiamine mononitrate oral</i> .....	80	<i>topiramate oral capsule sprinkle</i> .....	23
<i>terbinafine hcl external</i> .....	31	THIOLA.....	104	<i>topiramate oral tablet</i> .....	23
<i>terbinafine hcl oral</i> .....	29	THIOLA EC.....	104	<i>toremifene citrate</i> .....	34
<i>terbinafine hydrochloride external cream 1</i>		<i>thioridazine hcl oral</i> .....	39	<i>torse mide</i> .....	54
<i>%</i> .....	31	<i>thiothixene</i> .....	39	<i>total allergy</i> .....	149
<i>terconazole vaginal cream</i> .....	29	THRIVE.....	18	<i>total allergy medicine</i> .....	149
<i>teriflunomide</i> .....	59	<i>tiadylt er</i> .....	53	TOUJEO MAX SOLOSTAR.....	48
TERIPARATIDE (RECOMBINANT)		<i>tiagabine hcl</i> .....	24	TOUJEO SOLOSTAR.....	48
SUBCUTANEOUS SOLUTION PEN-		TIBSOVO.....	36	TRACLEER.....	152
INJECTOR 620 MCG/2.48ML.....	123	<i>tilia fe</i> .....	114	TRADJENTA.....	47
TESTIM.....	108	<i>timolol maleate ophthalmic solution</i> .....	140	<i>tramadol hcl oral tablet 50 mg</i> .....	7
<i>testosterone cypionate intramuscular</i> .....	108	TIMOPTIC OCUDOSE.....	140	<i>trandolapril</i> .....	51
<i>testosterone enanthate intramuscular</i> .....	108	TINACTIN EXTERNAL CREAM.....	135	<i>tranexamic acid oral</i> .....	50
<i>testosterone transdermal gel 1.62 %, 20.25</i>		<i>tinidazole oral tablet 250 mg</i> .....	19	<i>tranylcypromine sulfate</i> .....	26
<i>mg/act (1.62%)</i> .....	108	<i>tinidazole oral tablet 500 mg</i> .....	19	<i>travel ease</i> .....	28
<i>testosterone transdermal gel 12.5 mg/act</i>		TIROSINT ORAL CAPSULE 100 MCG,		TRAZIMERA INTRAVENOUS SOLUTION	
<i>(1%)</i> .....	108	112 MCG, 125 MCG, 13 MCG, 137 MCG,		RECONSTITUTED 150 MG.....	137
<i>testosterone transdermal gel 20.25</i>		150 MCG, 175 MCG, 200 MCG, 25 MCG,		<i>trazodone hcl oral tablet 100 mg, 150 mg,</i>	
<i>mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i> ....	108	50 MCG, 75 MCG, 88 MCG.....	116	<i>50 mg</i> .....	26
<i>testosterone transdermal gel 40.5</i>		TIROSINT-SOL.....	116	TRECTOR.....	33
<i>mg/2.5gm (1.62%)</i> .....	108	TIVICAY.....	42	TRELEGY ELLIPTA.....	163
TETANUS-DIPHThERIA TOXOIDS TD....	121	TIVICAY PD.....	42	TREMFYA.....	119
<i>tetrabenazine</i> .....	58	<i>tizanidine hcl oral tablet</i> .....	40	TRESIBA.....	48
TEZSPIRE SUBCUTANEOUS SOLUTION		TOBI PODHALER.....	151	TRESIBA FLEXTOUCH.....	48
AUTO-INJECTOR.....	153	TOBRADEX.....	138	<i>tretinoin external cream</i> .....	60
<i>tgt clotrimazole external cream 1 %</i> .....	65	TOBRADEX ST.....	138	<i>tretinoin oral</i> .....	36
THALOMID.....	34			TREXALL.....	120

TREZIX.....	7	<i>tri-vite pediatric</i> .....	80	TRUE VITAMIN D3 ORAL CAPSULE 125	
<i>triamcinolone acetonide external cream</i> .....	63	<i>trivora (28)</i> .....	114	MCG (5000 UT), 25 MCG (1000 UT).....	80
<i>triamcinolone acetonide external lotion</i>		<i>tri-vylibra</i> .....	114	TRUE VITAMIN D3 ORAL CAPSULE 250	
<i>0.025 %</i> .....	63	<i>tri-vylibra lo</i> .....	114	MCG (10000 UT).....	80
<i>triamcinolone acetonide external lotion 0.1</i>		TROKENDI XR.....	23	TRUE VITAMIN D3 ORAL TABLET 10	
<i>%</i> .....	63	<i>tropium chloride</i> .....	104	MCG (400 UNIT).....	80
<i>triamcinolone acetonide external ointment</i>		TRUE COVER.....	135	TRUE VITAMIN D3 ORAL TABLET 125	
<i>0.025 %, 0.1 %, 0.5 %</i> .....	63	TRUE FERROUS SULFATE.....	76	MCG (5000 UT).....	81
<i>triamcinolone acetonide mouth/throat</i> .....	60	TRUE FOLIC ACID ORAL TABLET 400		TRUE VITAMIN D3 ORAL TABLET 25	
<i>triamcinolone acetonide nasal</i> .....	163	MCG.....	135	MCG (1000 UT).....	81
TRIAMINIC ALLERCHEWS.....	162	<i>true folic acid tablet 1 mg oral</i> .....	135	TRUE VITAMIN E ORAL CAPSULE 450	
<i>triamterene-hctz</i> .....	54	TRUE FOLIC ACID TABLET 1 MG ORAL.....	135	MG, 90 MG.....	181
<i>triazolam</i> .....	176	TRUE MAGNESIUM OXIDE ORAL		TRUECONTROL GLUCOSE CONT LEV 0.70	
<i>triderm</i> .....	63	TABLET 500 MG.....	76	TRUECONTROL GLUCOSE CONT LEV 1.70	
<i>trientine hcl oral capsule 250 mg</i> .....	77	<i>true magnesium oxide tablet 400 mg oral</i> ....	76	TRUEPLUS GLUCOSE ON THE GO.....	48
<i>tri-estarylla</i> .....	114	TRUE MAGNESIUM OXIDE TABLET 400		TRUEPLUS GLUCOSE ORAL TABLET	
<i>trifluoperazine hcl</i> .....	39	MG ORAL.....	76	CHEWABLE.....	48
<i>trifluridine</i> .....	139	TRUE NASAL MOISTURIZING.....	158	TRULANCE.....	83
<i>trihexyphenidyl hcl</i> .....	38	TRUE VITAMIN A.....	80	TRULICITY.....	47
TRIJARDY XR.....	47	TRUE VITAMIN B1 ORAL TABLET 100		TRUMENBA.....	121
TRIKAFTA ORAL TABLET THERAPY		MG.....	80	TUMS.....	96
PACK.....	151	TRUE VITAMIN B3 ORAL TABLET 100		TUMS CHEWY BITES.....	96
TRIKAFTA ORAL THERAPY PACK.....	151	MG, 250 MG, 50 MG.....	80	TUMS E-X 750.....	96
<i>tri-legest fe</i> .....	114	TRUE VITAMIN B6 ORAL TABLET 25 MG,		TUMS EXTRA STRENGTH 750.....	96
<i>tri-linyah</i> .....	114	50 MG.....	181	TUMS LASTING EFFECTS.....	96
<i>tri-lo-estarylla</i> .....	114	<i>true vitamin b6 tablet 100 mg oral</i> .....	181	TUMS SMOOTHIES.....	96
<i>tri-lo-marzia</i> .....	114	TRUE VITAMIN B6 TABLET 100 MG		TUMS ULTRA 1000.....	96
<i>trimethobenzamide hcl oral</i> .....	28	ORAL.....	181	TURALIO.....	137
<i>trimethoprim oral</i> .....	19	TRUE VITAMIN C ORAL TABLET 250 MG		<i>turqoz</i> .....	114
<i>tri-mili</i> .....	114	.....	180	<i>tusnel-ex</i> .....	158
TRINTELLIX.....	26	TRUE VITAMIN C ORAL TABLET 500 MG		<i>tussin adult chest congest</i> .....	158
<i>tri-nymyo</i> .....	114	.....	180	<i>tussin cf oral liquid 30-10-100 mg/5ml</i> .....	175
<i>triple antibiotic external ointment , 3.5-400-</i>		<i>true vitamin c tablet 1000 mg oral</i> .....	180	<i>tussin cf oral liquid 5-10-100 mg/5ml</i> .....	160
<i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i> ....	22	TRUE VITAMIN C TABLET 1000 MG		<i>tussin chest congestion oral liquid 100</i>	
<i>triple antibiotic original</i> .....	22	ORAL.....	180	<i>mg/5ml</i> .....	158
TRIPTODUR.....	117	TRUE VITAMIN D3 ORAL CAPSULE 1.25		<i>tussin cough dm sugar free</i> .....	175
<i>tri-sprintec</i> .....	114	MG (50000 UT).....	80	<i>tussin cough long acting</i> .....	158
TRIUMEQ.....	43	TRUE VITAMIN D3 ORAL CAPSULE 10		<i>tussin cough oral syrup</i> .....	158
TRIUMEQ PD.....	43	MCG (400 UNIT).....	80		

<i>tussin cough/chest congest oral syrup 100-10 mg/5ml</i> .....	175	TYMLOS.....	123	<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i> .....	19
<i>tussin cough/chest dm max oral liquid 10-200 mg/5ml</i> .....	175	TYRVAYA.....	138	VANDAZOLE.....	19
<i>tussin cough/chest dm max oral liquid 20-400 mg/20ml</i> .....	175	TYVASO DPI MAINTENANCE KIT.....	152	VAPORIZER WARM STEAM.....	135
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i> .....	175	TYVASO DPI TITRATION KIT.....	152	VAQTA.....	121
<i>tussin dm cough/chest cong</i> .....	175	UBRELVY.....	32	<i>varenicline tartrate</i> .....	17
<i>tussin dm cough/chest oral syrup 10-100 mg/5ml</i> .....	175	UCERIS.....	123	<i>varenicline tartrate (starter)</i> .....	17
<i>tussin dm max</i> .....	175	UDENYCA.....	50	<i>varenicline tartrate(continue)</i> .....	17
<i>tussin dm max adult</i> .....	175	UDENYCA ONBODY.....	50	VARIVAX.....	121
<i>tussin dm max daytime</i> .....	175	<i>ultra calcium + vitamin d3</i> .....	76	VASCEPA.....	56
<i>tussin dm max st</i> .....	175	<i>ultra fresh</i> .....	144	VAXELIS.....	135
<i>tussin dm oral syrup 100-10 mg/5ml</i> .....	175	<i>ultra fresh pm</i> .....	144	VAXNEUVANCE.....	121
<i>tussin expectorant adult</i> .....	158	<i>ultra lubricant drop</i> .....	144	VECTICAL.....	64
<i>tussin maximum strength oral syrup 15 mg/5ml</i> .....	158	<i>ultra lubricating eye drops</i> .....	144	<i>vegetable lax+stool softener</i> .....	103
<i>tussin mucus &amp; chest cong</i> .....	158	<i>ultra lubricating eye drops pf</i> .....	144	<i>vegetable laxative</i> .....	103
<i>tussin mucus &amp; chest congest</i> .....	158	<i>unithroid</i> .....	116	<i>velivet</i> .....	114
<i>tussin mucus/chest congest</i> .....	158	<i>urea 20 intensive hydrating</i> .....	67	VELPHORO.....	77
<i>tussin mucus/congestion</i> .....	158	<i>urea cream 20 % external (otc)</i> .....	67	VELTASSA.....	77
<i>tussin mucus+chest congest</i> .....	159	<i>urea cream 20 % external (rx)</i> .....	67	VENCLEXTA.....	36
<i>tussin mucus+chest congestion</i> .....	159	<i>urea external cream 10 %</i> .....	67	VENCLEXTA STARTING PACK.....	36
<i>tussin multi-symptom cold cf</i> .....	160	<i>urea external lotion 10 %</i> .....	67	<i>venlafaxine hcl</i> .....	26
<i>tussin oral liquid 100 mg/5ml</i> .....	159	<i>urea external lotion 40 %</i> .....	67	<i>venlafaxine hcl er oral capsule extended release 24 hour</i> .....	26
TWINRIX.....	121	<i>ureacin-10</i> .....	67	VENTOLIN HFA.....	151
TYBLUME.....	114	<i>ureacin-20</i> .....	67	<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i> .....	53
TYBOST.....	43	<i>urinary pain relief oral tablet 95 mg</i> .....	105	<i>verapamil hcl er oral tablet extended release</i> .....	53
TYLENOL FOR CHILDREN + ADULTS.....	15	URO-PAIN.....	105	<i>verapamil hcl oral</i> .....	53
TYLENOL ORAL SUSPENSION 160 MG/5ML.....	15	<i>ursodiol oral capsule 300 mg</i> .....	84	VERKAZIA.....	138
TYLENOL ORAL TABLET 325 MG, 500 MG.....	15	<i>ursodiol oral tablet</i> .....	84	VERQUVO.....	56
TYLENOL ORAL TABLET CHEWABLE 160 MG.....	15	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML.....	40	VERZENIO.....	36
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG.....	15	<i>valacyclovir hcl oral</i> .....	41	<i>vestura</i> .....	114
		<i>valganciclovir hcl oral tablet</i> .....	40	VIBERZI.....	83
		<i>valproic acid oral</i> .....	23	VICTOZA.....	47
		<i>valsartan oral tablet</i> .....	51	<i>vienna</i> .....	114
		<i>valsartan-hydrochlorothiazide</i> .....	54	<i>vigabatrin oral packet</i> .....	24
		VALTOCO 10 MG DOSE.....	24	<i>vigadrone oral packet</i> .....	24
		VALTOCO 15 MG DOSE.....	24		
		VALTOCO 20 MG DOSE.....	24		
		VALTOCO 5 MG DOSE.....	24		

<i>vigpoder</i> .....	24	<i>vitamin c rose hips oral tablet 500 mg</i> .....	181	VIVAGUARD INO CONTROL SOLUTION...	71
<i>viorele</i> .....	114	<i>vitamin c-rose hips</i> .....	181	VIVELLE-DOT.....	114
VIRACEPT.....	44	<i>vitamin c-rose hips oral tablet</i> .....	181	VIVJOA.....	135
VIREAD ORAL POWDER.....	43	<i>vitamin d (cholecalciferol) oral tablet 10</i>		<i>volnea</i> .....	114
VIREAD ORAL TABLET 150 MG, 200 MG,		<i>mcg (400 unit)</i> .....	81	VOQUEZNA DUAL PAK.....	135
250 MG.....	43	<i>vitamin d (cholecalciferol) oral tablet 25</i>		VOQUEZNA TRIPLE PAK.....	82
VISBIOME HIGH POTENCY ORAL		<i>mcg (1000 ut)</i> .....	81	<i>voriconazole oral tablet</i> .....	29
CAPSULE.....	96	<i>vitamin d (ergocalciferol) oral capsule 1.25</i>		VOSEVI.....	41
VISINE.....	144	<i>mg (50000 ut), 50000 unit</i> .....	181	VRAYLAR.....	40
<i>vit c rose hips</i> .....	180	<i>vitamin d oral capsule 25 mcg (1000 ut)</i> .....	81	VRAYLAR ORAL CAPSULE THERAPY	
<i>vitachew multiple vitamin</i> .....	135	<i>vitamin d oral liquid</i> .....	81	PACK 1.5 & 3 MG.....	40
<i>vitachew vitamin d3</i> .....	81	<i>vitamin d oral tablet chewable 10 mcg (400</i>		VTAMA.....	135
<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>		<i>unit)</i> .....	81	VUMERITY.....	59
<i>3 mg, 3 mg (10000 ut)</i> .....	81	<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	81	<i>vyfemla</i> .....	114
<i>vitamin b complex oral capsule</i> .....	81	<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> ..	81	<i>vylibra</i> .....	114
<i>vitamin b complex w/b-12</i> .....	81	<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i>	81	VYNDAMAX.....	103
<i>vitamin b1</i> .....	182	<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i> ....	81	VYNDAQEL.....	103
<i>vitamin b-1 oral tablet 100 mg</i> .....	81	<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	82	VYVANSE ORAL CAPSULE.....	58
<i>vitamin b-1 oral tablet 250 mg</i> .....	182	<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i> ....	82	VYZULTA.....	138
<i>vitamin b-12 er oral tablet extended</i>		<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i> ...	82	WAKIX.....	176
<i>release 1000 mcg</i> .....	182	<i>vitamin d3 oral liquid 10 mcg/ml</i> .....	82	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2</i>	
<i>vitamin b12 oral tablet extended release</i>		<i>vitamin d3 oral tablet 10 mcg (400 unit)</i> .....	82	<i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i> .....	49
<i>1000 mcg</i> .....	182	<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i> .....	82	<i>warfarin sodium oral tablet 6 mg</i> .....	49
<i>vitamin b-12 tr oral tablet extended release</i>		<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i> .....	82	<i>wart remover external liquid 17 %</i> .....	135
<i>1000 mcg</i> .....	182	<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i> .....	82	<i>wart remover maximum strength external</i>	
<i>vitamin b-6</i> .....	182	<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i> .....	82	<i>liquid</i> .....	135
<i>vitamin b-6 er</i> .....	182	<i>vitamin d3 oral tablet chewable 10 mcg</i>		<i>weekly-d</i> .....	82
<i>vitamin c cr oral tablet extended release</i>		<i>(400 unit)</i> .....	82	<i>wera</i> .....	114
<i>500 mg</i> .....	180	<i>vitamin d3 oral tablet chewable 25 mcg</i>		<i>wes-phos 250 neutral</i> .....	76
<i>vitamin c er oral tablet extended release</i>		<i>(1000 ut)</i> .....	82	WESTAB PLUS.....	82
<i>1500 mg</i> .....	180	<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> ..	82	WIDE-SEAL DIAPHRAGM 60.....	135
<i>vitamin c oral liquid 500 mg/5ml</i> .....	180	<i>vitamin e natural</i> .....	182	WIDE-SEAL DIAPHRAGM 65.....	135
<i>vitamin c oral tablet 1000 mg, 250 mg</i> .....	180	<i>vitamin e oral capsule 134 mg (200 unit),</i>		WIDE-SEAL DIAPHRAGM 70.....	135
<i>vitamin c oral tablet 500 mg</i> .....	180	<i>45 mg (100 unit), 450 mg (1000 ut), 90 mg</i>		WIDE-SEAL DIAPHRAGM 75.....	135
<i>vitamin c oral tablet chewable 100 mg, 250</i>		<i>(200 unit)</i> .....	182	WIDE-SEAL DIAPHRAGM 80.....	135
<i>mg</i> .....	180	<i>vitamin e oral capsule 268 mg (400 unit)</i> ...	182	WIDE-SEAL DIAPHRAGM 85.....	135
<i>vitamin c oral tablet chewable 500 mg</i> .....	180	<i>vitamin-b complex</i> .....	82	WIDE-SEAL DIAPHRAGM 90.....	135
<i>vitamin c/acerola</i> .....	180	<i>vitamins complete childrens</i> .....	181	WIDE-SEAL DIAPHRAGM 95.....	135
<i>vitamin c rose hips oral tablet 1000 mg</i> .....	181	VITRAKVI.....	36	WINLEVI.....	135

<i>wixela inhub</i> .....	163	XULTOPHY.....	47	<i>ziprasidone hcl</i> .....	40
<i>womans laxative</i> .....	135	XYOSTED.....	108	ZOLINZA.....	34
<i>womens gentle laxative</i> .....	136	XYREM.....	176	<i>zolpidem tartrate er</i> .....	176
<i>womens laxative oral tablet delayed</i>		XYWAV.....	176	<i>zolpidem tartrate oral tablet</i> .....	176
<i>release 5 mg</i> .....	136	YASMIN 28.....	114	ZOMIG NASAL.....	32
<i>womens prenatal+dha</i> .....	82	YAZ.....	114	ZONEGRAN.....	25
<i>wymzya fe</i> .....	114	YONSA.....	136	<i>zonisamide oral</i> .....	25
XACIATO.....	19	YUFLYMA (2 SYRINGE)		ZORYVE EXTERNAL CREAM.....	136
XALKORI.....	137	SUBCUTANEOUS PREFILLED SYRINGE		ZOSTRIX HP.....	136
XARELTO.....	49	KIT 40 MG/0.4ML.....	136	<i>zovia 1/35 (28)</i> .....	114
XARELTO STARTER PACK.....	49	YUPELRI.....	150	ZUBSOLV.....	16
XCOPRI (250 MG DAILY DOSE).....	23	<i>yuvafem</i> .....	114	<i>zumandimine</i> .....	114
XCOPRI (350 MG DAILY DOSE).....	23	<i>zafemy</i> .....	114	ZYDELIG.....	36
XCOPRI ORAL TABLET 100 MG, 150 MG,		<i>zaleplon</i> .....	176	ZYFLO.....	150
200 MG, 50 MG.....	23	ZARXIO.....	50	ZYKADIA.....	37
XCOPRI ORAL TABLET THERAPY PACK.....	23	ZEASORB-AF.....	31	ZYLET.....	138
XELJANZ.....	119	ZEGALOGUE.....	105	ZYRTEC ALLERGY ORAL TABLET.....	149
XELJANZ XR.....	119	ZEJULA.....	36	ZYRTEC-D ALLERGY & CONGESTION...	160
XEPI.....	65	ZELAC.....	96	ZYRTEC-D ALLERGY & SINUS.....	160
XERAC AC.....	67	ZELBORAF.....	36		
XHANCE.....	150	<i>zenatane</i> .....	60		
XIGDUO XR ORAL TABLET EXTENDED		ZENPEP ORAL CAPSULE DELAYED			
RELEASE 24 HOUR 10-1000 MG.....	47	RELEASE PARTICLES 10000-32000			
XIGDUO XR ORAL TABLET EXTENDED		UNIT, 15000-47000 UNIT, 20000-63000			
RELEASE 24 HOUR 10-500 MG.....	47	UNIT, 25000-79000 UNIT, 3000-10000			
XIGDUO XR ORAL TABLET EXTENDED		UNIT, 40000-126000 UNIT, 5000-24000			
RELEASE 24 HOUR 2.5-1000 MG, 5-500		UNIT.....	103		
MG.....	47	ZEPATIER.....	41		
XIGDUO XR ORAL TABLET EXTENDED		ZEPOSIA.....	59		
RELEASE 24 HOUR 5-1000 MG.....	47	ZEPOSIA 7-DAY STARTER PACK.....	59		
XIIDRA.....	138	ZETONNA.....	150		
XOFLUZA (40 MG DOSE).....	44	<i>zidovudine</i> .....	43		
XOFLUZA (80 MG DOSE).....	44	ZIEXTENZO.....	50		
XOLAIR.....	119	ZIMHI.....	17		
XOPENEX HFA.....	151	<i>zinc gluconate</i> .....	76		
XPECT.....	159	<i>zinc gluconate oral tablet 50 mg</i> .....	76		
XTAMPZA ER.....	6	<i>zinc oral tablet 50 mg</i> .....	76, 181		
XTANDI.....	34	<i>zinc oxide external ointment 40 %</i> .....	67		
<i>xulane</i> .....	114	ZIOPTAN.....	138		