



Preferred Drug List (PDL)

Maryland

Effective Date: April 1, 2026



Listing of preferred drugs

Introduction

UnitedHealthcare Community Plan is pleased to provide this **Listing of Preferred Drugs** to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this Listing of Preferred Drugs 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 Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice.

Notice

The information contained in this Listing of Preferred Drugs 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 Listing of Preferred Drugs is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

Preface

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.

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 Listing of Preferred Drugs. Generics should be considered the first line of prescribing.

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

When a strength or dosage form is specified, only the specified strength and dosage form is on the Listing of Preferred Drugs. Other strengths/dosage forms of the reference product are not. cefixime (400mg tabs only) SUPRAX

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 Listing of Preferred Drugs **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 Listing of Preferred Drugs 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 Listing of Preferred Drugs.

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

Days supply dispensing limitations

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

Mandatory generic substitution

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

Prior authorization of non-PDL medications

The drugs in the UnitedHealthcare Community Plan Listing of Preferred 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 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-preferred drug request. The UnitedHealthcare Community Plan Pharmacy Department will respond to all requests in accordance with state requirements.

Physicians are requested to adhere to this Listing of Preferred Drugs when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-preferred drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this Listing of Preferred Drugs. If a preferred 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 Services Department at **800-310-6826** with questions concerning the prior authorization process.

Non-preferred drugs 3-day temporary supply overrides

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

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 Listing of Preferred Drugs 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 preferred 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 preferred alternatives may be appropriate in many instances, other non-preferred alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90-day trial of Aricept 10mg daily
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90-day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
lubiprostone	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Optivar	14-day trial of ketotifen within previous 90 days required first.

STEP Drug	First-Line Agent(s)
Motegrity	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Movantik	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)

Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long-acting nitrates
Renvela	8-week trial of calcium acetate
tolterodine	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
trosipium	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
Trulance	For chronic idiopathic constipation or irritable bowel syndrome-constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Uloric	8-week trial of up to 600mg of allopurinol required first.
Xopenex Respules	30-day trial of Albuterol .083% or .5% respules.

Listing of preferred drugs suggestions

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

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

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for Listing of Preferred Drugs addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current Listing of Preferred Drugs 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 Listing of Preferred Drugs are encouraged. Your input is vital to this Listing of Preferred Drugs' 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 Listing of Preferred Drugs via the Internet, please be advised that the Listing of Preferred Drugs is updated periodically and changes may appear prior to their effective date to allow for notification.

There are certain medications which are carved out of the UnitedHealthcare Community Plan drug benefit and are paid by the Maryland Department of Health Pharmacy Program. Some examples of these medications are:

- **Mental health agents**
- **Specific anticonvulsants**
- **Nicotine replacement products**
- **Parkinson's agents - benztropine and trihexyphenidyl**
- **Substance use disorder**

For a complete listing, refer to the Maryland Medicaid Mental Health Formulary at mmcp.health.maryland.gov/pap/Pages/paphome.aspx.

Nondiscrimination Statement

It is the policy of UnitedHealthcare Community Plan not to discriminate on the basis of race, color, national origin, sex, age or disability. UnitedHealthcare Community Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Civil Rights Coordinator who has been designated to coordinate the efforts of UnitedHealthcare Community Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for UnitedHealthcare Community Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

You can send a complaint to:

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

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of UnitedHealthcare Community Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at:

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

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

UnitedHealthcare Community Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Declaración Antidiscriminatoria

La política de UnitedHealthcare Community Plan es la de no discriminar en base a la raza, color, nacionalidad, sexo, edad o discapacidad. UnitedHealthcare Community Plan ha adoptado un procedimiento interno en casos de agravios para proveer una pronta y justa resolución a reclamaciones en las cuáles se alegue cualquier acción prohibida por la Sección 1557 del Acta de Cuidados Asequibles (Affordable Care Act - 42 U.S.C. 18116) y la implementación de sus regulaciones en 45 CFR parte 92, emitidas por el Departamento de Salud y Recursos Humanos de los Estados Unidos (U.S. Department of Health and Human Services). La Sección 1557 prohíbe la discriminación en bases de la raza, el color, la nacionalidad, el sexo, la edad o la discapacitación en ciertos programas de salud y de actividades. La Sección 1557 y sus regulaciones implementadas pueden ser examinadas en la oficina del Coordinador de los Derechos Civiles, quien es una persona que ha sido designada para coordinar los esfuerzos de UnitedHealthcare Community Plan para cumplir con los requisitos de la Sección 1557.

Cualquier persona que crea que alguien ha sido discriminado en base a su raza, color, nacionalidad, sexo, edad o discapacidad puede presentar una reclamación siguiendo este procedimiento. Es contra la ley que UnitedHealthcare Community Plan tome represalias en contra de cualquier persona que se oponga a la discriminación, presente una reclamación o participe en una investigación acerca de una acción discriminatoria.

Usted puede enviar una queja a:

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

Procedimiento:

- Las reclamaciones deben presentarse ante el Coordinador de la Sección 1557 dentro de los primeros 60 días, a partir de la fecha en que la persona que presenta la reclamación tomó consciencia de ser objeto de una posible acción discriminatoria.
- Una reclamación debe presentarse por escrito y contener el nombre y la dirección de la persona que la presenta. La reclamación debe declarar cual es el problema o la posible acción discriminatoria y cuál es la solución o asistencia que se desea obtener.
- El Coordinador de la Sección 1557 (o la persona que se designe) podrá conducir una investigación acerca de esta reclamación. Esta investigación puede ser informal, pero será exhaustiva, ofreciendo a todas las personas interesadas una oportunidad para presentar evidencias relevantes a la reclamación. El Coordinador de la Sección 1557 conservará en su poder todos los expedientes y records de UnitedHealthcare Community Plan relativos a tales reclamaciones. En la medida posible y de acuerdo a las leyes vigentes aplicables,

el Coordinador de la Sección 1557 tomará todas las acciones necesarias para preservar la confidencialidad de los expedientes y records relativos a las reclamaciones y compartirá la información solamente con aquellas personas que tengan la necesidad de conocer esa información.

- El Coordinador de la Sección 1557 emitirá una decisión acerca de la reclamación, basándose en la preponderancia de la evidencia, no más tarde de 30 días a partir de la fecha en que se presentó esta reclamación y se incluirá una notificación para el demandante acerca de su derecho para proseguir con esta reclamación por medio de otras resoluciones legales o administrativas.

La disponibilidad y el uso de este procedimiento de reclamaciones no le impide a la persona que la presenta, proseguir con otras reclamaciones legales o administrativas, incluyendo la presentación de una reclamación por discriminación basada en la raza, color, nacionalidad, sexo, edad o discapacidad en la corte o ante el Departamento de Salud y Recursos Humanos de los Estados Unidos, Oficina de los Derechos Civiles (U.S. Department of Health and Human Services, Office for Civil Rights). Una persona puede presentar una reclamación por discriminación electrónicamente a través del portal de la Oficina de Reclamaciones para los Derechos Civiles (Office for Civil Rights Complaint Portal), disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o hacerlo por correo a la dirección:

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

1-800-368-1019, 1-800-537-7697 (TDD)

Las formas para las reclamaciones se encuentran disponibles en: <http://www.hhs.gov/ocr/office/file/index.html>. Estas reclamaciones deben presentarse dentro de los primeros 180 días a partir de la fecha en que esta posible acción discriminatoria tuvo lugar.

UnitedHealthcare Community Plan llevará a cabo todos los arreglos necesarios para asegurar que a las personas con discapacidades o aquellas personas con un limitado dominio del idioma inglés se les provea con apoyos auxiliares y servicios o asistencia en el lenguaje, respectivamente, si existe la necesidad de que estas personas tengan que participar en este procedimiento de reclamación. Tales arreglos pueden incluir, pero no estar limitados a, proveer intérpretes calificados, proveer casetes conteniendo el material para aquellos individuos con problemas de visión o asegurando localidades existentes para los procedimientos que sean libres de barreras que impidan el acceso a los procedimientos. El Coordinador de la Sección 1557 será la parte responsable para esos arreglos.

Language Accessibility Statement Interpreter Services Are Available for Free

Help is available in your language:

1-800-318-8821, TTY 711.

These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: **1-800-318-8821, TTY 711.**

Estos servicios están disponibles de forma gratuita.

አማርኛ/Amharic

እገዛ በቋንቋዎ ማግኘት ይቻላል:- **1-800-318-8821** መስማት ለተሳናቸው/ **TTY**

:- **711**። እነዚህን አገልግሎቶች ያለ ምንም ክፍያ ማግኘት ይቻላል።

العربية/Arabic

المساعدة متوفرة بلغتك: اتصل على الرقم **1-800-318-8821**، الهاتف النصي:

711. هذه الخدمات متوفرة مجاناً.

中文/Chinese

用您的语言为您提供帮助: **1-800-318-8821, TTY 711**。这些服务都是免费的。

فارسی/Farsi

خط تلفن کمک به زبانی که شما صحبت می کنید: **1-800-318-8821**، خط تماس

برای افراد ناشنوا **711**. این خدمات به صورت رایگان در دسترس هستند.

Français/French

Vous pouvez disposer d'une assistance dans votre langue :

1-800-318-8821, TTY 711. Ces services sont disponibles

gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: **1-800-318-8821** ટીટીવાય: **711**.

આ સેવાઓ મફત ઉપલબ્ધ છે.

Kreyòl Ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: **1-800-318-8821, TTY 711.** Sèvis sa yo disponib gratis.

Igbo

Ọrụ Ndị Ọkọwa Okwu Dị N'efu Enyemaka dị n'asụsụ gị: **1-800-318-8821, TTY 711.** Ọrụ ndị a dị n'efu.

한국어/Korean

사용하시는 언어로 지원해드립니다: **1-800-318-8821, TTY 711.** 이 서비스는 무료로 제공됩니다.

Português/Portuguese

Está disponível ajuda no seu idioma: **1-800-318-8821, TTY 711.** Estes serviços são disponibilizados gratuitamente.

Русский/Russian

Помощь доступна на вашем языке: **1-800-318-8821, TTY 711.** Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa inyong wika: **1-800-318-8821, TTY 711.** Ang mga serbisyong ito ay makukuha ng libre.

Urdu/اردو

آپ کی زبان میں مدد دستیاب ہے: **1-800-318-8821**، ٹی ٹی وائی: **711**۔ یہ خدمات مفت میں دستیاب ہیں۔

Tiếng Việt/Vietnamese

Có hỗ trợ ngôn ngữ của quý vị: **1-800-318-8821, TTY 711.** Các dịch vụ này được cung cấp miễn phí.

Yorùbá/Yoruba

Ìrànlọwọ wà ní àrọwọtó ní èdè rẹ: **1-800-318-8821, TTY 711.** Àwọn isẹ yíi wà ní àrọwọtó lófèfè.

Bassa

U nla kosna mahola ni hop won I nsinga ini: **1-800-318-8821, TTY 711.** Ngui nsaa wogui wo.

UnitedHealthcare Community Plan of Maryland

Table of Contents

Alkylating Agents - Chemotherapy Agents.....	6
Alpha-Adrenergic Agonists - Blood Pressure Drugs.....	6
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs.....	6
Aminoglycosides - Antibiotics.....	6
Aminosaliclates - Inflammatory Bowel Disease Drugs.....	7
Analgesics - Miscellaneous Analgesics.....	7
Androgens - Hormone Replacement/Modifying Drugs.....	13
Angioedema Agents.....	13
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin.....	13
Angiotensin II Receptor Antagonists - Blood Pressure Drugs.....	14
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs.....	14
Anthelmintics - Worm Infection Drugs.....	14
Antiandrogens - Hormone Suppressants.....	15
Antiangiogenic Agents - Chemotherapy Agents.....	15
Antiarrhythmics - Heart Regulation Drugs.....	15
Antibacterials, Other - Antibiotics.....	16
Anticoagulants - Blood Thinners.....	18
Anticonvulsants, Other - Seizure Control Drugs.....	18
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs.....	19
Antidiabetic Agents - Diabetic Drugs.....	19
Antiemetics, Other - Nausea and Vomiting Drugs.....	20
Antiestrogens/Modifiers - Chemotherapy Agents.....	21
Antifungals - Fungal Infection Drugs.....	21
Antigout Agents - Gout Drugs.....	24
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs.....	24
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs.....	24
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs.....	24
Antiherpetic Agents - Herpes Drugs.....	25
Antihistamines - Allergy Drugs.....	25
Antihistamines - Drugs to Treat Allergies.....	28
Anti-HIV Agents, Integrase Inhibitors (INSTI).....	32
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs.....	33
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs.....	33
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI).....	34
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs.....	34
Anti-HIV Agents, Other - HIV Drugs.....	34
Anti-HIV Agents, Protease Inhibitors - HIV Drugs.....	35

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs.....	36
Anti-Influenza Agents - Flu Drugs.....	37
Antileukotrienes - Asthma/Lung Drugs.....	37
Antimetabolites - Chemotherapy Agents.....	38
Antimycobacterials, Other - Miscellaneous Anti-Infectives.....	38
Antineoplastics, Other - Chemotherapy Agents.....	38
Anti-Obesity Agents - Drugs for Weight Loss.....	38
Antiparkinson Agents - Parkinson's Disease Drugs.....	39
Antiparkinson Agents, Other - Parkinson's Disease Drugs.....	39
Antiprotozoals - Protozoal Infection Drugs.....	39
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs.....	40
Antispasmodics, Urinary - Bladder Control Drugs.....	40
Antithyroid Agents - Thyroid Suppressing Drugs.....	40
Antituberculars - Tuberculosis Drugs.....	41
Antivirals - Drugs to Treat Viral Infections.....	41
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents.....	41
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs.....	41
Benign Prostatic Hypertrophy Agents - Prostate Drugs.....	42
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs.....	42
Beta-Lactam, Cephalosporins - Antibiotics.....	43
Beta-Lactam, Other - Antibiotics.....	43
Beta-Lactam, Penicillins - Antibiotics.....	44
Blood Formation Modifiers - Blood Formation Drugs.....	44
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders.....	45
Bronchodilators, Anticholinergic - Asthma/Lung Drugs.....	46
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs.....	46
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs.....	47
Calcium Channel Blocking Agents - Blood Pressure Drugs.....	47
Calcium Channel Modifying Agents - Seizure Control Drugs.....	48
Cardiovascular Agents, Other.....	48
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	48
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs.....	49
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs.....	49
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis.....	50
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions.....	51
Dermatitis and Pruitus Agents.....	51
Dermatological Agents - Drugs to Treat Skin Conditions.....	52
Dermatological Agents - Skin Agents.....	55
Diabetes - Glucose Monitoring.....	56
Diuretics, Loop - Cardiac Drugs.....	59

Diuretics, Potassium-sparing - Cardiac Drugs.....	60
Diuretics, Thiazide - Cardiac Drugs.....	60
Dopamine Agonists - Parkinson's Disease Drugs.....	60
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs.....	60
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs.....	61
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs.....	61
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs.....	62
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs.....	63
Electrolyte/Mineral/Metal Modifiers.....	73
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs.....	73
Enzyme Inhibitors - Chemotherapy Agents.....	73
Ergot Alkaloids - Migraine Drugs.....	74
Estrogens - Hormone Replacement/Modifying Drugs.....	74
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs.....	79
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs.....	80
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment.....	89
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	89
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs.....	90
Glucocorticoids - Drugs to Treat Inflammation.....	90
Glycemic Agents - Diabetic Drugs.....	91
Hemostasis Agents - Drugs to Stop Bleeding.....	91
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs.....	92
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs.....	93
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	96
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs.....	96
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs.....	97
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs.....	97
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones.....	97
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants.....	98
Immune Suppressants.....	98
Immune Suppressants - Immune System Drugs.....	99
Immunizing Agents, Passive - Immune System Drugs.....	100
Immunological Agents, Other.....	100
Immunomodulators - Immune System Drugs.....	101
Insulins - Diabetic Drugs.....	102
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs.....	104
Laxatives - Bowel Treatment Drugs.....	104
Laxatives - Drugs to treat Constipation.....	106
Local Anesthetics.....	111
Macrolides - Antibiotics.....	111

Mast Cell Stabilizers - Drugs for the Lungs.....	112
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs.....	112
Metabolic Bone Disease Agents - Other.....	112
Mineralocorticoid Receptor Antagonists.....	112
Miscellaneous Therapeutic Agents.....	113
Molecular Target Inhibitors - Chemotherapy Agents.....	117
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs.....	119
Multiple Sclerosis Agents.....	119
Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	120
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs.....	121
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs.....	121
Ophthalmic Agents, Other - Miscellaneous Eye Drugs.....	124
Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs.....	128
Ophthalmic Antibiotics - Drugs to treat Eye Infections.....	128
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs.....	129
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs.....	130
Ophthalmic Antivirals - Drugs to treat Eye Infections.....	130
Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs.....	130
Opioid Analgesics, Long-acting - Opioid Pain Relievers.....	131
Opioid Analgesics, Short-acting - Opioid Pain Relievers.....	131
Otic Agents - Drugs for the Ear.....	132
Otic Agents - Drugs to Treat Ear Conditions.....	133
Parasympathomimetics - Myasthenia Gravis Drugs.....	133
Pediculicides/Scabicides - Scabies and Lice Drugs.....	133
Phosphate Binders - Phosphate-Removing Agents.....	134
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs.....	134
Platelet Modifying Agents - Platelet Modifying Drugs.....	134
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs.....	134
Progestins.....	135
Progestins - Hormone Replacement/Modifying Drugs.....	135
Protectants - Ulcer and Stomach Acid Drugs.....	137
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs.....	137
Pulmonary Antihypertensives - Asthma/Lung Drugs.....	138
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis.....	138
Quinolones - Antibiotics.....	138
Respiratory Tract Agents, Other - Asthma/Lung Drugs.....	139
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	147
Retinoids - Chemotherapy Agents.....	149
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs.....	149
Serotonin (5-HT) Receptor Agonists - Migraine Drugs.....	150

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	150
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs.....	150
Sleep Disorders, Other - Drugs for Sleeping.....	151
Sodium Channel Agents - Seizure Control Drugs.....	151
Sulfonamides - Antibiotics.....	151
Tetracyclines - Antibiotics.....	152
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	152
Treatment Adjuncts - Supportive Chemotherapy Drugs.....	152
Vaccines.....	153
Vasodilators, Direct-acting Arterial - Chest Pain Drugs.....	155
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs.....	155
Vitamins.....	156

Preferred Agents	Non-Preferred Agents
Alkylating Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 <i>lomustine (generic for GLEOSTINE) - Tier 1</i> MATULANE - Tier 2; SP; QL <i>temozolomide oral capsule 100 mg - Tier 1; SP</i> <i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; SP; QL</i>	
Alpha-Adrenergic Agonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> <i>methyldopa - Tier 1; QL</i> <i>midodrine hcl - Tier 1; QL</i>	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral - Tier 1; QL</i>	
Aminoglycosides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<i>gentamicin sulfate external - Tier 1; QL</i> <i>neomycin sulfate oral - Tier 1; QL</i> <i>streptomycin sulfate intramuscular - Tier 1; QL</i> TOBRADEX - Tier 2; QL ZEMDRI - Tier 2; QL	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Aminosalicylates - Inflammatory Bowel Disease Drugs	
---	--

Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
---	--

<p><i>balsalazide disodium - Tier 1; QL</i></p> <p><i>mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL</i></p> <p><i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL</i></p> <p><i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i></p>	<p><i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i></p> <p><i>DIPENTUM - Tier 2; PA; QL</i></p> <p><i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i></p> <p><i>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</i></p>
---	---

Analgesics - Miscellaneous Analgesics	
---------------------------------------	--

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

<p><i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL</i></p>	
---	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

acetaminophen childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen extra strength oral liquid (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
acetaminophen extra strength oral tablet (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen infants oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
acetaminophen oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen rectal suppository 650 mg - Tier 1; QL
aminofen (generic for PHARBETOL) - Tier 1; QL
apra - Tier 1; QL
arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

arthritis pain relieving - Tier 1; QL
aspirin-acetaminophen-caffeine (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
bac (butalbital-acetamin-caff) (generic for BAC (BUTALBITAL-ACETAMIN-CAFF)) - Tier 1; QL
betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL
butalbital-apap-caffeine oral capsule 50-325-40 mg - Tier 1; QL
butalbital-apap-caffeine oral tablet (generic for BAC (BUTALBITAL-ACETAMIN-CAFF)) - Tier 1; QL
butalbital-aspirin-caffeine - Tier 1; QL
capsaicin cream 0.025 % external (generic for DERMACINRX PENETRAL) - Tier 1; QL
capsaicin cream 0.1 % external (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL
CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL
capzix (generic for CAPZASIN-HP) - Tier 1; QL
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
CURANOL (brand for acetaminophen) - Tier 2; QL
ed-apap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for aspirin-acetaminophen-caffeine) - Tier 2
EXCEDRIN MIGRAINE (brand for aspirin-acetaminophen-caffeine) - Tier 2
EXCEDRIN MIGRAINE RELIEF (brand for aspirin-acetaminophen-caffeine) - Tier 2
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
mapap oral capsule - Tier 1; QL
MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL
MAX RELIEF JUNIOR (brand for acetaminophen) - Tier 2; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
m-pap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

pain reliever adults - Tier 1; QL

pain reliever children (generic for FEVERALL CHILDRENS) - Tier 1; QL

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

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

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

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

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

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

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

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

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

PHARBETOL (brand for acetaminophen) - Tier 2; QL

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

rapid release pain relief (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

TENCON (brand for butalbital-acetaminophen) - Tier 2; QL

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

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

TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL

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

TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL

VANQUISH EXTRA STRENGTH (brand for aspirin-acetaminophen-caffeine) - Tier 2

VICKS PAINQUIL (brand for acetaminophen extra strength) - Tier 2

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Androgens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<p><i>danazol oral - Tier 1; QL</i></p> <p><i>testosterone cypionate intramuscular solution 100 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; QL; AL</i></p> <p><i>testosterone cypionate intramuscular solution 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL; AL</i></p> <p><i>testosterone cypionate intramuscular solution 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL; AL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1; PA; QL; AL</i></p> <p><i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL; AL</i></p> <p><i>testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL; AL</i></p> <p><i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL; AL</i></p> <p><i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA; AL</i></p> <p><i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL; AL</i></p>	<p><i>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (brand for testosterone cypionate) - Tier 2; PA; QL; AL</i></p> <p><i>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (brand for testosterone cypionate) - Tier 2; PA; QL; AL</i></p> <p><i>NATESTO - Tier 2; PA; QL</i></p> <p><i>TESTIM (brand for testosterone) - Tier 2; PA; QL; AL</i></p> <p><i>TLANDO - Tier 2; PA; QL</i></p> <p><i>VOGELXO (brand for testosterone) - Tier 2; PA; QL; AL</i></p> <p><i>XYOSTED - Tier 2; PA; QL</i></p>
Angioedema Agents	
Immunological Agents	
	ORLADEYO ORAL CAPSULE - Tier 2; PA; SP; QL
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
<p><i>HAEGARDA - Tier 2; PA; SP; QL</i></p> <p><i>icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL</i></p> <p><i>RUCONEST - Tier 2; PA; SP; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<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>	<i>EDARBI (brand for azilsartan medoxomil) - Tier 2; PA; QL</i> <i>valsartan oral solution - Tier 1; PA; QL</i>
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl - Tier 1; QL</i> <i>ramipril - Tier 1; QL</i> <i>trandolapril - Tier 1; QL</i>	
Anthelmintics - Worm Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>BENZNIDAZOLE - Tier 2; DX2RX; QL</i> <i>BILTRICIDE (brand for praziquantel) - Tier 2; DX2RX; QL</i> <i>ivermectin oral tablet 3 mg (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	<i>EMVERM - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
<i>abiraterone acetate oral tablet 250 mg (generic for ABIRTEGA) - Tier 1; SP; QL</i> <i>abirtega (generic for ABIRTEGA) - Tier 1; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL	ORGOVYX - Tier 2; PA; SP; QL XTANDI - Tier 2; PA; SP; QL YONSA (brand for abiraterone acetate micronized) - Tier 2; PA; SP; QL ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)	
NUBEQA - Tier 2; PA; SP; QL	
Antiangiogenic Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>lenalidomide (generic for REVLIMID) - Tier 1; SP; QL</i> <i>pomalidomide (generic for POMALYST) - Tier 1; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL
Antiarrhythmics - Heart Regulation Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>amiodarone hcl oral tablet 200 mg (generic for PACERONE) - Tier 1; QL</i> <i>amiodarone hcl oral tablet 400 mg - Tier 1; QL</i> <i>disopyramide phosphate (generic for NORPACE) - Tier 1; QL</i> <i>dofetilide (generic for TIKOSYN) - Tier 1; QL</i> <i>flecainide acetate - Tier 1; QL</i> <i>mexiletine hcl oral - Tier 1; QL</i> NORPACE CR - Tier 2; QL <i>propafenone hcl - Tier 1; QL</i> <i>quinidine gluconate er - Tier 1; QL</i> <i>quinidine sulfate - Tier 1; QL</i> <i>sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL</i> <i>sotalol hcl oral (generic for BETAPACE) - Tier 1; QL</i>	BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL MULTAQ - Tier 2; PA; QL NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL TIKOSYN (brand for dofetilide) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL
antibiotic external ointment 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin zinc external - Tier 1; QL
bacitracin zinc-aloe - Tier 1; QL
BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2
chloramphenicol sod succinate - Tier 1; QL
clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL
clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL
clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL
daptomycin - Tier 1; QL
double antibiotic (generic for POLYSPORIN) - Tier 1
first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL

CLINDESSE - Tier 2; PA
METROGEL (brand for metronidazole) - Tier 2; PA; QL
NUVESSA - Tier 2; PA; QL
SOLOSEC - Tier 2; PA; QL
VANCOCIN (brand for vancomycin hcl) - Tier 2; PA; QL
VANDAZOLE (brand for metronidazole) - Tier 2; PA; QL
XACIATO - Tier 2; PA; QL

Preferred Agents

first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1
FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL
lincomycin hcl injection (generic for LINCOCIN) - Tier 1; QL
linezolid in sodium chloride - Tier 1; QL
linezolid intravenous (generic for ZYVOX) - Tier 1; QL
linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL
linezolid oral tablet - Tier 1; DX2RX
medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
methenamine hippurate (generic for HIPREX) - Tier 1; QL
metronidazole external (generic for METROCREAM) - Tier 1; QL
metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL
metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL
mupirocin ointment - Tier 1; QL
NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL
nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL
poly bacitracin (generic for POLYSPORIN) - Tier 1
polymyxin b sulfate injection - Tier 1; QL
POLYSPORIN (brand for double antibiotic) - Tier 2
povidone iodine (generic for BETADINE) - Tier 1
povidone-iodine external solution (generic for BETADINE) - Tier 1
SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2
silver sulfadiazine external (generic for SSD) - Tier 1; QL
SIVEXTRO INTRAVENOUS - Tier 2; QL
ssd (generic for SSD) - Tier 1; QL
tigecycline (generic for TYGACIL) - Tier 1; QL
tinidazole oral tablet 250 mg - Tier 1
tinidazole oral tablet 500 mg - Tier 1; QL
trimethoprim oral - Tier 1; QL
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml (generic for TYZAVAN) - Tier 1
 vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; QL
 vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL

Anticoagulants - Blood Thinners

Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders
--

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

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

Anticonvulsants, Other - Seizure Control Drugs
--

Anticonvulsants - Drugs to Treat Seizures

phenobarbital oral elixir 20 mg/5ml - Tier 1; QL
 phenobarbital oral tablet - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>valganciclovir hcl oral tablet - Tier 1; QL</i>	
Antidiabetic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
<p><i>acarbose oral - Tier 1; QL</i> ALOGLIPTIN BENZOATE - Tier 2; DX2RX; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; DX2RX; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; DX2RX; QL <i>dapagliflozin (generic for FARXIGA) - Tier 1; DX2RX; QL; AL</i> <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>glyburide - Tier 1; QL</i> <i>glyburide-metformin - Tier 1; QL</i> <i>liraglutide (generic for VICTOZA) - Tier 1; PA; QL</i> <i>metformin hcl er - Tier 1; QL</i> <i>metformin hcl er (osm) - Tier 1; PA; QL</i> <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i> MOUNJARO - Tier 2; PA; QL <i>nateglinide - Tier 1; QL</i> OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL</p>	<p>ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL CYCLOSET - Tier 2; PA; QL DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL FARXIGA (brand for dapagliflozin) - Tier 2; DX2RX; QL; AL GLYXAMBI - Tier 2; PA; QL INVOKAMET - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</i> <i>repaglinide - Tier 1; QL</i> <i>RYBELSUS - Tier 2; PA; QL</i> <i>saxagliptin hcl - Tier 1; DX2RX; QL</i> <i>SEGLUROMET - Tier 2; DX2RX; QL</i> <i>STEGLATRO - Tier 2; DX2RX; QL</i> <i>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; QL</i> <i>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; ST; QL</i></p>	<p><i>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG (brand for dapaglifloz base-metformin er) - Tier 2; PA; QL; AL</i> <i>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG - Tier 2; PA; QL</i> <i>XULTOPHY - Tier 2; PA; QL</i></p>

Antiemetics, Other - Nausea and Vomiting Drugs

Antiemetics - Drugs to Treat Nausea and Vomiting

<p><i>anti-nausea (generic for EMETROL) - Tier 1</i> <i>anti-nausea relief (generic for EMETROL) - Tier 1</i> <i>BONINE (brand for cvs motion sickness relief) - Tier 2</i> <i>driminate tablet 50 mg oral (generic for DRIMINATE) - Tier 1</i> <i>DRIMINATE TABLET 50 MG ORAL (brand for cvs motion sickness) - Tier 2</i> <i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i> <i>meclizine hcl oral tablet 12.5 mg - Tier 1; QL</i> <i>meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL</i> <i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1</i> <i>metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL</i> <i>metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL</i> <i>motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>motion sickness oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i> <i>motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i></p>	
---	--

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i></p> <p><i>motion-time (generic for BONINE) - Tier 1</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1</i></p> <p><i>nausea relief (generic for EMETROL) - Tier 1</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>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
<p>Antiestrogens/Modifiers - Chemotherapy Agents</p>	
<p>Antineoplastics - Drugs to Treat Cancer</p>	
<p><i>tamoxifen citrate oral - Tier 1; QL</i></p> <p><i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i></p>	
<p>Antifungals - Fungal Infection Drugs</p>	
<p>Antifungals - Drugs to Treat Fungal Infections</p>	
<p><i>3 day vaginal - Tier 1</i></p> <p><i>7 day vaginal (generic for MONISTAT 7) - Tier 1; QL</i></p> <p><i>antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>anti-fungal external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1</i></p> <p><i>antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>antifungal external cream 2 % (generic for DESENEX) - Tier 1</i></p> <p><i>antifungal external powder 2 % (generic for MICRO GUARD) - Tier 1; QL</i></p> <p><i>athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL</i></p> <p><i>athletes foot (tolnaftate) external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1</i></p> <p><i>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1</i></p>	<p><i>CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL</i></p> <p><i>GYNAZOLE-1 - Tier 2; PA; QL</i></p> <p><i>NOXAFIL ORAL - Tier 2; PA; QL; AL</i></p> <p><i>VFEND (brand for voriconazole) - Tier 2; PA; QL</i></p> <p><i>VIVJOA - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

athletes foot external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL

athletes foot external powder 2 % (generic for MICRO GUARD) - Tier 1; QL

athletes foot powder spray (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1

athletes foot relief (generic for TINACTIN) - Tier 1

athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1

baza antifungal (generic for DESENEX) - Tier 1

ciclodan (generic for CICLODAN) - Tier 1; QL

ciclopirox external solution (generic for CICLODAN) - Tier 1; QL

clotrimazole 3 - Tier 1

clotrimazole external (generic for LASOLEX) - Tier 1; QL

clotrimazole mouth/throat - Tier 1; QL

clotrimazole vaginal - Tier 1; QL

CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2

DESENEX (brand for antifungal) - Tier 2

DR SCHOLLS ODOR-X ATHLETE FOOT (brand for athletes foot powder spray) - Tier 2

fluconazole oral (generic for DIFLUCAN) - Tier 1; QL

foot & sneaker (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1

ft 7 day vaginal - Tier 1; QL

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

griseofulvin microsize oral - Tier 1; QL

griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL

itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL

jock itch external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL

ketoconazole external cream - Tier 1; QL

ketoconazole external shampoo - Tier 1; QL

ketoconazole oral - Tier 1; QL

klayesta (generic for KLAYESTA) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

LAMISIL AT ATHLETES FOOT (brand for athletes foot (terbinafine)) - Tier 2; QL
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL
LOTRIMIN AF EXTERNAL AEROSOL POWDER (brand for athletes foot powder spray) - Tier 2
MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2
micaderm (generic for DESENEX) - Tier 1
miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
miconazole 3 vaginal suppository - Tier 1; QL
miconazole 7 vaginal cream (generic for MONISTAT 7) - Tier 1; QL
miconazole antifungal (generic for DESENEX) - Tier 1
miconazole nitrate external cream (generic for DESENEX) - Tier 1
miconazorb af (generic for MICRO GUARD) - Tier 1; QL
MICRO GUARD (brand for antifungal) - Tier 2; QL
MONISTAT 3 (brand for miconazole 3) - Tier 2
MONISTAT 3 COMBO PACK APP (brand for cvs miconazole 3 combo pack) - Tier 2; QL
MONISTAT 7 (brand for 7 day vaginal) - Tier 2; QL
nystatin external (generic for KLAYESTA) - Tier 1; QL
nystatin mouth/throat - Tier 1; QL
nystatin oral - Tier 1; QL
nystop (generic for KLAYESTA) - Tier 1; QL
SECURA ANTIFUNGAL EXTRA THICK (brand for antifungal) - Tier 2
terbinafine hcl external (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL
terbinafine hcl oral - Tier 1; QL
terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL
terconazole vaginal cream - Tier 1; QL
TINACTIN EXTERNAL CREAM (brand for cvs athletes foot (tolnaftate)) - Tier 2; QL
tolnaftate external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>voriconazole oral tablet - Tier 1; PA; QL</i>	
Antigout Agents - Gout Drugs	
Antigout Agents - Drugs to Treat Gout	
<i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i> <i>colchicine oral tablet - Tier 1; QL</i> <i>febuxostat (generic for ULORIC) - Tier 1; QL</i> <i>probenecid - Tier 1; QL</i>	<i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i>
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>BARACLUDE ORAL SOLUTION - Tier 2; QL</i> <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>MAVYRET ORAL PACKET - Tier 2; PA; SP; QL</i> <i>MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>ZEPATIER - Tier 2; PA; SP; QL</i>	<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> <i>SOVALDI - Tier 2; PA; SP; QL</i> <i>VOSEVI - Tier 2; PA; SP; QL</i>
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>PEGASYS - Tier 2; PA; SP; QL</i> <i>ribavirin oral - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antitherpetic Agents - Herpes Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p><i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i></p> <p><i>acyclovir oral capsule - Tier 1; QL</i></p> <p><i>acyclovir oral suspension 200 mg/5ml - Tier 1; QL</i></p> <p><i>acyclovir oral tablet - Tier 1; QL</i></p> <p><i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i></p>	
Antihistamines - Allergy Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i></p> <p><i>allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i></p> <p><i>allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief/nasal decongest (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy/congestion relief oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
allergy-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
allergy-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL
CLARITIN-D 24 HOUR (brand for allergy relief d) - Tier 2; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - Tier 2; AL
ED A-HIST ORAL LIQUID - Tier 2; QL; AL
loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL
ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL
tussin cf adult (generic for DESGEN DM) - Tier 1; AL
ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL
ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

Antihistamines - Drugs to Treat Allergies

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

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

RYALTRIS - Tier 2; PA; QL; AL

Preferred Agents

allergy relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy & hives relief (generic for KLS ALLER-FEX) - Tier 1; QL
allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL
allergy childrens oral liquid (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL
allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy medicine oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy oral capsule 25 mg (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL
allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL
allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
allergy relief adult (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL
allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief childrens oral liquid 12.5 mg/5ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL
allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief max st (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

allergy relief oral capsule 25 mg (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL
allergy relief oral liquid 25 mg/10ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL
allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief oral tablet dispersible 10 mg (generic for ALAVERT) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
azelastine hcl nasal - Tier 1; QL
banophen oral tablet (generic for BANOPHEN) - Tier 1; QL
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL
BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL
BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL
cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL
cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL
childrens allergy oral liquid 12.5 mg/5ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
clemastine fumarate oral tablet (generic for CLEMSZA) - Tier 1; QL
complete allergy medicine (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine oral capsule (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL
complete allergy relief (generic for BANOPHEN) - Tier 1; QL
CURELIEF (brand for allergy childrens) - Tier 2; QL
cyproheptadine hcl oral - Tier 1; QL
DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL
DIMETANE ALLERGY RELIEF (brand for allergy) - Tier 2; QL
DIMETANE ALLERGY RELIEF EX ST (brand for diphenhydramine hcl) - Tier 2; QL
DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL
diphen (generic for BANOPHEN) - Tier 1; QL
diphenhydramine hcl childrens (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL
diphenhydramine hcl oral capsule (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL
diphenhydramine hcl oral liquid (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL
diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; QL
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL
geri-dryl (generic for BANOPHEN) - Tier 1; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL
liquid allergy relief (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine oral tablet dispersible 10 mg (generic for ALAVERT) - Tier 1; QL

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

m-dryl (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL

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

night time sleep aid (generic for NYTOL QUICKCAPS) - Tier 1; QL

nighttime sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1; QL

pharbedryl (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL

promethazine hcl oral - Tier 1; QL

promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL

PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL

rest simply (generic for NYTOL QUICKCAPS) - Tier 1; QL

sleep aid (diphenhydramine) (generic for NYTOL QUICKCAPS) - Tier 1; QL

sleep aid nighttime (generic for NYTOL QUICKCAPS) - Tier 1; QL

sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1; QL

sleep tabs (generic for NYTOL QUICKCAPS) - Tier 1; QL

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

total allergy medicine (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL

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

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

Antivirals - Drugs to Treat Viral Infections

DOVATO - Tier 2; DX2RX; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY - Tier 2; DX2RX; QL CABENUVA - Tier 2; PA; QL GENVOYA - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; DX2RX; QL ISENTRESS ORAL PACKET - Tier 2; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL TRIUMEQ - Tier 2; DX2RX; QL TRIUMEQ PD - Tier 2; QL	STRIBILD - Tier 2; PA; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
DELSTRIGO - Tier 2; DX2RX; QL EDURANT PED - Tier 2; QL; AL <i>efavirenz</i> - Tier 1; DX2RX; QL <i>efavirenz-emtricitab-tenofo df</i> - Tier 1; DX2RX; QL <i>efavirenz-lamivudine-tenofovir (generic for SYMFI)</i> - Tier 1; DX2RX; QL <i>QL</i> <i>emtricitab-rilpivir-tenofov df (generic for COMPLERA)</i> - Tier 1; DX2RX; QL <i>etravirine (generic for INTELENCE)</i> - Tier 1; DX2RX; QL INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; QL JULUCA - Tier 2; DX2RX; QL <i>nevirapine</i> - Tier 1; DX2RX; QL <i>nevirapine er</i> - Tier 1; DX2RX; QL ODEFSEY - Tier 2; DX2RX; QL <i>rilpivirine hcl (generic for EDURANT)</i> - Tier 1; DX2RX; QL	COMPLERA (<i>brand for emtricitab-rilpivir-tenofov df</i>) - Tier 2; DX2RX; QL EDURANT (<i>brand for rilpivirine hcl</i>) - Tier 2; DX2RX; QL PIFELTRO - Tier 2; PA; QL SYMFI (<i>brand for efavirenz-lamivudine-tenofovir</i>) - Tier 2; DX2RX; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
Antivirals - Drugs to Treat Viral Infections	
SUNLENCA - Tier 2; QL; AL YEZTUGO - Tier 2; QL; AL	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>abacavir sulfate (generic for ZIAGEN) - Tier 1; DX2RX; QL</i> <i>abacavir sulfate-lamivudine - Tier 1; DX2RX; QL</i> DESCOVY - Tier 2; QL <i>emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; QL</i> <i>emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL</i> EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL <i>lamivudine oral solution 10 mg/ml (generic for EPIVIR) - Tier 1; DX2RX; QL</i> <i>lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; DX2RX; QL</i> <i>lamivudine-zidovudine - Tier 1; DX2RX; QL</i> <i>tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; DX2RX; QL</i> VIREAD ORAL POWDER - Tier 2; DX2RX; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; DX2RX; QL <i>zidovudine (generic for RETROVIR) - Tier 1; DX2RX; QL</i>	CIMDUO - Tier 2; PA; QL TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
APRETUDE - Tier 2; QL; AL <i>maraviroc (generic for SELZENTRY) - Tier 1; DX2RX; QL</i> SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Anti-HIV Agents, Protease Inhibitors - HIV Drugs

Antivirals - Drugs to Treat Viral Infections

APTIVUS - Tier 2; DX2RX; QL
atazanavir sulfate (generic for REYATAZ) - Tier 1; DX2RX; QL
darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL
 EVOTAZ - Tier 2; DX2RX; QL
fosamprenavir calcium - Tier 1; DX2RX; QL
 KALETRA ORAL SOLUTION - Tier 2; DX2RX; QL
lopinavir-ritonavir (generic for KALETRA) - Tier 1; DX2RX; QL
 NORVIR ORAL PACKET - Tier 2; DX2RX; QL
 PREZCOBIX ORAL TABLET 675-150 MG - Tier 2; QL
 PREZCOBIX ORAL TABLET 800-150 MG - Tier 2; DX2RX; QL
 REYATAZ ORAL PACKET - Tier 2; DX2RX; QL; AL
ritonavir (generic for NORVIR) - Tier 1; DX2RX; QL
 VIRACEPT - Tier 2; DX2RX; QL

PREZISTA (brand for darunavir) - Tier 2; DX2RX; QL
REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; DX2RX; QL
 SYMTUZA - Tier 2; PA; QL

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

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung
Drugs

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

24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; 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 INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT - Tier 2; QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act - Tier 1; QL
fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL

ALVESCO - Tier 2; PA; QL
 ARNUITY ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; PA; QL
 OMNARIS - Tier 2; PA; QL
 PULMICORT FLEXHALER - Tier 2; PA; QL
PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA; QL; AL
 QNASL - Tier 2; PA; QL
 QNASL CHILDRENS - Tier 2; PA; QL
 QVAR REDHALER - Tier 2; PA; QL
 XHANCE - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL
NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL
nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
nasal allergy nasal aerosol 55 mcg/lact (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
 NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL

Anti-Influenza Agents - Flu Drugs	
-----------------------------------	--

Antivirals - Drugs to Treat Viral Infections	
--	--

oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL
oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL
 RELENZA DISKHALER - Tier 2; QL
rimantadine hcl - Tier 1; QL

TAMIFLU ORAL CAPSULE (brand for oseltamivir phosphate) - Tier 2; PA; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED (brand for oseltamivir phosphate) - Tier 2; PA; QL; AL
 XOFLUZA (40 MG DOSE) - Tier 2; PA; QL
 XOFLUZA (80 MG DOSE) - Tier 2; PA; QL

Antileukotrienes - Asthma/Lung Drugs	
--------------------------------------	--

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

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

SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL
zafirlukast - Tier 1; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>capecitabine - Tier 1; SP; QL</i> DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL <i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral tablet - Tier 1; QL</i>	<i>PURIXAN (brand for mercaptopurine) - Tier 2; PA; QL</i> SIKLOS - Tier 2; PA; QL
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Antimycobacterials - Drugs to Treat Infections	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin - Tier 1; QL</i>	
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>lederle leucovorin (generic for LEDERLE LEUCOVORIN) - Tier 1; QL</i> <i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg - Tier 1; QL</i> <i>leucovorin calcium oral tablet 5 mg (generic for LEDERLE LEUCOVORIN) - Tier 1; QL</i> LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; SP; QL; AL VERZENIO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	BESREMI - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO ORAL CAPSULE - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY SUBCUTANEOUS - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antiparkinson Agents - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
	NOURIANZ - Tier 2; PA; QL
Antiparkinson Agents, Other - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution 50 mg/5ml - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i>	ONGENTYS - Tier 2; PA; QL
Antiprotozoals - Protozoal Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral - Tier 1; DX2RX; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1; PA</i> <i>pentamidine isethionate injection (generic for PENTAM) - Tier 1; QL</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i> <i>SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<p><i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral tablet 20 mg - Tier 1; QL</i> <i>glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1</i> <i>hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL</i> <i>hyoscyamine sulfate oral (generic for LEVSIN) - Tier 1; QL</i> <i>hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL</i> <i>hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL</i> <i>hyosyne - Tier 1; QL</i> <i>LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL</i> <i>NULEV (brand for hyoscyamine sulfate) - Tier 2; QL</i></p>	
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
<p><i>darifenacin hydrobromide er - Tier 1; QL</i> <i>oxybutynin chloride er - Tier 1; QL</i> <i>oxybutynin chloride oral solution - Tier 1; QL</i> <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i> <i>OXYTROL FOR WOMEN - Tier 2; QL</i> <i>solifenacin succinate (generic for VESICARE) - Tier 1; QL</i> <i>tolterodine tartrate - Tier 1; ST; QL</i> <i>tolterodine tartrate er - Tier 1; ST; QL</i> <i>trospium chloride - Tier 1; QL</i></p>	<p><i>GEMTESA - Tier 2; PA; QL</i> <i>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL</i> <i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL</i> <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL</i> <i>VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</i></p>
Antithyroid Agents - Thyroid Suppressing Drugs	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
<p><i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil oral - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antituberculars - Tuberculosis Drugs	
Antimycobacterials - Drugs to Treat Infections	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL	
Antivirals - Drugs to Treat Viral Infections	
PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100 & 150/100) - Tier 2; QL; AL PAXLOVID (300/100) - Tier 2; QL	
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
<i>clonidine hcl er - Tier 1; QL; AL</i> <i>guanfacine hcl er (generic for INTUNIV) - Tier 1; PA, for recipients 6-17 years of age, Intuniv is part of the Mental Health Formulary and billed fee-for-service For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Benign Prostatic Hypertrophy Agents - Prostate Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
<i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>dutasteride oral (generic for AVODART) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; PA; QL</i> <i>tamsulosin hcl - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i>	<i>tadalafil oral tablet 5 mg (generic for CIALIS) - Tier 1; PA; QL; GE</i>
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i> <i>betaxolol hcl oral - Tier 1; QL</i> <i>bisoprolol fumarate oral - Tier 1; QL</i> <i>carvedilol (generic for COREG) - Tier 1; QL</i> <i>labetalol hcl oral - Tier 1; QL</i> <i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i> <i>metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL</i> <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg - Tier 1; QL</i> <i>nadolol oral - Tier 1; QL</i> <i>nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL</i> <i>pindolol - Tier 1; QL</i> <i>propranolol hcl er (generic for INDERAL LA) - Tier 1; QL</i> <i>propranolol hcl oral - Tier 1; QL</i>	<i>HEMANGEOL - Tier 2; PA; QL</i> <i>LOPRESSOR ORAL TABLET 100 MG, 50 MG (brand for metoprolol tartrate) - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Beta-Lactam, Cephalosporins - Antibiotics****Antibacterials - Drugs to Treat Bacterial Infections**

cefaclor oral capsule - Tier 1; QL
cefadroxil - Tier 1; QL
cefazolin sodium injection solution reconstituted 1 gm, 10 gm - Tier 1; QL
cefdinir - Tier 1; QL
cefepime hcl intravenous solution reconstituted 2 gm - Tier 1; QL
cefixime oral capsule - Tier 1; QL
cefotetan disodium (generic for CEFOTAN) - Tier 1; QL
cefpodoxime proxetil oral tablet - Tier 1; QL
cefprozil - Tier 1; QL
ceftaroline fosamil intravenous solution reconstituted 600 mg (generic for TEFLARO) - Tier 1; QL
ceftazidime injection (generic for TAZICEF) - Tier 1; QL
ceftazidime intravenous (generic for TAZICEF) - Tier 1; QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - Tier 1; QL
cefuroxime axetil - Tier 1; QL
cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL
cephalexin oral suspension reconstituted - Tier 1; QL
tazicef injection (generic for TAZICEF) - Tier 1; QL
tazicef intravenous solution reconstituted 1 gm - Tier 1; QL
tazicef intravenous solution reconstituted 2 gm (generic for TAZICEF) - Tier 1; QL

Beta-Lactam, Other - Antibiotics**Antibacterials - Drugs to Treat Bacterial Infections**

ertapenem sodium - Tier 1; QL
imipenem-cilastatin intravenous solution reconstituted 250 mg - Tier 1; QL
meropenem intravenous solution reconstituted 500 mg - Tier 1; QL
VABOMERE - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Beta-Lactam, Penicillins - Antibiotics	
--	--

Antibacterials - Drugs to Treat Bacterial Infections	
--	--

amoxicillin - Tier 1; QL
amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600) - Tier 1; QL
ampicillin - Tier 1; QL
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - Tier 1; QL
 BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML - Tier 2; QL
dicloxacillin sodium - Tier 1; QL
naftillin sodium injection solution reconstituted 1 gm - Tier 1; QL
naftillin sodium intravenous - Tier 1; QL
oxacillin sodium injection solution reconstituted 1 gm - Tier 1; QL
oxacillin sodium intravenous - Tier 1; QL
penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - Tier 1; QL
penicillin g sodium - Tier 1; QL
penicillin v potassium - Tier 1; QL
piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; QL
 RECARBRIO - Tier 2

(This column is currently empty)

Blood Formation Modifiers - Blood Formation Drugs	
---	--

Blood Products and Modifiers - Drugs to Treat Blood Disorders	
---	--

EMPAVELI - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders

anagrelide hcl (generic for AGRYLIN) - Tier 1
 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL
eltrombopag olamine (generic for PROMACTA) - Tier 1; PA; SP; QL
 EPOGEN - Tier 2; PA; SP; QL
 LEUKINE - Tier 2; PA; SP; QL
 MULPLETA - Tier 2; PA; SP; QL
 NEULASTA ONPRO - Tier 2; PA; SP; QL
 NEULASTA SUBCUTANEOUS SOLUTION - Tier 2; PA; SP
 NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL
 PROCRT - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 20000 UNIT/ML - Tier 2; PA; SP
 UDENYCA ONBODY - Tier 2; PA; SP
 UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP
 UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
 ZARXIO - Tier 2; PA; SP; QL

DOPTELET - Tier 2; PA; SP; QL
 FULPHILA - Tier 2; PA; SP; QL
 FYLNETRA - Tier 2; PA; SP
 NEUPOGEN - Tier 2; PA; SP; QL
 NIVESTYM - Tier 2; PA; SP; QL
 NYVEPRIA - Tier 2; PA; SP
PROMACTA (brand for eltrombopag olamine) - Tier 2; PA; SP; QL
 RELEUKO - Tier 2; PA; SP
 STIMUFEND - Tier 2; PA; SP
 ZIEXTENZO - Tier 2; PA; SP

Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders

GIVLAARI - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Bronchodilators, Anticholinergic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>INCRUSE ELLIPTA (brand for umeclidinium ellipta) - Tier 2; QL</i> <i>ipratropium bromide hfa (generic for ATROVENT HFA) - Tier 1; QL</i> <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> <i>tiotropium bromide (generic for SPIRIVA HANDIHALER) - Tier 1; QL</i> <i>UMECLIDINIUM ELLIPTA (brand for umeclidinium ellipta) - Tier 2; QL</i></p>	<p><i>ATROVENT HFA (brand for ipratropium bromide hfa) - Tier 2; PA; QL</i> <i>SPIRIVA HANDIHALER (brand for tiotropium bromide) - Tier 2; PA; QL</i> <i>SPIRIVA RESPIMAT - Tier 2; PA; QL</i> <i>TUDORZA PRESSAIR - Tier 2; PA; QL</i></p>
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>albuterol sulfate hfa (generic for VENTOLIN HFA) - Tier 1; QL</i> <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i> <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL</i> ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL <i>albuterol sulfate oral syrup 2 mg/5ml - Tier 1; QL</i> <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i> <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i> STRIVERDI RESPIMAT - Tier 2; QL</p>	<p><i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i> <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i> <i>PROAIR RESPICLICK - Tier 2; PA; QL</i> <i>SEREVENT DISKUS - Tier 2; PA; QL</i> <i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
AJOVY - Tier 2; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL NURTEC - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	AIMOVIG - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL
Calcium Channel Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL</i> <i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i> <i>diltiazem hcl er beads (generic for TIADYLT ER) - 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>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 capsule - Tier 1; QL</i> NIMODIPINE ORAL SOLUTION - Tier 2; QL NYMALIZE - Tier 2; QL <i>tiadytl er (generic for TIADYLT ER) - Tier 1; QL</i> <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg - Tier 1; QL</i> <i>verapamil hcl er oral tablet extended release - Tier 1; QL</i> <i>verapamil hcl oral - Tier 1; QL</i>	NORLIQVA - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Calcium Channel Modifying Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
<i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i>	
Cardiovascular Agents, Other	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	CAMZYOS ORAL CAPSULE 2.5 MG - Tier 2; PA; SP; QL
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><i>amiloride-hydrochlorothiazide - Tier 1; QL</i> <i>amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL</i> <i>amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1; QL</i> <i>amlodipine-olmesartan (generic for AZOR) - Tier 1; QL</i> <i>atenolol-chlorthalidone - Tier 1; QL</i> <i>benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL</i> <i>bisoprolol-hydrochlorothiazide - Tier 1; QL</i> <i>captopril-hydrochlorothiazide - Tier 1; QL</i> <i>digoxin oral solution - Tier 1; QL</i> <i>digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL</i> <i>enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL</i> <i>fosinopril sodium-hctz - Tier 1; QL</i> <i>irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL</i> <i>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL</i> <i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL</i> <i>pentoxifylline er - Tier 1; QL</i></p>	<p><i>EDARBYCLOR - Tier 2; PA; QL</i> <i>ENTRESTO ORAL TABLET (brand for sacubitril-valsartan) - Tier 2; PA; QL</i> <i>OPSYNVI ORAL TABLET 10-20 MG - Tier 2; PA; SP; QL</i> <i>TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL</i> <i>VERQUVO - Tier 2; PA; QL</i> <i>VYNDAMAX - Tier 2; PA; SP; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>quinapril-hydrochlorothiazide - Tier 1; QL</i> <i>ranolazine er - Tier 1; QL</i> <i>sacubitril-valsartan (generic for ENTRESTO) - Tier 1; PA; QL</i> <i>spironolactone-hctz - Tier 1; QL</i> <i>triamterene-hctz - Tier 1; QL</i> <i>valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL</i></p>	
<p>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs</p>	
<p>Central Nervous System Agents - Drugs to Treat Nerve Conditions</p>	
<p><i>AUSTEDO - Tier 2; PA; SP; QL</i> <i>caffeine citrate oral - Tier 1; QL; AL</i> <i>NUDEXTA - Tier 2; DX2RX; QL</i> <i>riluzole - Tier 1; QL</i> <i>tetrabenazine (generic for XENAZINE) - Tier 1; SP; QL</i></p>	<p><i>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG - Tier 2; PA; SP; QL</i> <i>GRALISE ORAL TABLET 300 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</i> <i>HORIZANT - Tier 2; PA; QL; AL</i> <i>RADICAVA ORS - Tier 2; PA; SP; QL</i> <i>RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL</i> <i>TIGLUTIK - Tier 2; PA; QL</i></p>
<p>Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs</p>	
<p>Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia</p>	
<p><i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>rivastigmine tartrate - Tier 1; QL; AL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis

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

CAYSTON - Tier 2; DX2RX; SP; QL

KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL

KALYDECO ORAL PACKET 5.8 MG - Tier 2; SP; QL

KITABIS PAK (WI NEBULIZER) (brand for tobramycin) - Tier 2; PA; SP; QL

ORKAMBI - Tier 2; PA; SP; QL

SYMDEKO - Tier 2; PA; SP; QL

tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (WI NEBULIZER)) - Tier 1; PA; SP; QL

TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML

INHALATION (brand for tobramycin) - Tier 2; PA; SP; QL

TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL

TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL

TOBI PODHALER - Tier 2; PA; SP; QL

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

Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
---	--

chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL
DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
DENTAGEL (brand for sf) - Tier 2
EASYGEL - Tier 2
perio gard (generic for PERIOGARD) - Tier 1; QL
pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL
PREVIDENT (brand for sf) - Tier 2
PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2
PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
sf gel 1.1% (generic for PREVIDENT) - 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 gel (generic for PREVIDENT) - Tier 1
sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride dental gel (generic for PREVIDENT) - Tier 1
sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1
triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL

Dermatitis and Pruitus Agents	
-------------------------------	--

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

HYFTOR - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

acitretin - Tier 1; PA; QL
acne control cleanser external cream (generic for CLEARSKIN) - Tier 1
acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1
 ADBRY - Tier 2; PA; SP; QL
advanced healing external ointment (generic for HYDROLATUM) - Tier 1
ammonium lactate external (generic for AL12) - Tier 1; QL
amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL
astringent (generic for DOMEBORO) - Tier 1
astringent solution (generic for DOMEBORO) - Tier 1
 AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2
azelaic acid external (generic for FINACEA) - Tier 1; QL
baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1

ABSORICA (brand for isotretinoin) - Tier 2; PA; QL
 ABSORICA LD - Tier 2; PA; QL
 AKLIEF - Tier 2; PA; QL
BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL
DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL
DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL
 EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL; AL
 ENSTILAR - Tier 2; PA; QL
EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
 FINACEA EXTERNAL FOAM - Tier 2; PA; QL
 ILUMYA - Tier 2; PA; SP; QL
 LITFULO - Tier 2; PA
MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL
 NEMLUVIO - Tier 2; PA; SP; QL; AL
ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

BENZAC AC WASH (brand for benzoyl peroxide acne wash) - Tier 2; QL
benzoyl peroxide external gel 2.5 % - Tier 1; QL
boro-packs (generic for DOMEBORO) - Tier 1
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL
bp 10-1 - Tier 1
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
calamine external - Tier 1
calamine external lotion - Tier 1
calamine-zinc oxide external lotion - Tier 1
calcipotriene external cream - Tier 1; QL
calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL
calcipotriene external solution - Tier 1; QL
claravis (generic for AMNESTEEM) - Tier 1; PA; QL
clearskin (generic for CLEARSKIN) - Tier 1
clindamycin phos (once-daily) (generic for CLINDAGEL) - Tier 1; QL
clindamycin phos (twice-daily) - 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-betamethasone - Tier 1; 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
DERMELEVE ENHANCED FORMULA - Tier 2
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
DR SMITHS DIAPER - Tier 2; QL
DUPIXENT - Tier 2; PA; SP; QL
erythromycin external - Tier 1; QL

Non-Preferred Agents

RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL
RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL
RHOFADE - Tier 2; PA
SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL
SORILUX (brand for calcipotriene) - Tier 2; PA; QL
SOTYKTU - Tier 2; PA; SP; QL
TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL
TAZORAC (brand for tazarotene) - Tier 2; PA; QL
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML - Tier 2; PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL
VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL
VTAMA - Tier 2; PA; QL
WINLEVI - Tier 2; PA; QL
ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL
ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

EUCRISA - Tier 2; ST; QL
fluorouracil external cream 5 % - Tier 1; QL
fluorouracil external solution - Tier 1
hydrolatum (generic for HYDROLATUM) - Tier 1
hydrophor (generic for HYDROLATUM) - Tier 1
imiquimod external cream 5 % - Tier 1; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL
LAC-HYDRIN FIVE - Tier 2; QL
MEDPURA BENZOYL PEROXIDE (brand for acne foaming wash) - Tier 2; QL
methoxsalen rapid - Tier 1
ointment base (generic for HYDROLATUM) - Tier 1
OTULFI SUBCUTANEOUS (brand for ustekinumab-aauz) - Tier 2; SP; QL; AL
PANOXYL (brand for bp wash) - Tier 2
pimecrolimus - Tier 1; Minimum age of 2 years; QL; AL
podofilox external solution - Tier 1; QL
selenium sulfide external lotion - Tier 1; QL
sodium sulfacetamide wash - Tier 1
sss 10-5 (generic for AVAR-E EMOLLIENT) - Tier 1
STARJEMZA SUBCUTANEOUS - Tier 2; PA; SP; QL; AL
sulfacetamide sodium external - Tier 1
sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1
sulfacetamide sodium-sulfur external emulsion - Tier 1
sulfacetamide sodium-sulfur external liquid 9-4.5 % - Tier 1; QL
sulfacetamide sod-sulfur wash external liquid 9-4.5 % - Tier 1; QL
tacrolimus external ointment 0.03 % - Tier 1; Minimum age of 2 years; QL; AL
tacrolimus external ointment 0.1 % - Tier 1; Minimum age of 16 years; QL; AL
tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL
USTEKINUMAB-AAUZ (brand for ustekinumab-aauz) - Tier 2; SP; QL; AL
YESINTEK SUBCUTANEOUS - Tier 2; PA; SP; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
zenatane (generic for AMNESTEEM) - Tier 1; PA; QL zinc oxide external ointment 40 % (generic for BOUDREAUXXS BUTT PASTE) - Tier 1; QL	
Dermatological Agents - Skin Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
ABREVA (brand for docosanol) - Tier 2; QL beauty 360 pure glycerin - Tier 1; QL DERMACINRX URACIN (brand for gormel) - Tier 2; QL docosanol external (generic for ABREVA) - Tier 1; QL glycerin external - Tier 1; QL glycerin external liquid 99.5 % - Tier 1; QL gormel (generic for DERMACINRX URACIN) - Tier 1; QL gormel 10 (generic for NUTRAPLUS) - Tier 1; QL NUTRAPLUS (brand for gormel 10) - Tier 2; QL urea 20 intensive hydrating (generic for DERMACINRX URACIN) - Tier 1; QL urea external cream 20 % (generic for DERMACINRX URACIN) - Tier 1; QL ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL ureacin-20 (generic for DERMACINRX URACIN) - Tier 1; QL UREVEX (brand for gormel) - Tier 2; QL XERAC AC - Tier 2	CIBINQO - Tier 2; PA; SP; QL OPZELURA - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose test) - Tier 2; QL</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; QL</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</p>	<p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT ONE KIT - Tier 2; PA</p> <p>CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ASSURE CONTROL SOLUTION 2/3 (brand for element compact control 2) - Tier 2; QL
BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL
BD PEN NEEDLE MICRO ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL
CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL
CARESENS S CONTROL SOLN A/B (brand for element compact control 2) - Tier 2; QL
CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL
CHEMSTRIP 10 MD - Tier 2
CHEMSTRIP 10/SG - Tier 2
CHEMSTRIP 2 GP - Tier 2
CHEMSTRIP 5 OB - Tier 2
CHEMSTRIP 7 - Tier 2
CHEMSTRIP 9 - Tier 2
CHEMSTRIP K (brand for ketone test) - Tier 2; QL
CHEMSTRIP UGK - Tier 2; QL
CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
CONTOUR NEXT GEN MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
CONTOUR NEXT ONE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL
CONTOUR PLUS BLUE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
CONTOUR PLUS CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
CONTOUR PLUS TEST STRIP (brand for blood glucose test) - Tier 2; QL

Non-Preferred Agents

CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
DIASTIX - Tier 2; PA
FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
FREESTYLE PRECISION NEO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
FREESTYLE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
GLUCOCARD EXPRESSION TEST (brand for blood glucose test) - Tier 2; PA; QL
GLUCOCARD SHINE TEST (brand for blood glucose test) - Tier 2; PA; QL
GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL
GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL
INSULIN PEN NEEDLES - Tier 2; PA; QL
INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL for non-insulin dependent members: allow twice daily testing; QL
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; ST; QL
ONETOUCH VERIO FLEX SYSTEM KIT (brand for blood glucose monitor system) - Tier 2; PA; QL
ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL for non-insulin dependent members: allow twice daily testing; QL
ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; ST; QL
PRECISION XTRA BLOOD GLUCOSE STRIPS (brand for blood glucose test) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL
 DEXCOM G6 RECEIVER - Tier 2; PA; QL
 DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 DEXCOM G7 15 DAY SENSOR (brand for guardian sensor 3) - Tier 2; QL
 DEXCOM G7 RECEIVER - Tier 2; PA; QL
 DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL
 EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL
 EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL
 GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL
 EMBECTA PEN NEEDLE NANO (brand for 1st tier unifine pentips) - Tier 2; QL
 EMBECTA PEN NEEDLE NANO 2 GEN (brand for 1st tier unifine pentips) - Tier 2; QL
 EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; QL
 FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL
 FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 2 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 2 READER - Tier 2; PA; QL
 FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 3 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
 FREESTYLE LIBRE 3 READER - Tier 2; PA; QL
 IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
 KETO-DIASTIX - Tier 2; QL

Non-Preferred Agents

RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
 TRUE METRIX AIR GLUCOSE METER KIT (brand for blood glucose monitor system) - Tier 2; PA; QL

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

KETONE CARE - Tier 2; QL
 KETONE TEST (brand for ketone test) - Tier 2; QL
 KETOSTIX (brand for ketone test) - Tier 2; QL
 LANCETS (brand for cvs lancets original) - Tier 2; QL
 LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL
 MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
 MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
 NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL
 ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL
 ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
 ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
 PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
 PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
 QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL
 VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL

Diuretics, Loop - Cardiac Drugs	
---------------------------------	--

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

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
 torsemide - Tier 1; QL

FUROSCIX - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Diuretics, Potassium-sparing - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>amiloride hcl oral - Tier 1; QL</i> <i>eplerenone - Tier 1; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i>	
Diuretics, Thiazide - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>chlorthalidone - Tier 1; QL</i> <i>hydrochlorothiazide oral - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i>	
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<i>pramipexole dihydrochloride - Tier 1; QL</i> <i>ropinirole hcl - Tier 1; QL</i>	NEUPRO - Tier 2; PA; QL
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<i>carbidopa-levodopa er oral tablet extended release - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i>	<i>DHIVY (brand for carbidopa-levodopa) - Tier 2; PA; QL</i> <i>RYTARY (brand for carbidopa-levodopa er) - Tier 2; PA; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet (generic for TRICOR) - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	<i>LIPOFEN (brand for fenofibrate) - Tier 2; PA; QL</i>
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i>	<i>ATORVALIQ - Tier 2; PA; QL</i> <i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i> <i>ZYPITAMAG - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i></p> <p><i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i></p> <p><i>ezetimibe (generic for ZETIA) - Tier 1; QL</i></p> <p><i>niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL</i></p> <p><i>niacin er (antihyperlipidemic) - Tier 1; QL</i></p> <p><i>niacor (generic for NIACOR) - Tier 1; QL</i></p> <p><i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i></p> <p><i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i></p> <p>REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p> <p>REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p> <p>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p>	<p>NEXLETOL - Tier 2; PA; QL</p> <p>NEXLIZET - Tier 2; PA; QL</p> <p>PRALUENT - Tier 2; PA; SP; QL</p> <p>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</p> <p>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</p>

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL

cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL

ezetimibe (generic for ZETIA) - Tier 1; QL

niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL

niacin er (antihyperlipidemic) - Tier 1; QL

niacor (generic for NIACOR) - Tier 1; QL

omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL

prevalite oral powder (generic for PREVALITE) - Tier 1; QL

REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL

REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL

REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - 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; SP; QL

VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL

VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

Electrolytes/Minerals/Metals/Vitamins

BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL
cal mag zinc +d3 (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium 600 - Tier 1; QL
calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg (generic for ONEVITE CALCIUM+D3) - Tier 1; QL
calcium carbonate - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1

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

Preferred Agents

calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1

calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1

calcium citrate oral tablet 950 (200 ca) mg - Tier 1

calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1

calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1

calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL

calcium citrate+d3 wlmagne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL

calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL

calcium fast dissolution - Tier 1; QL

calcium high potency - Tier 1; QL

calcium high potency/vitamin d (generic for ONEVITE CALCIUM+D3) - Tier 1; QL

calcium oral tablet 1500 (600 ca) mg - Tier 1; QL

calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL

calcium/minerals/vitamin d oral tablet 600-400 mg-unit - Tier 1

calcium-vitamin d3 oral tablet (generic for ONE VITE CALCIUM + D3) - Tier 1; QL

carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; QL

effe-k oral tablet effervescent 25 meq - Tier 1; QL

electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL

electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; QL

electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL

ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL

EZFE 200 - Tier 2

FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL

ferosul (generic for FEROSUL) - Tier 1; QL

ferretts - Tier 1

ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1

FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous sulfate oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral tablet delayed release - Tier 1; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iferex 150 (generic for FERREX 150) - Tier 1
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 325 (65 fe) mg, 325 mg (generic for FEROSUL) - Tier 1; QL
iron supplement oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL
klor-con (generic for KLOR-CON) - Tier 1; QL
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL
klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
ONE VITE FERROUS SULFATE (brand for cvs iron) - Tier 2; QL
ONEVITE CALCIUM+D3 ORAL TABLET 600-200 MG-UNIT (brand for calcium carb-cholecalciferol) - Tier 2; QL
oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL
oyster shell calcium oral tablet 1250 (500 ca) mg - Tier 1; QL
oyster shell calcium-vit d - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL

PEDIALYTE ADVANCED CARE (brand for cvs electrolyte solution) - Tier 2; QL

PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL

PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL

PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL

PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL

pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL

PHOSPHO-TRIN K500 - Tier 2; QL

poly-iron 150 (generic for FERREX 150) - Tier 1

polysaccharide iron complex (generic for FERREX 150) - Tier 1

polysaccharide-iron complex (generic for FERREX 150) - Tier 1

potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL

potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL

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

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

potassium chloride er oral tablet extended release 20 meq - Tier 1; QL

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

potassium chloride oral packet 20 meq (generic for KLOR-CON) - Tier 1; QL

potassium chloride oral solution - Tier 1; QL

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1</p> <p>potassium citrate er oral tablet extended release 5 meq (540 mg) - Tier 1</p> <p>REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL</p> <p>sodium fluoride oral solution 1.1 (0.5 f) mg/ml - Tier 1; QL</p> <p>sodium fluoride oral tablet chewable - Tier 1; QL</p> <p>TRUE FERROUS SULFATE - Tier 2; QL</p> <p>TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG - Tier 2</p> <p>true oyster shell calcium - Tier 1; QL</p>	

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

<p>aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</p> <p>ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL</p> <p>ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</p> <p>BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL</p> <p>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL</p> <p>BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL</p> <p>BRAIN BUILDER KIDS - Tier 2; QL</p> <p>c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</p> <p>calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL</p> <p>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1</p> <p>chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL</p>	<p>ACCRUFER - Tier 2; PA; QL</p>
---	----------------------------------

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
childrens/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
cholecalciferol oral (generic for THERA-D 2000) - Tier 1; QL
d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) - Tier 1
d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
d3 max st (generic for IS-D 10,000) - Tier 1
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3 oral capsule 25 mcg (1000 ut) - Tier 1
d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3-50 (generic for D3-50) - Tier 1; QL
daily gummies (generic for ADEK GUMMIES PLUS ZN) - Tier 1; QL
daily multivitamins/iron (generic for FLORAVITA MINI) - Tier 1; QL
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL
DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2
DEPLIN MA (brand for v-c forte) - Tier 2; QL
DEPLINPRO MOOD HEALTH (brand for v-c forte) - Tier 2; QL
depress-iron (generic for FLORAVITA MINI) - Tier 1; QL
DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2
D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL
ferate (generic for FERATE) - Tier 1
ferrous gluconate - Tier 1
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL
FLORAVITA MINI (brand for distress-iron) - Tier 2; QL
FOLAGENT DHA (brand for v-c forte) - Tier 2; QL
FOLAMED DHA (brand for v-c forte) - Tier 2; QL
INFED - Tier 2; QL
INFUVITE PEDIATRIC - Tier 2
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
MENATROL (brand for v-c forte) - Tier 2; QL
MULTIPRO (brand for v-c forte) - Tier 2; QL
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL
multi-vitamin/iron (generic for FLORAVITA MINI) - Tier 1; QL
OBTREX - Tier 2
one-daily multi-vitamin/iron (generic for FLORAVITA MINI) - Tier 1; QL
one-daily/iron (generic for FLORAVITA MINI) - Tier 1; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
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
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL
potassium citrate-citric acid - Tier 1
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1; QL
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
stress formulaliron (generic for FLORAVITA MINI) - Tier 1; QL
stress formulaliron/energy (generic for FLORAVITA MINI) - Tier 1; QL
sv vitamin d3 oral capsule 25 mcg - Tier 1
sv vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
TREXION (brand for v-c forte) - Tier 2; QL
tri-vitelfluoride oral solution 0.25 mg/ml (generic for SOLUVITA ACD WITH FLUORIDE) - Tier 1; QL
tri-vitelfluoride oral solution 0.5 mg/ml - Tier 1
TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL
TRUE VITAMIN D3 CAPSULE 125 MCG (5000 UT) ORAL (brand for cvs d3) - Tier 2
TRUE VITAMIN D3 CAPSULE 50 MCG (2000 UT) ORAL - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 250 MCG (10000 UT) - Tier 2
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL
TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2
v-c forte (generic for VIC-FORTE) - Tier 1; QL
vic-forte (generic for VIC-FORTE) - Tier 1; QL
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin c oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH)
- Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN
C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE
HEALTH) - Tier 1; QL
vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1;
QL
vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE
HEALTH) - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for
VITAMIN D-1000 MAX ST) - Tier 1
vitamin d high potency oral capsule 1.25 mg (50000 ut) (generic for
D3-50) - Tier 1; QL
vitamin d oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1;
QL
vitamin d oral capsule 125 mcg (generic for DIALYVITE VITAMIN D
5000) - Tier 1
vitamin d oral capsule 25 mcg (1000 ut) - Tier 1
vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier
1; QL
vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1
vitamin d3 max (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier
1; QL
vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE
VITAMIN D 5000) - Tier 1
vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) - Tier 1
vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000)
- Tier 1
vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth
Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
vitamin d-3 oral tablet (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d3 oral tablet 50 mcg, 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL
vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1
vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL
weekly-d (generic for D3-50) - Tier 1; QL
WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL
WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT) (brand for cvs d3) - Tier 2
WELL VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) - Tier 2
WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL
zinc chelated oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL
zinc gluconate oral tablet 50 mg - Tier 1; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
Electrolytes/Minerals/Metals/Vitamins	
<p>CHEMET - Tier 2; QL <i>deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL</i> <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> LOKELMA - Tier 2; PA; QL <i>sodium polystyrene sulfonate oral - Tier 1</i> SPS (SODIUM POLYSTYRENE SULF) (brand for sodium polystyrene sulfonate) - Tier 2; QL <i>trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP; QL</i> VELTASSA ORAL PACKET 1 GM - Tier 2; PA; QL; AL VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM - Tier 2; PA; QL</p>	<p><i>JYNARQUE (brand for tolvaptan) - Tier 2; PA; SP; QL</i> <i>tolvaptan oral tablet therapy pack 15 mg (generic for JYNARQUE) - Tier 1; PA; SP; QL</i></p>
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
<p><i>aprepitant (generic for EMEND BIPACK) - Tier 1; QL</i> <i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i> <i>ondansetron hcl oral solution 4 mg/5ml - Tier 1; QL</i> <i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i> <i>ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL</i></p>	<p>EMEND ORAL - Tier 2; PA; QL</p>
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p>BALVERSA - Tier 2; PA; SP; QL <i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 150 MG - Tier 2; PA; SP; QL</p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Ergot Alkaloids - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
<i>dihydroergotamine mesylate injection</i> - Tier 1; QL <i>ergotamine-caffeine (generic for CAFERGOT)</i> - Tier 1; QL MIGERGOT - Tier 2; QL	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<i>afirmelle (generic for AFIRMELLE)</i> - Tier 1; QL; GE <i>ALORA (brand for estradiol)</i> - Tier 2; QL <i>altavera (generic for ALTAVERA)</i> - Tier 1; QL; GE <i>alyacen 1/35 (generic for DASETTA 1/35 (28))</i> - Tier 1; QL; GE <i>alyacen 7/7/7 (generic for DASETTA 7/7/7)</i> - Tier 1; QL; GE <i>apri</i> - Tier 1; QL; GE <i>aranelle</i> - Tier 1; QL; GE <i>ashlyna</i> - Tier 1; QL; GE <i>aubra eq (generic for AFIRMELLE)</i> - Tier 1; QL; GE <i>aurovela 1.5/30</i> - Tier 1; QL; GE <i>aurovela 1/20 (generic for AUROVELA 1/20)</i> - Tier 1; QL; GE <i>aurovela 24 fe</i> - Tier 1; QL; GE <i>aurovela fe 1.5/30</i> - Tier 1; QL; GE <i>aurovela fe 1/20</i> - Tier 1; QL; GE <i>aviane (generic for AFIRMELLE)</i> - Tier 1; QL; GE <i>ayuna (generic for ALTAVERA)</i> - Tier 1; QL; GE <i>azurette (generic for AZURETTE)</i> - Tier 1; QL; GE <i>balziva (generic for BALZIVA)</i> - Tier 1; QL; GE	ANGELIQ - Tier 2; PA; QL ANNOVERA - Tier 2; PA; QL; GE <i>BALCOLTRA (brand for levonorgest-eth estradiol-iron)</i> - Tier 2; PA; QL; GE <i>BEYAZ (brand for drospiren-eth estrad-levomefol)</i> - Tier 2; PA; QL; GE BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL CLIMARA PRO - Tier 2; PA; QL <i>DIVIGEL (brand for estradiol)</i> - Tier 2; PA; QL DUAVEE - Tier 2; PA; QL ELESTRIN - Tier 2; PA <i>ESTROGEL (brand for estradiol)</i> - Tier 2; PA; QL EVAMIST - Tier 2; PA; QL FEMRING - Tier 2; PA; QL LO LOESTRIN FE - Tier 2; PA; QL; GE MYFEMBREE - Tier 2; PA; QL NATAZIA - Tier 2; PA; QL; GE NEXTSTELLIS - Tier 2; PA; QL; GE PREMARIN ORAL (brand for estrogens conjugated) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

blisovi 24 fe - Tier 1; QL; GE
blisovi fe 1.5/30 - Tier 1; QL; GE
blisovi fe 1/20 - Tier 1; QL; GE
briellyn (generic for BALZIVA) - Tier 1; QL; GE
camrese - Tier 1; QL; GE
camrese lo (generic for CAMRESE LO) - Tier 1; QL; GE
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE
CLIMARA (brand for estradiol) - Tier 2; QL
COMBIPATCH - Tier 2; QL
COVARYX (brand for est estrogens-methyltest) - Tier 2; QL
COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; QL
cryselle - Tier 1; QL; GE
cyred eq - Tier 1; QL; GE
dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
daysee - Tier 1; QL; GE
delyla (generic for AFIRMELLE) - Tier 1; QL; GE
DEPO-ESTRADIOL - Tier 2; QL
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL; GE
EEMT (brand for est estrogens-methyltest) - Tier 2; QL
elimest - Tier 1; QL; GE
eluryng (generic for ELURYNG) - Tier 1; QL; GE
enilloring (generic for ELURYNG) - Tier 1; QL; GE
enskyce - Tier 1; QL; GE
est estrogens-methyltest (generic for COVARYX) - Tier 1; QL
est estrogens-methyltest ds (generic for COVARYX) - Tier 1; QL
est estrogens-methyltest hs (generic for COVARYX HS) - Tier 1; QL
estarylla (generic for ESTARYLLA) - Tier 1; QL; GE
estradiol oral - 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

Non-Preferred Agents

PREMARIN VAGINAL - Tier 2; PA; QL
PREMPHASE - Tier 2; PA; QL
PREMPRO - Tier 2; PA; QL
SAFYRAL (brand for drospirenone-eth estrad-levomefol) - Tier 2; PA; QL; GE
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

estradiol valerate intramuscular (generic for DELESTROGEN) - Tier 1; QL
estradiol-norethindrone acet (generic for ABIGALE) - Tier 1; QL
ESTRATEST H.S. (brand for est estrogens-methyltest hs) - Tier 2; QL
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE
falmina (generic for AFIRMELLE) - Tier 1; QL; GE
feirza 1.5/30 - Tier 1; QL; GE
feirza 1/20 - Tier 1; QL; GE
finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
hailey 1.5/30 - Tier 1; QL; GE
hailey 24 fe - Tier 1; QL; GE
hailey fe 1.5/30 - Tier 1; QL; GE
hailey fe 1/20 - Tier 1; QL; GE
iclevia (generic for ICLEVIA) - Tier 1; QL; GE
introvale (generic for ICLEVIA) - Tier 1; QL; GE
isibloom - Tier 1; QL; GE
jaimiess - Tier 1; QL; GE
jasmiel (generic for JASMIEL) - Tier 1; QL; GE
jolessa (generic for ICLEVIA) - Tier 1; QL; GE
juleber - Tier 1; QL; GE
junel 1.5/30 - Tier 1; QL; GE
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
junel fe - Tier 1; QL; GE
kalliga - Tier 1; QL; GE
kariva (generic for AZURETTE) - Tier 1; QL; GE
kelnor 1/35 - Tier 1; QL; GE
kurvelo (generic for ALTAVERA) - Tier 1; QL; GE
larin 1.5/30 - Tier 1; QL; GE
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
larin 24 fe - Tier 1; QL; GE
larin fe 1.5/30 - Tier 1; QL; GE
larin fe 1/20 - Tier 1; QL; GE
lessina (generic for AFIRMELLE) - Tier 1; QL; GE
levonest (generic for LEVONEST) - Tier 1; QL; GE
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg (generic for CAMRESE LO) - Tier 1; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE
levonorg-eth estrad triphasic (generic for LEVONEST) - Tier 1; QL; GE
lojaimiess (generic for CAMRESE LO) - Tier 1; QL; GE
loryna (generic for JASMIEL) - Tier 1; QL; GE
low-ogestrel - Tier 1; QL; GE
lo-zumandimine (generic for JASMIEL) - Tier 1; QL; GE
luizza 1.5/30 - Tier 1; QL; GE
luizza 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL; GE
MENOSTAR - Tier 2; QL
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
microgestin 1.5/30 - Tier 1; QL; GE
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
microgestin fe 1.5/30 - Tier 1; QL; GE
microgestin fe 1/20 - Tier 1; QL; GE
milli (generic for ESTARYLLA) - Tier 1; QL; GE
MINIVELLE (brand for estradiol) - Tier 2; QL
mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE
necon 0.5/35 (28) - Tier 1; QL; GE
nikki (generic for JASMIEL) - Tier 1; QL; GE
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1/20) - Tier 1; QL; GE
norethindrone-eth estradiol (generic for FYAVOLV) - Tier 1; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - Tier 1; QL; GE
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
nortrel 0.5/35 (28) - Tier 1; QL; GE

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
nylia 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
philith (generic for BALZIVA) - Tier 1; QL; GE
pimtrea (generic for AZURETTE) - Tier 1; QL; GE
portia-28 (generic for ALTAVERA) - Tier 1; QL; GE
reclipsen - Tier 1; QL; GE
setlakin (generic for ICLEVIA) - Tier 1; QL; GE
simliya (generic for AZURETTE) - Tier 1; QL; GE
simpesse - Tier 1; QL; GE
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE
syeda (generic for SYEDA) - Tier 1; QL; GE
tarina 24 fe - Tier 1; QL; GE
tarina fe 1/20 eq - Tier 1; QL; GE
tilia fe - Tier 1; QL; GE
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-legest fe - Tier 1; QL; GE
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
turqoz - Tier 1; QL; GE
TYBLUME - Tier 2; QL; GE
valtya 1/35 - Tier 1; QL; GE
valtya 1/50 - Tier 1; QL; GE
velivet - Tier 1; QL; GE
vestura (generic for JASMIEL) - Tier 1; QL; GE
vienva (generic for AFIRMELLE) - Tier 1; QL; GE
viorele (generic for AZURETTE) - Tier 1; QL; GE

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>volnea (generic for AZURETTE) - Tier 1; QL; GE</i> <i>vyfemla (generic for BALZIVA) - Tier 1; QL; GE</i> <i>vylibra (generic for ESTARYLLA) - Tier 1; QL; GE</i> <i>wera - Tier 1; QL; GE</i> <i>wymzya fe - Tier 1; QL; GE</i> <i>xarah fe - Tier 1; QL; GE</i> <i>xelria fe - Tier 1; QL; GE</i> <i>xulane (generic for XULANE) - Tier 1; QL; GE</i> <i>yuvaferm (generic for YUVAFERM) - Tier 1; QL</i> <i>zafemy (generic for XULANE) - Tier 1; QL; GE</i> <i>zovia 1/35 (28) - Tier 1; QL; GE</i> <i>zumandimine (generic for SYEDA) - Tier 1; QL; GE</i></p>	
<p>Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs</p>	
<p>Anticonvulsants - Drugs to Treat Seizures</p>	
<p><i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

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

ABATINEX (brand for acidophilus) - Tier 2
 ACID GONE ORAL SUSPENSION - Tier 2
acid gone oral tablet chewable (generic for ACID GONE) - Tier 1
acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1
acidophilus oral capsule (generic for INTESTINEX) - Tier 1
acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1
acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1
adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL
adult probiotic (generic for FLORA VANCE) - Tier 1; QL
advanced antacid (generic for MINTOX) - Tier 1; QL
almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
alum & mag hydroxide-simeth (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

BYLVAY - Tier 2; PA; SP; QL; AL
 BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL
 LIVDELZI - Tier 2; PA; SP; QL
 LIVMARLI ORAL SOLUTION 9.5 MG/ML - Tier 2; PA; SP; QL
MOTTEGRITY (brand for prucalopride succinate) - Tier 2; PA; ST; QL
PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA
 REZDIFFRA ORAL TABLET 60 MG - Tier 2; PA; SP; QL
 SYMPROIC - Tier 2; PA; QL
 VOQUEZNA DUAL PAK - Tier 2; PA; QL
 VOQUEZNA TRIPLE PAK - Tier 2; PA; QL

Preferred Agents

antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & antigas oral suspension 1200-1200-120 mg/30ml (generic for MINTOX) - Tier 1; QL
antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid advanced (generic for MINTOX) - Tier 1; QL
antacid anti-gas (generic for MINTOX) - Tier 1; QL
antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid calcium (generic for CAL-GEST ANTACID) - Tier 1
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1
antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid fast relief (generic for MINTOX) - Tier 1; QL
antacid i (generic for MINTOX) - Tier 1; QL
antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid liquid (generic for MINTOX) - Tier 1; QL
antacid m (generic for MINTOX) - Tier 1; QL
antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

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

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

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

antacid oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1

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

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

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

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

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

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

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

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

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

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

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

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

anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMP TOM RELIEF) - Tier 1

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

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

BACILLEX (brand for acidophilus) - Tier 2

BIOGAIA GASTRUS ORAL CAPSULE (brand for acidophilus) - Tier 2

BIOTINEX (brand for acidophilus) - Tier 2

bismuth (generic for SOOTHE) - Tier 1; QL

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

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

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

calcium carbonate antacid oral suspension - Tier 1; QL

calcium carbonate antacid oral tablet - Tier 1

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

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

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

childrens soothe - Tier 1

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

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

CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2

CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2

CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2

CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2

CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2

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

daily probiotic supplement (generic for FLORASTOR) - Tier 1

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

diamode (generic for IMODIUM A-D) - Tier 1
diarrhea (generic for SOOTHE) - Tier 1
diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1;
QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) -
Tier 1
diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
floranex tablet oral (generic for FLORANEX) - Tier 1
FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) -
Tier 2; QL
FREE + PURE DAILY PROBIOTIC - Tier 2
freeze dried acidophilus (generic for INTESTINEX) - Tier 1
gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief extra strength (generic for GAS-X EXTRA STRENGTH) -
Tier 1
gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON
INFANTS GAS RELIEF) - Tier 1
gas relief oral capsule 125 mg (generic for GAS-X EXTRA
STRENGTH) - Tier 1
gas relief oral tablet chewable 80 mg - Tier 1
gas relief ultra strength oral capsule 180 mg (generic for GAS-X
ULTRA STRENGTH) - Tier 1
GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas
relief) - Tier 2
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for
cvs gas relief extra strength) - Tier 2
GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) -
Tier 2
GATTEX - Tier 2; PA; SP; QL
GAVISCON EXTRA STRENGTH (brand for antacid extra strength) -
Tier 2
GELUSIL - Tier 2
gentle laxative oral suspension (generic for DULCOLAX) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth
Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL
loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
mag-al plus oral liquid (generic for MINTOX) - Tier 1; QL
mag-al plus xs oral liquid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
magnesium-aluminum-simethicone (generic for MINTOX) - Tier 1; QL
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
MICROBIOTA (brand for acidophilus) - Tier 2
MICROVIA (brand for acidophilus) - Tier 2
MICROWELL (brand for acidophilus) - Tier 2
milk of magnesia (generic for DULCOLAX) - Tier 1
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
MOVANTIK - Tier 2; DX2RX; ST; QL
MOVYRA (brand for acidophilus) - Tier 2
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2
MYTESI - Tier 2; DX2RX; QL
PEPTO BISMOL ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PEPTO-BISMOL ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL
PHAZYME (brand for cvs gas relief extra strength) - Tier 2

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral tablet 262 mg (generic for SOOTHE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
primadophilus (generic for INTESTINEX) - Tier 1
probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
prucalopride succinate (generic for MOTTEGRITY) - Tier 1; ST; QL
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
SIMEPED (brand for cvs gas relief infants) - Tier 2
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

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

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

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

sodium bicarbonate oral tablet - Tier 1

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

soothe oral suspension (generic for SOOTHE) - Tier 1

soothe oral tablet (generic for SOOTHE) - Tier 1

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

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

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

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

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

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

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

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

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

TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2

TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2

TUMS (brand for antacid) - Tier 2

TUMS CHEWY BITES (brand for antacid) - Tier 2

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2</p> <p>TUMS E-X 750 (brand for antacid) - Tier 2</p> <p>TUMS EXTRA STRENGTH (brand for antacid) - Tier 2</p> <p>TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2</p> <p>TUMS LASTING EFFECTS (brand for antacid) - Tier 2</p> <p>TUMS SMOOTHIES (brand for antacid) - Tier 2</p> <p>TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2</p> <p>TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2</p> <p>ursodiol oral capsule 300 mg - Tier 1; QL</p> <p>ursodiol oral tablet (generic for URSO FORTE) - Tier 1</p> <p>VIREX (brand for cvs acidophilus probiotic) - Tier 2</p> <p>VISBIOME GI CARE (brand for cvs adult 50+ probiotic) - Tier 2; QL</p> <p>WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2</p> <p>ZENVYRA (brand for acidophilus) - Tier 2</p>	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - Tier 2; PA; SP; QL</p> <p>CREON - Tier 2; QL</p> <p>CYSTAGON - Tier 2; SP; QL</p> <p>glycerol phenylbutyrate (generic for RAVICTI) - Tier 1; PA; SP; QL</p> <p>NITYR - Tier 2; DX2RX; SP; QL</p> <p>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL</p> <p>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL</p> <p>STRENSIQ - Tier 2; PA; SP; QL</p> <p>WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL; AL</p> <p>zelvysia (generic for ZELVYSIA) - Tier 1; DX2RX; SP; QL</p>	<p>CERDELGA - Tier 2; PA; SP; QL</p> <p>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL</p> <p>PERTZYE - Tier 2; PA; QL</p> <p>PHEBURANE - Tier 2; PA; SP; QL</p> <p>RAVICTI (brand for glycerol phenylbutyrate) - Tier 2; PA; SP; QL</p> <p>VIOKACE - Tier 2; PA; QL</p> <p>XPHOZAH ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL</p> <p>YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML - Tier 2; PA; SP; QL; AL</p> <p>ZAVESCA (brand for miglustat) - 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; PA; QL</p>
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ATTRUBY - Tier 2; PA; SP; QL	DUVYZAT - Tier 2; PA; SP; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
<p><i>azo (generic for PHENAZO) - Tier 1</i> <i>bethanechol chloride oral - Tier 1</i> ENCARE - Tier 2; QL OPTIONS GYNOL II CONTRACEPTIVE - Tier 2; QL <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i> <i>phenazo (generic for PHENAZO) - Tier 1</i> <i>phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIUM) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> TODAY SPONGE - Tier 2; QL <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> VCF VAGINAL CONTRACEPTIVE - Tier 2; QL</p>	<p>FILSPARI - Tier 2; PA; SP; QL; AL THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL</p>
Glucocorticoids - Drugs to Treat Inflammation	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
<p><i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i></p>	<p>CORTIFOAM - Tier 2; PA; QL PROCTOFOAM HC - Tier 2; PA TARPEYO - Tier 2; PA; QL UCERIS (brand for budesonide) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Glycemic Agents - Diabetic Drugs	
----------------------------------	--

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

BAQSIMI ONE PACK - Tier 2; QL
 BAQSIMI TWO PACK - Tier 2; QL
ft glucose (generic for FT GLUCOSE) - Tier 1; QL
glucagon emergency injection solution reconstituted 1 mg - Tier 1; QL
 GLUCAGON EMERGENCY INJECTION SOLUTION
 RECONSTITUTED 1 MG/ML - Tier 2; QL
GLUCO TO GO (brand for cvs glucose) - Tier 2; QL
glucose oral tablet chewable 4 gm (generic for FT GLUCOSE) - Tier 1; QL
 GVOKE HYPOPEN 1-PACK - Tier 2; QL
 GVOKE HYPOPEN 2-PACK - Tier 2; QL
 GVOKE KIT - Tier 2; QL
 GVOKE PFS - Tier 2; QL
soft glucose (generic for FT GLUCOSE) - Tier 1; QL
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL

Hemostasis Agents - Drugs to Stop Bleeding	
--	--

Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
--	--

aminocaproic acid oral - Tier 1; QL
 HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML - Tier 2; PA; SP; QL
 HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML - Tier 2; SP; QL
tranexamic acid oral - Tier 1; QL

PYRUKYND ORAL TABLET 20 MG - Tier 2; PA; SP; QL
 TAVALISSE - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid
Drugs

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) -
Hormone Replacement/Modifying Drugs

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) -
Drugs to Regulate Hormones

ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
alclometasone dipropionate external ointment - Tier 1; QL
amcinonide external ointment - Tier 1
anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL
betamethasone dipropionate external lotion - Tier 1
betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1; QL
betamethasone valerate external ointment - Tier 1; QL
clobetasol prop emollient base - Tier 1; QL
clobetasol propionate e - Tier 1; QL

ACTHAR - Tier 2; PA; SP; QL
 CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL
 CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL
 CORTROPHIN - Tier 2; PA; SP; QL
 VANOS (brand for fluocinonide) - Tier 2; PA; QL

Preferred Agents

clobetasol propionate external cream 0.05 % - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
dexamethasone intensol - Tier 1
dexamethasone oral elixir - Tier 1; QL
dexamethasone oral solution - Tier 1; QL
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1
dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL
fludrocortisone acetate oral - Tier 1; QL
fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external solution - Tier 1; QL
fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; QL
fluocinonide emulsified base - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
halobetasol propionate external cream - Tier 1; QL
hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL
hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL
hydrocortisone external ointment 0.5 % - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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; QL
hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL
hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
instacort 5 - Tier 1; QL
itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2; QL
MEDROL ORAL TABLET 2 MG - Tier 2
methylprednisolone oral (generic for MEDROL) - Tier 1; QL
mometasone furoate external - Tier 1; QL
prednisolone oral solution - Tier 1; QL
prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1
prednisolone sodium phosphate oral solution 5 mg/5ml - Tier 1; QL
prednisone oral solution - Tier 1; QL
prednisone oral tablet - Tier 1; QL
prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL
prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1
triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<triamcinolone %="" -="" 0.025="" 1<br="" acetonide="" external="" lotion="" tier=""></triamcinolone> 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	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
SOGROYA - Tier 2; PA; SP; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; PA desmopressin ace spray refrig - Tier 1; QL desmopressin acetate oral (generic for DDAVP) - Tier 1; QL desmopressin acetate spray - Tier 1; QL EGRIFTA SV - Tier 2; DX2RX; SP; QL FOLLISTIM AQ - Tier 2; PA GONAL-F - Tier 2; PA GONAL-F RFF REDIJECT - Tier 2; PA INCRELEX - Tier 2; PA; SP; QL MENOPUR - Tier 2; PA NORDITROPIN FLEXPPO - Tier 2; PA; SP; QL NOVAREL - Tier 2; PA OMNITROPE - Tier 2; PA; SP; QL OVIDREL - Tier 2; PA PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA	GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUEICK - Tier 2; PA; SP; QL HUMATROPE - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP; QL SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
<i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
<i>levo-t (generic for LEVO-T) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for LEVO-T) - Tier 1; QL</i> <i>levoxyl (generic for LEVO-T) - Tier 1; QL</i> <i>liomny (generic for LIOMNY) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for LIOMNY) - Tier 1; QL</i>	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i> <i>SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>TIROSINT ORAL CAPSULE 100 MCG, 13 MCG, 137 MCG, 50 MCG, 75 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>unithroid (generic for LEVO-T) - Tier 1; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants	
LYSODREN - Tier 2; QL	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants

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

cabergoline - Tier 1; QL
 FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL; AL
ganirelix acetate (generic for FYREMADEL) - Tier 1; PA
leuprolide acetate injection - Tier 1; SP; QL; AL
 LUPRON DEPOT (1-MONTH) - Tier 2; SP; QL; AL
 LUPRON DEPOT (3-MONTH) - Tier 2; SP; QL; AL
 LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; SP; QL; AL
 LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; SP; QL; AL
 LUPRON DEPOT-PED (1-MONTH) - Tier 2; SP; QL; AL
 LUPRON DEPOT-PED (3-MONTH) - Tier 2; SP; QL; AL
 LUTRATE DEPOT - Tier 2; SP; QL; AL
octreotide acetate injection (generic for SANDOSTATIN) - Tier 1; SP; QL
octreotide acetate subcutaneous - Tier 1; SP; QL
 ORLISSA - Tier 2; PA; QL
 SIGNIFOR - Tier 2; PA; SP; QL
 SOMAVERT - Tier 2; PA; SP; QL
 TRIPTODUR - Tier 2; PA; SP; QL

ORIAHNN - Tier 2; PA; QL
 SANDOSTATIN (*brand for octreotide acetate*) - Tier 2; PA; SP; QL
 SYNAREL - Tier 2; PA

Immune Suppressants

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

SKYRIZI PEN - Tier 2; PA; SP; QL
 SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Immune Suppressants - Immune System Drugs

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

ADALIMUMAB-ADBIM (2 PEN) - Tier 2; PA; SP; QL
 ADALIMUMAB-ADBIM (2 SYRINGE) - Tier 2; PA; SP; QL
 ADALIMUMAB-BWWD (brand for adalimumab-bwwd) - Tier 2; PA; SP; QL
 ADALIMUMAB-FKJP (2 PEN) - Tier 2; PA; SP; QL
 ADALIMUMAB-FKJP (2 SYRINGE) - Tier 2; PA; SP; QL
 azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL
 cyclosporine modified (generic for GENGRAF) - Tier 1; QL
 cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL
 ENBREL - Tier 2; PA; SP; QL
 everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; QL
 gengraf (generic for GENGRAF) - Tier 1; QL
 HADLIMA (brand for adalimumab-bwwd) - Tier 2; PA; SP; QL
 HADLIMA PUSH TOUCH (brand for adalimumab-bwwd) - Tier 2; PA; SP; QL
 KINERET - Tier 2; PA; SP; QL
 methotrexate sodium - Tier 1

ADALIMUMAB-AATY (2 PEN) - Tier 2; PA; SP; QL
 AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML - Tier 2; PA; SP; QL
 CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL
 CIMZIA VIAL KIT - Tier 2; PA; SP; QL
 ENSPRYNG - Tier 2; PA; SP; QL
 HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL
 HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL
 HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL
 HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL
 LUPKYNIS - Tier 2; PA; QL
 ORENCIA CLICKJECT - Tier 2; PA; SP; QL
 ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL
 RASUVO - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>methotrexate sodium (pf)</i> - Tier 1 <i>mycophenolate mofetil oral (generic for CELLCEPT)</i> - Tier 1; QL <i>mycophenolate sodium (generic for MYFORTIC)</i> - Tier 1; QL <i>mycophenolic acid (generic for MYFORTIC)</i> - Tier 1; QL OLUMIANT ORAL TABLET 1 MG - Tier 2; SP; QL OLUMIANT ORAL TABLET 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP <i>SIMLANDI (1 PEN) (brand for adalimumab-ryvk (1 pen))</i> - Tier 2; SP; QL <i>SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen))</i> - Tier 2; SP; QL SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML - Tier 2; SP; QL <i>SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-ryvk (2 syringe))</i> - Tier 2; PA; SP; QL <i>sirolimus oral solution</i> - Tier 1; QL <i>sirolimus oral tablet 0.5 mg, 1 mg</i> - Tier 1; QL <i>sirolimus oral tablet 2 mg</i> - Tier 1 <i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF)</i> - Tier 1 <i>tacrolimus oral capsule 1 mg (generic for PROGRAF)</i> - Tier 1; QL</p>	<p>SIMPONI - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL <i>STELARA SUBCUTANEOUS (brand for ustekinumab)</i> - Tier 2; PA; SP; QL; AL TREXALL - Tier 2; PA XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL</p>
Immunizing Agents, Passive - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
HYPERTET - Tier 2; QL	
Immunological Agents, Other	
Immunological Agents	
	<p>BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS - Tier 2; PA BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Immunomodulators - Immune System Drugs

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

ACTIMMUNE - Tier 2; PA; SP; QL

ILARIS - Tier 2; PA; SP; QL

leflunomide oral (generic for ARAVA) - Tier 1; QL

OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL

OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG - Tier 2;

PA; SP; QL

TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL

XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2;

PA; SP; QL

ACTEMRA ACTPEN - Tier 2; PA; SP; QL

ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL

ARCALYST - Tier 2; PA; SP; QL

BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2;

PA; SP; QL

KEVZARA - Tier 2; PA; SP; QL

RINVOQ - Tier 2; PA; SP; QL

TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150

MG/ML - Tier 2; PA; SP; QL; AL

TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300

MG/2ML - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
<p><i>BD BLUNT FILL NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>HUMULIN 70/30 VIAL - Tier 2; QL</i></p> <p><i>HUMULIN N VIAL - Tier 2; QL</i></p> <p><i>HUMULIN R VIAL - 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; ST; QL</i></p> <p><i>INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; QL</i></p> <p><i>INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL</i></p> <p><i>LANTUS SOLOSTAR - Tier 2; QL</i></p> <p><i>LANTUS U-100 VIAL - Tier 2; QL</i></p> <p><i>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i></p>	<p><i>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL</i></p> <p><i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</i></p> <p><i>AFREZZA - Tier 2; PA; QL</i></p> <p><i>APIDRA SOLOSTAR - Tier 2; PA; QL</i></p> <p><i>APIDRA VIAL - Tier 2; PA; QL</i></p> <p><i>BASAGLAR KWIKPEN - Tier 2; PA; QL</i></p> <p><i>FIASP - Tier 2; PA; QL</i></p> <p><i>FIASP FLEXTOUCH - Tier 2; PA; QL</i></p> <p><i>FIASP PENFILL - Tier 2; PA; QL</i></p> <p><i>HUMALOG (brand for insulin lispro) - Tier 2; PA; QL</i></p> <p><i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL</i></p> <p><i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</i></p> <p><i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL</i></p> <p><i>HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL
 NOVOLIN 70/30 RELION - Tier 2; QL
 NOVOLIN 70/30 VIAL - Tier 2; QL
 NOVOLIN N RELION - Tier 2; QL
 NOVOLIN N VIAL - Tier 2; QL
 NOVOLIN R RELION - Tier 2; QL
 NOVOLIN R VIAL - Tier 2; QL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin aspart flexpen) - Tier 2; QL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin aspart flexpen) - Tier 2; QL
NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL
 REZVOGLAR KWIKPEN - Tier 2; QL
 SOLIQUA - Tier 2; PA; QL

Non-Preferred Agents

HUMALOG MIX 75/25 - Tier 2; PA; QL
HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL
 HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL
 HUMULIN N KWIKPEN - Tier 2; PA; QL
 HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL
INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL
 LYUMJEV - Tier 2; PA; QL
 LYUMJEV KWIKPEN - Tier 2; PA; QL
 NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL
 NOVOLIN N FLEXPEN - Tier 2; PA; QL
 NOVOLIN R FLEXPEN - Tier 2; PA; QL
NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL
NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL
 NOVOLOG MIX 70/30 VIAL - Tier 2; PA; QL
 NOVOLOG PENFILL - Tier 2; PA; QL
NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL
SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL
TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL
TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL
 TRESIBA - Tier 2; PA; QL
TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<i>lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i>	LINZESS - Tier 2; PA; QL TALICIA - Tier 2; PA; QL VIBERZI - Tier 2; PA; QL
Laxatives - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<i>clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i> <i>daily fiber oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1</i> <i>daily fiber oral powder 43 % (generic for REGULOID) - Tier 1</i> <i>enema mineral oil rectal enema (generic for FLEET OIL) - Tier 1</i> <i>EVAC (brand for cvs natural fiber supplement) - Tier 2</i> <i>fiber laxative (generic for FIBERCON) - Tier 1</i> <i>fiber laxative + calcium (generic for FIBERCON) - Tier 1</i> <i>fiber laxative oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1</i> <i>fiber oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1</i> <i>fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL</i> <i>fiber oral powder 43 % (generic for REGULOID) - Tier 1</i> <i>fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1</i> <i>fiber therapy oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1</i> <i>fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL</i> <i>fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1</i>	SUTAB - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
FLEET LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
INSTALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxative osmotic (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2
METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2
mineral oil enema (generic for FLEET OIL) - Tier 1
mineral oil lubricant laxative (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
mineral oil oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1
MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber supplement (generic for EVAC) - Tier 1
natural vegetable (generic for HYDROCIL) - Tier 1
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>reguloid oral powder 43 % (generic for REGULOID) - Tier 1</i> <i>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i> <i>sorbitol oral - Tier 1</i></p>	
<p>Laxatives - Drugs to treat Constipation</p>	
<p>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</p>	
<p><i>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</i> <i>bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL</i> <i>BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL</i> <i>CITRUCCEL (brand for cvs fiber therapy) - Tier 2</i> <i>c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>COLACE (brand for cvs stool softener) - Tier 2; QL</i> <i>COLACE CLEAR (brand for cvs stool softener) - Tier 2</i> <i>COLACE EXTRA STRENGTH (brand for cvs stool softener) - Tier 2; QL</i> <i>constulose - Tier 1; QL</i> <i>docusate calcium - Tier 1</i> <i>docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL</i> <i>docusate sodium oral (generic for COLACE) - Tier 1; QL</i> <i>docusate sodium/senna (generic for SENOKOT S) - Tier 1</i></p>	<p><i>CLENPIQ - Tier 2; PA; QL</i> <i>MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL</i> <i>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

DOCUZEN (brand for cvs senna plus) - Tier 2
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
enema disposable (generic for FLEET ENEMA) - Tier 1
enema ready-to-use (generic for FLEET ENEMA) - Tier 1
enema rectal enema 19-7 gml/118ml (generic for FLEET ENEMA) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
enulose - Tier 1; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL
fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1
FLEET ENEMA (brand for cvs enema disposable) - Tier 2
FLEET MINI ENEMA - Tier 2; QL
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2
FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL
FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ft enema (generic for FLEET ENEMA) - Tier 1
gavilyte-c - Tier 1; QL
gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL
gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL
generlac - Tier 1; QL
gentle laxative oral tablet delayed release (generic for EX-LAX ULTRA) - Tier 1; QL
gentle laxative rectal (generic for THE MAGIC BULLET) - Tier 1; QL
gentle laxative womens oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
geri-kot (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (child) (generic for PROCTOZONE-G CHILDRENS) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm - Tier 1
glycerin child rectal suppository 1.2 gm (generic for PROCTOZONE-G CHILDRENS) - Tier 1
glycerin childrens - Tier 1
lactulose encephalopathy - Tier 1; QL
lactulose oral solution - Tier 1; QL
LAXACIN (brand for cvs senna plus) - Tier 2
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for FRESKARO MAGNESIUM CITRATE) - Tier 1; QL
natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL
ONELAX (brand for bisacodyl) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ONELAX SENNA (brand for senna) - Tier 2
PEDIA-LAX ORAL LIQUID - Tier 2
peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

PROCTOZONE-B (brand for bisacodyl) - Tier 2; QL

PROCTOZONE-G CHILDRENS (brand for glycerin (child)) - Tier 2

PROCTOZONE-GMAX ADULT (brand for cvs glycerin adult) - Tier 2

PROLAXA (brand for cvs stool softener) - Tier 2; QL

ready-to-use enema rectal enema 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1

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

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

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

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

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

senna oral syrup 176 mg/5ml - Tier 1

senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1

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

senna plus (generic for SENOKOT S) - Tier 1

senna s (generic for SENOKOT S) - Tier 1

senna smooth (generic for SENNA SMOOTH) - Tier 1

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

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

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

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

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

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

senna-time s (generic for SENOKOT S) - Tier 1

SENNAZON (brand for senna) - Tier 2

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

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

SENOKOT (brand for cvs senna) - Tier 2; QL

SENOKOT S (brand for cvs senna plus) - Tier 2

sod phos mono-sod phos dibasic (generic for FLEET ENEMA) - Tier 1

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

soluble fiber therapy - Tier 1
stimulant lax plus (generic for SENOKOT S) - Tier 1
stimulant laxative (generic for SENOKOT S) - Tier 1
stool softener extra str (generic for COLACE EXTRA STRENGTH) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg - Tier 1
stool softener oral capsule 250 mg (generic for COLACE EXTRA STRENGTH) - Tier 1; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1
stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1
stool softener pls laxative (generic for SENOKOT S) - Tier 1
stool softener plus laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative oral tablet , 8.6-50 mg (generic for SENOKOT S) - Tier 1
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL
vegetable lax+stool softener (generic for SENOKOT S) - Tier 1
vegetable laxative (generic for BLACK-DRAUGHT LAX-SENN) - Tier 1; QL
WE CARE ENEMA (brand for cvs enema disposable) - Tier 2
womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL

Non-Preferred Agents

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

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

Anesthetics - Drugs for Numbing

ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
COLLAVERA (brand for burn gel) - Tier 2; QL
lidocaine cream 4 % external (generic for ANECREAM) - Tier 1; QL
lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL
lidocaine hcl external cream 3 % (generic for DERMACINRX LIDOCAINE) - Tier 1; QL
lidocaine hcl urethral/mucosal external gel - Tier 1; QL
lidocaine viscous hcl - Tier 1; QL
lidocaine-prilocaine external cream - Tier 1; QL
LIDOMAX (brand for burn gel) - Tier 2; QL
LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL
LMX 4 (brand for lidocaine) - Tier 2; QL
TYLENOL EXTERNAL CREAM 4 % (brand for lidocaine) - Tier 2; QL

Macrolides - Antibiotics	
--------------------------	--

Antibacterials - Drugs to Treat Bacterial Infections

azithromycin oral (generic for ZITHROMAX) - Tier 1; QL
clarithromycin er - Tier 1; QL
clarithromycin oral - Tier 1; QL
E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL
erythromycin base oral capsule delayed release particles - Tier 1; QL
erythromycin base oral tablet - Tier 1; QL
erythromycin base oral tablet delayed release 333 mg, 500 mg (generic for ERY-TAB) - Tier 1; QL
erythromycin ethylsuccinate oral suspension reconstituted (generic for E.E.S. GRANULES) - Tier 1; QL
erythromycin oral tablet delayed release 333 mg, 500 mg (generic for ERY-TAB) - Tier 1; QL
fidaxomicin (generic for DIFICID) - Tier 1; PA; QL

DIFICID (brand for fidaxomicin) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Mast Cell Stabilizers - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<i>cromolyn sodium inhalation - Tier 1; QL</i> <i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i> <i>NASALCROM (brand for cromolyn sodium) - Tier 2; QL</i>	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
<i>alendronate sodium (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> <i>ibandronate sodium oral - Tier 1; QL</i> <i>risedronate sodium oral tablet (generic for ACTONEL) - Tier 1; QL</i> TYMLOS - Tier 2; PA; SP; QL	RAYALDEE - Tier 2; PA; QL
Miscellaneous Therapeutic Agents	
<i>teriparatide (generic for BONSITY) - Tier 1; PA; QL</i>	
Metabolic Bone Disease Agents - Other	
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
<i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i>	
Mineralocorticoid Receptor Antagonists	
Cardiovascular Agents	
	KERENDIA ORAL TABLET 10 MG, 20 MG - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p><i>acne control cleanser external liquid (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i></p> <p><i>adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i></p> <p><i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</i></p> <p><i>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>ALCOHOL SWABS PAD 70 % (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>BD PEN NEEDLE MINI ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL</i></p> <p><i>BREATHE COMFORT HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL</i></p>	<p><i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL</i></p> <p><i>INBRIJA - Tier 2; PA; SP; QL</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 33G X 4 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT PRECISION POLY HUB 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL
COOL MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL
corn & callus remover (generic for COMPOUND W) - Tier 1
corn and callus remover (generic for COMPOUND W) - Tier 1
daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL
DROPSAFE SICURA 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; Available without a written order; QL
DUREX TROPICAL (brand for true cover) - Tier 2; Available without a written order; QL
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL
EMBECTA AUTOSHIELD DUO (brand for pen needles) - Tier 2; QL
EMBECTA INS SYR UIF 1/2 UNIT (brand for techlite insulin syringe) - Tier 2; QL

Non-Preferred Agents

INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL
INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL
OMNIPOD 5 DEXCOM INTRO KIT - Tier 2; PA; QL
OMNIPOD 5 DEXCOM PODS - Tier 2; PA; QL
TWYNEO - Tier 2; PA; QL

Preferred Agents

EMBECTA INSULIN SYR ULTRAFINE (brand for careone insulin syringe) - Tier 2; QL
EMBECTA INSULIN SYRINGE U-500 - Tier 2; QL
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1
FONDCIRCLE ELECTRONIC PEAK FLO - Tier 2; QL
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL
INSPIREASE RESERVOIR BAGS - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1
liquid wart remover (generic for COMPOUND W) - Tier 1
liquid wart remover max st (generic for COMPOUND W) - Tier 1
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2
nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL
NOZIN NASAL SANITIZER POPSWAB - Tier 2; QL
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
PANOXYL ACNE (brand for cvs acne control cleanser) - Tier 2
PANOXYL ACNE BANISHING BODY (brand for cvs acne control cleanser) - Tier 2
PANOXYL CLARIFYING EXFOLIANT (brand for cvs acne control cleanser) - Tier 2
salzix wart remover (generic for COMPOUND W) - Tier 1
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
TOP FILL HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL
TROJAN BARESKIN (brand for true cover) - Tier 2; Available without a written order; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

TROJAN MAGNUM (brand for true cover) - Tier 2; Available without a written order; QL

TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; Available without a written order; QL

TROJAN ULTRA THIN (brand for true cover) - Tier 2; Available without a written order; QL

TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; Available without a written order; QL

TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; Available without a written order; QL

TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; Available without a written order; QL

TRUE COVER (brand for true cover) - Tier 2; Available without a written order; QL

ULTRASONIC COOL MIST HUMIDIF (brand for cool mist humidifier) - Tier 2; QL

VAPORIZER WARM STEAM - Tier 2; QL

VISTOGARD - Tier 2; QL

WARM MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL

WARM STEAM VAPORIZER - Tier 2; QL

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

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

Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; QL
 ALUNBRIG - Tier 2; PA; SP; QL
 BOSULIF ORAL CAPSULE - Tier 2; SP; QL
 BOSULIF ORAL TABLET - Tier 2; PA; SP; QL
 BRUKINSA ORAL CAPSULE - Tier 2; PA; SP; QL
 BRUKINSA ORAL TABLET - Tier 2; SP; QL
 CABOMETYX - Tier 2; PA; SP; QL
 CALQUENCE - Tier 2; PA; SP; QL
 CAPRELSA - Tier 2; PA; SP; QL
 COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL
 COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL
 COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
dasatinib (generic for PHYRAGO) - Tier 1; PA; SP; QL
 DAURISMO - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
erlotinib hcl - Tier 1; SP; QL

GLEEVEC ORAL TABLET 100 MG (brand for imatinib mesylate) - Tier 2; PA; SP; QL
IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL
 MEKTOVI - Tier 2; PA; SP; QL
SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL
SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL
 TABRECTA - Tier 2; PA; SP; QL
 TAGRISSO - Tier 2; PA; SP; QL
 TEPMETKO - Tier 2; PA; SP; QL
 VITRAKVI - Tier 2; PA; SP; QL
 VIZIMPRO - Tier 2; PA; SP; QL
VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL
 XOSPATA - Tier 2; PA; SP; QL

Preferred Agents

everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL
gefitinib (generic for IRESSA) - Tier 1; SP; QL
GILOTRIF - Tier 2; PA; SP; QL
IBRANCE - Tier 2; PA; SP; QL
ICLUSIG - Tier 2; PA; SP; QL
IDHIFA - Tier 2; PA; SP; QL
imatinib mesylate oral (generic for GLEEVEC) - Tier 1; SP; QL
IMBRUVICA - Tier 2; PA; SP; QL
INLYTA - Tier 2; PA; SP; QL
JAKAFI - Tier 2; PA; SP; QL
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL
LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL
LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL
LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL
LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL
LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL
LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL
LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL
LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL
LYNPARZA - Tier 2; PA; SP; QL
MEKINIST - Tier 2; PA; SP; QL
nilotinib hcl (generic for TASIGNA) - Tier 1; PA; SP; QL
ODOMZO - Tier 2; PA; SP; QL
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL
PHYRAGO (brand for dasatinib) - Tier 2; PA; SP; QL
RUBRACA - Tier 2; PA; SP; QL
RYDAPT - Tier 2; PA; SP; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL
STIVARGA - Tier 2; PA; SP; QL
sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL
TAFINLAR - Tier 2; PA; SP; QL
TIBSOVO - Tier 2; PA; SP; QL
torpenz (generic for TORPENZ) - Tier 1; PA; SP; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
TURALIO - Tier 2; PA; SP; QL; AL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL XALKORI ORAL CAPSULE SPRINKLE - Tier 2; SP; QL <i>yulithira (generic for TORPENZ)</i> - Tier 1; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 100 MG - Tier 2; PA; SP; QL	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<i>selegiline hcl oral</i> - Tier 1; QL	
Multiple Sclerosis Agents	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	<i>MAVENCLAD (10 TABS) (brand for cladribine (10 tabs))</i> - Tier 2; PA; SP; QL <i>MAVENCLAD (4 TABS) (brand for cladribine (4 tabs))</i> - Tier 2; PA; SP; QL <i>MAVENCLAD (5 TABS) (brand for cladribine (5 tabs))</i> - Tier 2; PA; SP; QL <i>MAVENCLAD (6 TABS) (brand for cladribine (6 tabs))</i> - Tier 2; PA; SP; QL <i>MAVENCLAD (7 TABS) (brand for cladribine (7 tabs))</i> - Tier 2; PA; SP; QL <i>MAVENCLAD (8 TABS) (brand for cladribine (8 tabs))</i> - Tier 2; PA; SP; QL <i>MAVENCLAD (9 TABS) (brand for cladribine (9 tabs))</i> - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
<p><i>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i> fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL</i> GILENYA ORAL CAPSULE 0.25 MG - Tier 2; SP; QL <i>glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> <i>glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL <i>teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; QL</i> AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL <i>COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL</i> <i>GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL</i> KESIMPTA - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL <i>TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL</i> VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
<i>memantine hcl er - Tier 1; QL; AL</i> <i>memantine hcl oral solution 2 mg/ml - Tier 1; QL</i> <i>memantine hcl oral tablet - Tier 1; Members <18 years of age will require PA; QL; AL</i>	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<i>addaprin (generic for ADDAPRIN) - Tier 1; QL</i> <i>ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL</i> <i>ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</i> <i>ALEVE ALL DAY STRONG (brand for all day pain relief) - Tier 2; QL</i> <i>all day pain relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL</i> <i>all day relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL</i> <i>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</i> <i>aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i> <i>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i> <i>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i> <i>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i> <i>aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i>	<i>ELYXYB - Tier 2; PA; QL</i> <i>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL</i> <i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG (brand for naproxen sodium er) - Tier 2; PA</i> <i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL
aspirin rectal suppository 300 mg - Tier 1
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
BAYER ASPIRIN (brand for aspirin) - Tier 2; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
celecoxib oral (generic for CELEBREX) - Tier 1; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
diclofenac potassium oral tablet 50 mg - Tier 1; QL
diclofenac sodium er - Tier 1; QL
diclofenac sodium external solution 1.5 % - Tier 1; PA; QL
diclofenac sodium oral - Tier 1; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
etodolac (generic for LODINE) - Tier 1; QL
FLANAX (brand for all day pain relief) - Tier 2; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
ibuprofen (generic for IBU) - Tier 1; QL
ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen ib childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL
ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin oral capsule - Tier 1; QL
INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL
ketoprofen oral capsule 50 mg - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL
MEDIPROXEN (brand for all day pain relief) - Tier 2; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
meloxicam oral tablet - Tier 1; QL
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL
MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL
MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL
nabumetone oral - Tier 1; QL
naproxen oral suspension - Tier 1; QL; AL
naproxen oral tablet - Tier 1; QL
naproxen sodium oral tablet 220 mg (generic for ALEVE ALL DAY STRONG) - Tier 1; QL
oxaprozin oral tablet - Tier 1; QL
pain relief oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL
piroxicam oral - Tier 1; QL
salsalate oral - Tier 1; QL
ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL
sulindac oral - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<p><i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i></p> <p><i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i></p> <p><i>altafrin ophthalmic solution 10 %, 2.5 % - Tier 1</i></p> <p><i>altalube (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i></p> <p><i>artificial tears pf (generic for BION TEARS PF) - Tier 1</i></p> <p><i>astringent eye drops (generic for VISINE A.C.) - Tier 1; QL</i></p> <p><i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i></p> <p><i>bacitracin-polymyxin b - Tier 1</i></p> <p><i>BIOLLE TEARS (brand for carboxymethylcellulose sod pf) - Tier 2</i></p> <p><i>BION TEARS PF (brand for artificial tears pf) - Tier 2</i></p> <p><i>carboxymethylcellulose sod pf ophthalmic solution (generic for BIOLLE TEARS) - Tier 1</i></p> <p><i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i></p> <p><i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i></p>	<p>CEQUA - Tier 2; PA; QL</p> <p>OXERVATE - Tier 2; PA; SP; QL</p> <p>RESTASIS (brand for cyclosporine (pf)) - Tier 2; PA; QL</p> <p>RESTASIS MULTIDOSE (brand for cyclosporine (pf)) - Tier 2; PA; QL</p> <p>RHOPRESSA - Tier 2; PA; QL</p> <p>ROCKLATAN - Tier 2; PA; QL</p> <p>TOBRADEX ST - Tier 2; PA; QL</p> <p>VERKAZIA - Tier 2; PA; QL</p> <p>XIIDRA - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

cyclosporine (pf) (generic for RESTASIS) - Tier 1; PA; QL
CYSTARAN - Tier 2; DX2RX; SP; QL
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye drops adv relief - Tier 1; QL
eye drops advanced relief - Tier 1; QL
eye drops long lasting (generic for SYSTANE) - Tier 1; QL
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE A.C.) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
EYES ALIVE (brand for carboxymethylcellulose sod pf) - Tier 2
for sty relief (generic for ALTALUBE) - Tier 1; QL
GENTEAL SEVERE - Tier 2; QL
GENTEAL TEARS MODERATE PF (brand for artificial tears pf) - Tier 2
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2
GENTEAL TEARS PF (brand for artificial tears pf) - Tier 2
GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL
lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1
lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL
lubricant eye pm (generic for ALTALUBE) - Tier 1; QL
lubricating eyel/overnight (generic for ALTALUBE) - Tier 1; QL
lubricating plus pf (generic for BIOLLE TEARS) - Tier 1
lubricating tears eye drops (generic for ULTRA FRESH) - Tier 1; QL
lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL
MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL
natural tears pf (generic for BION TEARS PF) - Tier 1
neomycin-bacitracin zn-polymyx - Tier 1; QL
neomycin-polymyxin-gramicidin - Tier 1; QL
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
nighttime relief lubricant eye (generic for ALTALUBE) - Tier 1; QL
phenylephrine hcl ophthalmic - Tier 1
polymyxin b-trimethoprim - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1
PURE & GENTLE LUBRICANT - Tier 2
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for carboxymethylcellulose sod pf) - Tier 2
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL
relief eye drops (generic for VISINE A.C.) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
RETAINED CMC (brand for carboxymethylcellulose sod pf) - Tier 2
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

Non-Preferred Agents

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

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

Ophthalmic Agents - Drugs to Treat Eye Conditions	
---	--

<p><i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</i></p> <p><i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</i></p> <p><i>allergy eye drops (generic for ALAWAY) - Tier 1; QL</i></p> <p><i>azelastine hcl ophthalmic - Tier 1; ST; QL</i></p> <p><i>cromolyn sodium ophthalmic - Tier 1; QL</i></p> <p><i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</i></p> <p><i>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</i></p> <p><i>NAPHCN-A (brand for allergy eye) - Tier 2</i></p> <p><i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</i></p> <p><i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</i></p> <p><i>VISINE (brand for allergy eye) - Tier 2</i></p> <p><i>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</i></p>	
---	--

Ophthalmic Antibiotics - Drugs to treat Eye Infections	
--	--

Ophthalmic Agents - Drugs to Treat Eye Conditions	
---	--

<p><i>ciprofloxacin hcl ophthalmic - Tier 1; QL</i></p> <p><i>erythromycin ophthalmic - Tier 1; QL</i></p> <p><i>gentamicin sulfate ophthalmic - Tier 1; QL</i></p> <p><i>moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL</i></p> <p><i>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</i></p> <p><i>sulfacetamide sodium ophthalmic - Tier 1; QL</i></p> <p><i>tobramycin ophthalmic - Tier 1; QL</i></p>	<p><i>AZASITE - Tier 2; PA; QL</i></p> <p><i>BESIVANCE (brand for besifloxacin hcl) - Tier 2; PA; QL</i></p> <p><i>CILOXAN - Tier 2; PA; QL</i></p> <p><i>VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL</i></p>
--	---

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Ophthalmic Antiglaucoma Agents - Glaucoma Drugs****Ophthalmic Agents - Drugs to Treat Eye Conditions**

acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
apraclonidine hcl - Tier 1; QL
betaxolol hcl ophthalmic - Tier 1; QL
brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL
brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL
carteolol hcl - Tier 1; QL
 DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL
dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL
dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL
levobunolol hcl - Tier 1; QL
methazolamide oral - Tier 1; QL
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % - Tier 1; QL
timolol maleate ophthalmic solution - Tier 1; QL

ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL
BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL
BETOPTIC-S - Tier 2; PA; QL
COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL
COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL
COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL
ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL
SIMBRINZA - Tier 2; PA; QL

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

Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

Ophthalmic Agents - Drugs to Treat Eye Conditions

bacitra-neomycin-polymyxin-hc - Tier 1; QL
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
neomycin-polymyxin-dexameth (generic for MAXITROL) - Tier 1; QL
prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL
PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL
prednisolone sodium phosphate ophthalmic - Tier 1
sulfacetamide-prednisolone - Tier 1

ACUVAIL - Tier 2; PA; QL
EYSUVIS - Tier 2; PA; QL
FLAREX - Tier 2; PA; QL
ILEVRO - Tier 2; PA; QL
INVELTYS - Tier 2; PA; QL
LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL
LOTEMAX SM - Tier 2; PA; QL
NEVANAC - Tier 2; PA; QL
PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL
PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL
ZYLET (brand for loteprednol-tobramycin) - Tier 2; PA; QL

Ophthalmic Antivirals - Drugs to treat Eye Infections

Ophthalmic Agents - Drugs to Treat Eye Conditions

trifluridine - Tier 1; QL

Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs

Ophthalmic Agents - Drugs to Treat Eye Conditions

latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL

LUMIGAN (brand for bimatoprost) - Tier 2; PA; QL
VYZULTA - Tier 2; PA; QL
ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<i>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</i> <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</i> <i>methadone hcl oral tablet - Tier 1; PA; QL</i> <i>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</i>	BELBUCA - Tier 2; PA; QL BUTRANS (brand for buprenorphine) - Tier 2; PA; QL HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL NUCYNTA ER (brand for tapentadol hcl er) - Tier 2; PA; QL OXYCONTIN - Tier 2; PA; QL XTAMPZA ER - Tier 2; PA; QL
Opioid Analgesics, Short-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL; ARL</i> <i>acetaminophen-codeine oral tablet - Tier 1; QL; ARL</i> <i>ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i> <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL</i> <i>butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i> <i>butorphanol tartrate nasal - Tier 1; QL</i> <i>codeine sulfate - Tier 1; QL; ARL</i> <i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL; ARL</i> <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL; ARL</i> <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL; ARL</i> <i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL; ARL</i> <i>hydromorphone hcl rectal - Tier 1; QL; ARL</i>	<i>apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL; ARL</i> <i>NUCYNTA (brand for tapentadol hcl) - Tier 2; PA; QL; ARL</i> <i>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG (brand for oxycodone hcl) - Tier 2; PA; QL; ARL</i> <i>ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL</i> <i>TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL; ARL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL; ARL
morphine sulfate oral - Tier 1; QL; ARL
morphine sulfate rectal - Tier 1; QL; ARL
oxycodone hcl oral concentrate - Tier 1; QL; ARL
oxycodone hcl oral solution - Tier 1; QL; ARL
oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL; ARL
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL; ARL
pentazocine-naloxone hcl - Tier 1; QL; ARL
tramadol hcl oral tablet 50 mg - Tier 1; QL; ARL

Otic Agents - Drugs for the Ear

Otic Agents - Drugs to Treat Ear Conditions

acetic acid otic - Tier 1; QL
ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL
CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2
ear drops earwax aid (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear drops otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

Preferred Agents	Non-Preferred Agents
<p><i>earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>earwax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>hydrocortisone-acetic acid - Tier 1; QL</i></p> <p><i>neomycin-polymyxin-hc otic - Tier 1; QL</i></p>	
Otic Agents - Drugs to Treat Ear Conditions	
<p><i>ofloxacin otic - Tier 1; QL</i></p>	
Parasympathomimetics - Myasthenia Gravis Drugs	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	
<p><i>pyridostigmine bromide er oral tablet extended release (generic for MESTINON) - Tier 1; QL</i></p> <p><i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i></p> <p><i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i></p>	
Pediculicides/Scabicides - Scabies and Lice Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<p><i>lice killing external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i></p> <p><i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i></p> <p><i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i></p> <p><i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i></p> <p><i>malathion (generic for OVIDE) - Tier 1; QL</i></p> <p><i>permethrin external - Tier 1; QL</i></p> <p><i>spinosad (generic for NATROBA) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Phosphate Binders - Phosphate-Removing Agents	
Electrolytes/Minerals/Metals/Vitamins	
<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; QL</i>	
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <i>roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL</i> THEO-24 - Tier 2; QL <i>theophylline er - Tier 1; QL</i> <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i>	
Platelet Modifying Agents - Platelet Modifying Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
CABLIVI - Tier 2; PA; SP; QL <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i> <i>prasugrel hcl (generic for EFFIENT) - Tier 1; QL</i> <i>ticagrelor (generic for BRILINTA) - Tier 1; DX2RX; QL</i>	
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ELLA - Tier 2; Emergency contraception does not require a prescription; QL	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Progestins	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
OPILL - Tier 2; QL; GE	
Progestins - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<i>aftera (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE</i> <i>camila (generic for CAMILA) - Tier 1; QL; GE</i> <i>deblitane (generic for CAMILA) - Tier 1; QL; GE</i> DEPO-SUBQ PROVERA 104 - Tier 2; QL; GE <i>econtra one-step (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE</i> <i>emzahh (generic for CAMILA) - Tier 1; QL; GE</i> <i>errin (generic for CAMILA) - Tier 1; QL; GE</i> <i>gallifrey (generic for GALLIFREY) - Tier 1; QL</i> <i>heather (generic for CAMILA) - Tier 1; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE</i> <i>incassia (generic for CAMILA) - Tier 1; QL; GE</i> <i>jencycla (generic for CAMILA) - Tier 1; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE</i> <i>lyleq (generic for CAMILA) - Tier 1; QL; GE</i>	SLYND - Tier 2; PA; QL; GE

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

lyza (generic for CAMILA) - Tier 1; QL; GE
medroxyprogesterone acetate intramuscular (generic for DEPO-
PROVERA) - Tier 1; QL; GE
medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1;
QL
megestrol acetate oral suspension 40 mg/ml - Tier 1; QL
megestrol acetate oral tablet 20 mg - Tier 1
megestrol acetate oral tablet 40 mg - Tier 1; QL
meleya (generic for CAMILA) - Tier 1; QL; GE
my choice (generic for AFTERA) - Tier 1; Emergency contraception
does not require a prescription; QL; GE
my way (generic for AFTERA) - Tier 1; Emergency contraception
does not require a prescription; QL; GE
new day (generic for AFTERA) - Tier 1; Emergency contraception
does not require a prescription; QL; GE
NEXPLANON - Tier 2; QL
nora-be (generic for CAMILA) - Tier 1; QL; GE
norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL
norethindrone oral (generic for CAMILA) - Tier 1; QL; GE
norlyroc (generic for CAMILA) - Tier 1; QL; GE
opcicon one-step (generic for AFTERA) - Tier 1; Emergency
contraception does not require a prescription; QL; GE
option 2 (generic for AFTERA) - Tier 1; Emergency contraception
does not require a prescription; QL; GE
orquidea (generic for CAMILA) - Tier 1; QL; GE
PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; Emergency
contraception does not require a prescription; QL; GE
progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL
sharobel (generic for CAMILA) - Tier 1; QL; GE
shewise (generic for AFTERA) - Tier 1; Emergency contraception
does not require a prescription; QL; GE
take action (generic for AFTERA) - Tier 1; Emergency contraception
does not require a prescription; QL; GE

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
Protectants - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<p><i>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</i> <i>sucralfate oral suspension - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL</i> <i>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</i></p>	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<p><i>acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i> <i>acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL</i> <i>esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL</i> <i>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL</i> <i>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i> <i>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</i> <i>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL</i> <i>omeprazole magnesium - Tier 1; QL</i> <i>omeprazole magnesium oral capsule delayed release - Tier 1; QL</i> <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL</i> <i>pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL</i> <i>PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Pulmonary Antihypertensives - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p>ADEMPAS - Tier 2; DX2RX; SP; QL <i>alyq (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i> <i>ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL</i> <i>bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL</i> OPSUMIT - Tier 2; DX2RX; SP; QL <i>sildenafil citrate oral suspension reconstituted - Tier 1; DX2RX; SP; QL</i> <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i> <i>tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL</i> ORENITRAM - Tier 2; PA; SP; QL ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL <i>REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL</i> TADLIQ - Tier 2; PA; SP; QL <i>TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL</i> TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL UPTRAVI ORAL - Tier 2; PA; SP; QL UPTRAVI TITRATION - Tier 2; PA; SP; QL</p>
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>nintedanib esylate (generic for OFEV) - 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>OFEV (brand for nintedanib esylate) - Tier 2; PA; SP; QL</i></p>
Quinolones - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<p>BAXDELA INTRAVENOUS - Tier 2; QL CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral tablet - Tier 1; QL</i> <i>moxifloxacin hcl in nacl - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> <i>ofloxacin oral - Tier 1; QL</i></p>	<p>XEPI - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p>12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL</p> <p>12 hour decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</p> <p>12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</p> <p>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2</p> <p>acetylcysteine inhalation solution 10 % - Tier 1; QL</p> <p>acetylcysteine inhalation solution 20 % - Tier 1</p> <p>ADVIL COLD/SINUS (brand for cvs cold & sinus relief) - Tier 2; AL</p> <p>altarussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL</p> <p>altarussin dm - Tier 1; QL; AL</p> <p>ANORO ELLIPTA (brand for umeclidinium-vilanterol) - Tier 2; QL</p> <p>APRODINE (brand for cold & allergy d max strength) - Tier 2; AL</p> <p>breyana (generic for BREYNA) - Tier 1; PA; QL</p> <p>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL</p>	<p>ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL</p> <p>ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL</p> <p>BEVESPI AEROSPHERE - Tier 2; PA; QL</p> <p>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</p> <p>BREZTRI AEROSPHERE - Tier 2; PA; QL</p> <p>COMBIVENT RESPIMAT - Tier 2; PA; QL</p> <p>DUAKLIR PRESSAIR - Tier 2; PA; QL</p> <p>DULERA - Tier 2; PA; QL</p> <p>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL</p> <p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p> <p>TRELEGY ELLIPTA - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; ST; QL
chest congestion relief dm oral syrup - Tier 1; QL; AL
chest congestion relief oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
chest congestion relief oral tablet (generic for XPECT) - Tier 1
cold & allergy - Tier 1; AL
cold & allergy d max strength (generic for APRODINE) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold/cough (generic for ENDACOF-DM) - Tier 1; QL; AL
cold/cough childrens (generic for ENDACOF-DM) - Tier 1; QL; AL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for ENDACOF-DM) - Tier 1; QL; AL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough dm childrens (generic for DELSYM) - Tier 1; QL; AL
cough dm er (generic for DELSYM) - Tier 1; QL; AL
cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL
cough relief childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
DELSYM CGH/CHEST CONG DM CHILD (brand for cvs cough & chest congestion) - Tier 2
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL
DELSYM COUGH/CHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2
DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL
dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL
dextromethorphan-guaifenesin oral syrup - Tier 1; QL; AL
dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
ENDACOF-DM (brand for cold/cough childrens) - Tier 2; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

FASENRA PEN - Tier 2; PA; SP; QL
 FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; 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
 g tussin ac - Tier 1; QL; AL
 geri-tussin dm oral syrup - Tier 1; QL; AL
 geri-tussin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
 guaifed (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
 guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
 guaifenesin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
 guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1
 guaifenesin-codeine - Tier 1; QL; AL
 guaifenesin-dm oral syrup - Tier 1; QL; AL
 hydrocodone bit-homatrop mbr - Tier 1; QL; AL
 HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2
 ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
 ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
 ipratropium-albuterol - Tier 1; QL
 KALYDECO ORAL TABLET - Tier 2; PA; SP; QL
 MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL
 maxi-tuss ac - Tier 1; QL; AL
 maxi-tuss dm (generic for ENDACOF-DM) - Tier 1; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

maxi-tuss pe - Tier 1; AL

medifin 400 (generic for XPECT) - Tier 1

medifin mucus relief child (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL

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

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

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

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

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

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

MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2

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

MUCOLYTE (brand for altarussin) - Tier 2; QL; AL

mucus & chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL

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

mucus d (generic for MUCINEX D) - Tier 1; AL

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

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

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

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

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

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12hr max str (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief childrens oral liquid 100 mg/5ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL
mucus relief d max st (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 60-600 mg, 60-60 mg (generic for MUCINEX D) - Tier 1; AL
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief er max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief oral tablet (generic for XPECT) - Tier 1
mucus relief-d (generic for MUCINEX D) - Tier 1; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

mucus relief-d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus-d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL
mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant max str oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant max str oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal four (generic for 4-WAY FAST ACTING) - Tier 1
nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray fast acting nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2
NEO-SYNEPHRINE COLD/ALLERGY EXT (brand for cvs nasal spray) - Tier 2
pharbinex (generic for XPECT) - Tier 1
pirfenidone oral capsule - Tier 1; PA; SP; QL
promethazine-codeine - Tier 1; QL; AL
promethazine-phenylephrine - Tier 1; QL; AL
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
PULMOSAL (brand for sodium chloride) - Tier 2
PULMOZYME - Tier 2; DX2RX; SP; QL
refenesen 400 (generic for XPECT) - Tier 1
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN COUGH & CHEST ADULT (brand for cvs cough & chest congestion) - Tier 2
ROBITUSSIN COUGH & CHEST CHILD (brand for cvs cough & chest congestion) - Tier 2
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for cvs cough & chest congestion) - Tier 2
RYNEX DM (brand for cold/cough childrens) - Tier 2; QL; AL
RYNEX PE - Tier 2; AL
rynex pse - Tier 1; AL
sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1
sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1
STIOLTO RESPIMAT - Tier 2; QL
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2

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

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

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

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

suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

tab tussin (generic for XPECT) - Tier 1

tussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL

tussin adult chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL

tussin adult oral liquid 200 mg/10ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL

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

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

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

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

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

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

tussin dm oral syrup - Tier 1; QL; AL

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

tussin mucus & chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>tussin mucus+chest congest sf (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL</i></p> <p><i>tussin mucus+chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL</i></p> <p><i>UMECLIDINIUM-VILANTEROL (brand for umeclidinium-vilanterol) - Tier 2; QL</i></p> <p><i>wixela inhub (generic for WIXELA INHUB) - Tier 1; QL</i></p> <p><i>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</i></p> <p><i>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL</i></p> <p><i>XPECT (brand for chest congestion relief) - Tier 2</i></p>	
<p>Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</p>	
<p><i>12 hour decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1</i></p> <p><i>12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i></p> <p><i>12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i></p> <p><i>allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1</i></p> <p><i>altamist spray (generic for AYR) - Tier 1</i></p> <p><i>anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i></p> <p><i>AYR (brand for altamist spray) - Tier 2</i></p> <p><i>AYR SALINE NASAL DROPS - Tier 2</i></p> <p><i>BABY AYR SALINE (brand for altamist spray) - Tier 2</i></p> <p><i>benzonatate - Tier 1; QL; AL</i></p> <p><i>cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL</i></p> <p><i>cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL</i></p>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

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

ed bron gp - Tier 1; AL

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

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

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

maxi-tuss pe max - Tier 1; AL

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

MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2

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

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

nasal mist extra moisturiz (generic for GILTUSS SEVERE SINUS) - Tier 1

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

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

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

nasal moisturizing spray (generic for AYR) - Tier 1

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

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

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

nasal spray saline (generic for AYR) - Tier 1

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

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

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

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1</i></p> <p><i>OCEAN FOR KIDS (brand for altamist spray) - Tier 2</i></p> <p><i>OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2</i></p> <p><i>promethazine-dm - Tier 1; QL; AL</i></p> <p><i>pseudoephedrine-bromphen-dm - Tier 1; QL; AL</i></p> <p><i>saline mist spray (generic for AYR) - Tier 1</i></p> <p><i>saline nasal spray (generic for AYR) - Tier 1</i></p> <p><i>sinus nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1</i></p> <p><i>sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1</i></p> <p><i>SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2</i></p> <p><i>SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2</i></p> <p><i>THERAFLU SEVERE CONGESTION REL (brand for 12 hour decongestant) - Tier 2</i></p>	
Retinoids - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p><i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL</i></p> <p><i>tretinoin oral - Tier 1; SP; QL</i></p>	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<p><i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i></p>	<p><i>OSPHENA - Tier 2; PA; QL; GE</i></p>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Serotonin (5-HT) Receptor Agonists - Migraine Drugs

Antimigraine Agents - Drugs to Treat Migraines

eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL
frovatriptan succinate - Tier 1; QL
 IMITREX STATDOSE REFILL - Tier 2; QL
 IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION
 AUTO-INJECTOR 4 MG/0.5ML - Tier 2; QL
naratriptan hcl - Tier 1; QL
rizatriptan benzoate (generic for MAXALT) - Tier 1; QL
sumatriptan nasal - Tier 1; QL
sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL
*sumatriptan succinate subcutaneous (generic for IMITREX
 STATDOSE SYSTEM) - Tier 1; QL*
zolmitriptan oral (generic for ZOMIG) - Tier 1; QL

IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL
MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL
MAXALT-MLT (brand for rizatriptan benzoate) - Tier 2; PA; QL
*RELPAX ORAL TABLET 20 MG (brand for eletriptan hydrobromide) - Tier
 2; PA; QL*
 REYVOW - Tier 2; PA; QL
TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL
ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

Skeletal Muscle Relaxants - Drugs to Treat Muscle Tension and Spasm

baclofen oral tablet 10 mg, 20 mg - Tier 1; QL
chlorzoxazone oral tablet 500 mg - Tier 1; QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL
dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL
methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL
orphenadrine citrate er - Tier 1; QL
tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL

Skeletal Muscle Relaxants - Pain/Swelling Management Drugs

Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

baclofen oral tablet 5 mg - Tier 1; QL

Preferred Agents	Non-Preferred Agents
Sleep Disorders, Other - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
	<i>sodium oxybate (generic for XYREM) - Tier 1; PA; SP; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> <i>XYWAV - Tier 2; PA; QL</i>
Sodium Channel Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
<i>DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL</i> <i>phenytek (generic for PHENYTEK) - Tier 1; QL</i> <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin oral suspension 125 mg/5ml (generic for DILANTIN-125) - Tier 1; QL</i> <i>phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL</i>	
Sulfonamides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i> <i>sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL</i> <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i>	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
<i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Tetracyclines - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<i>doxy 100 (generic for DOXY 100) - Tier 1; QL</i> <i>doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1; QL</i> <i>doxycycline hyclate oral capsule - Tier 1; QL</i> <i>doxycycline hyclate oral tablet 100 mg - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i> <i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i> NUZYRA ORAL - Tier 2; PA; QL	<i>ORACEA (brand for doxycycline) - Tier 2; PA</i>
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<i>ONE A DAY PRENATAL ORAL TABLET CHEWABLE (brand for cvs prenatal gummy) - Tier 2; QL</i> <i>prenatal gummy oral tablet chewable 0.18-25 mg (generic for ALIVE DAILY SUP PRENATAL GUMMI) - Tier 1; QL</i> <i>prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL</i>	
Treatment Adjuncts - Supportive Chemotherapy Drugs	
Antineoplastics - Drugs to Treat Cancer	
<i>mesna oral (generic for MESNEX) - Tier 1; SP; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

Vaccines

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

ABRYSVO - Tier 2; QL
ACTHIB - Tier 2; QL; AL
ADACEL - Tier 2; QL
AFLURIA - Tier 2; QL
AFLURIA PRESERVATIVE FREE - Tier 2; QL
AREXVY - Tier 2; QL; AL
BCG VACCINE - Tier 2; QL; AL
BEXSERO - Tier 2; QL
BOOSTRIX - Tier 2; QL
CAPVAXIVE - Tier 2; QL; AL
COMIRNATY - Tier 2; QL
COMIRNATY 5-11 YEARS - Tier 2; QL
DAPTACEL - Tier 2; QL
DENGVAXIA - Tier 2; QL
ENGERIX-B - Tier 2; QL
FLUAD - Tier 2; QL
FLUARIX - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL
FLULAVAL - Tier 2; QL
FLUMIST - Tier 2; QL
FLUZONE HIGH-DOSE - Tier 2; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL
GARDASIL 9 - Tier 2; QL
HAVRIX - Tier 2; QL
HEPLISAV-B - Tier 2; QL; AL
HIBERIX - Tier 2; QL; AL
IMOVAX RABIES - Tier 2; QL; AL
INFANRIX - Tier 2; QL
IPOL - Tier 2; QL
IXIARO - Tier 2; QL; AL
MENQUADFI - Tier 2; QL
MENVEO - Tier 2; QL
M-M-R II - Tier 2; QL
MNEXSPIKE - Tier 2; QL
PEDIARIX - Tier 2; QL
PEDVAX HIB - Tier 2; QL; AL
PENBRAYA - Tier 2; QL
PENMENVY - Tier 2; QL
PENTACEL - Tier 2; QL
PNEUMOVAX 23 - Tier 2; QL
PREVNAR 20 - Tier 2; QL
PRIORIX - Tier 2; QL
PROQUAD - Tier 2; QL
QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL
RABAVERT - Tier 2; QL; AL
RECOMBIVAX HB - Tier 2; QL
ROTARIX - Tier 2; QL
ROTATEQ - Tier 2; QL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED - Tier 2; QL; AL
SPIKEVAX - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
TENIVAC - Tier 2; QL TRUMENBA - Tier 2; QL TWINRIX - Tier 2; QL TYPHIM VI - Tier 2; QL; AL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXCHORA - Tier 2; QL; AL VAXELIS - Tier 2; QL VAXNEUVANCE - Tier 2; QL VIVOTIF - Tier 2; QL; AL YF-VAX - Tier 2; QL; AL	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>isosorbide dinitrate - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> <i>nitro-bid (generic for NITRO-BID) - Tier 1; QL</i> <i>nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-BID) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Vitamins

Electrolytes/Minerals/Metals/Vitamins

a-25 - Tier 1; QL
ALIVE KIDS PREMIUM (brand for cvs gummy dinos) - Tier 2; QL
ALIVE PREMIUM PRENATAL - Tier 2; QL
AQUASOL A - Tier 2; QL
AVOWISE (brand for daily multiple vitamins) - Tier 2
b complex - Tier 1; QL
b complex vitamins - Tier 1; QL
b complex-b12 - Tier 1
b-1 - Tier 1; QL
b-12 oral tablet extended release - Tier 1
b-12 slow release - Tier 1
b6 - Tier 1; QL
b-complex/b-12 oral - Tier 1
b-plex plus (generic for AFLORA) - Tier 1; QL
CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL
CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL

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

Preferred Agents

CENTRUM KIDS MULTIGUMMIES (brand for cvs gummy dinos) - Tier 2; QL
CENTRUM MENOPAUSE MIND/MOOD (brand for daily multiple vitamins) - Tier 2
CENTRUM SPECIALIST PRENATAL - Tier 2
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL
childrens multi (generic for ALIVE KIDS PREMIUM) - Tier 1; QL
classic prenatal - Tier 1; QL
COMPLETE NATAL DHA - Tier 2; QL
COMPLETENATE - Tier 2; QL
cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL
daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL
e - Tier 1
e-400-clear - Tier 1; QL
EMERGEN-C KIDZ DAILY IMMUNE (brand for cvs gummy dinos) - Tier 2; QL
EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - Tier 2; QL
ENFAMIL EXPECTA - Tier 2; QL
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; QL
folic acid injection solution 5 mg/ml - Tier 1; QL
folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL
folic acid oral tablet 400 mcg - Tier 1
full spectrum bl/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
growing bones & muscles kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL
gummy dinos (generic for ALIVE KIDS PREMIUM) - Tier 1; QL
gummy multivitamin kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
INFUVITE ADULT - Tier 2
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL
multi-vitamin/fluorideliron - Tier 1; QL
MYNEPHRON (brand for triphrocaps) - Tier 2
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2
NEONATAL PLUS (brand for prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL
NEPHRO-VITE (brand for full spectrum bl/vitamin c) - Tier 2; QL
NESTABS - Tier 2; QL
NESTABS DHA - Tier 2; QL
NESTABS ONE - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 50 mg - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

NIVA-PLUS (brand for prenatal) - Tier 2; QL
NUTRIVIO (brand for triphrocaps) - Tier 2
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione injection - Tier 1; QL
phytonadione oral - Tier 1; QL
pnv 27-calfelfa - Tier 1; QL
pnv-dha - Tier 1; QL
PRENATABS RX (brand for thrive rx) - Tier 2; QL
prenatal 19 - Tier 1; QL
prenatal fa + dha + choline - Tier 1; QL
prenatal formula - Tier 1; QL
prenatal multi+dha - Tier 1; QL
prenatal multivit plus folate - Tier 1; QL
prenatal multivitamin - Tier 1; QL
prenatal multivitamins - Tier 1; QL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal plus (generic for NEONATAL PLUS) - Tier 1; QL
prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL
prenatal vitamins (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal/folic acid - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

prenatal/iron oral tablet - Tier 1; QL
pyridoxine hcl oral - Tier 1; QL
pyridoxine hcl solution 100 mg/ml injection - Tier 1; QL
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION - Tier 2; QL
RENAL (brand for triphrocaps) - Tier 2
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SE-NATAL 19 - Tier 2; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
STUART ONE - Tier 2
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine hcl injection - Tier 1; QL
thiamine hcl oral - Tier 1; QL
thiamine mononitrate oral - Tier 1; QL
THRIVITE RX (brand for thrive rx) - Tier 2; QL
TM-DAILY VITE (brand for daily multiple vitamins) - Tier 2
TRINATAL RX 1 - Tier 2; QL
triphrocaps (generic for MYNEPHRON) - Tier 1
TRI-VITAMIN WITH FLUORIDE - Tier 2; QL
tri-vite pediatric - Tier 1; QL
TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2
TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL
TRUE VITAMIN A - Tier 2; QL
TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL
TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - Tier 2
TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2;
QL
TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL
TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2
vitachew multiple vitamin (generic for ALIVE KIDS PREMIUM) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 3000 mcg - Tier 1; QL
vitamin b complex oral capsule - Tier 1; QL
vitamin b complex w/b-12 - Tier 1; QL
vitamin b1 - Tier 1; QL
vitamin b-1 oral tablet 100 mg, 250 mg - Tier 1; QL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1
vitamin b12 oral tablet extended release 1000 mcg - Tier 1
vitamin b-12 pr - Tier 1
vitamin b-6 - Tier 1; QL
vitamin b-6 er - Tier 1; QL
VITAMIN B-COMPLEX 100 - Tier 2; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) (generic for DRISDOL) - Tier 1; QL
vitamin e oral capsule 180 mg, 180 mg (400 unit) - Tier 1; QL
vitamin e oral capsule 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1
vitamin k1 injection - Tier 1; QL
vitamin-b complex - Tier 1
VITRION (brand for daily multiple vitamins) - Tier 2
wescaps (generic for MYNEPHRON) - Tier 1
WESNATAL DHA COMPLETE - Tier 2; QL
WESTAB PLUS (brand for prenatal) - Tier 2; QL
womens prenatal+dha - Tier 1; QL

Non-Preferred Agents

Prior Authorization / Class Criteria

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Index of Drugs

12 hour allergy-d.....	25	ACCU-CHEK GUIDE.....	56	acetazolamide oral.....	129
12 hour cough relief.....	139	ACCU-CHEK GUIDE CONTROL.....	56	acetic acid otic.....	132
12 hour decongestant nasal.....	147	ACCU-CHEK GUIDE KIT W/DEVICE.....	56	acetylcysteine inhalation solution 10 %.....	139
12 hour decongestant oral.....	139	ACCU-CHEK GUIDE TEST STRIPS.....	56	acetylcysteine inhalation solution 20 %.....	139
12 hour nasal decongestant.....	139	ACCU-CHEK SMARTVIEW.....	56	acid controller.....	92
12 hour nasal relief spray.....	147	ACCU-CHEK SMARTVIEW CONTROL.....	56	ACID GONE ORAL SUSPENSION.....	80
12 hour nasal spray.....	147	ACCU-CHEK SOFTCLIX LANCET		acid gone oral tablet chewable.....	80
12hr allergy relief.....	28	DEVICE KIT.....	56	acid reducer oral capsule delayed release	
24 hour nasal allergy nasal aerosol 55		ACCUTREND GLUCOSE CONTROL.....	56	15 mg.....	137
mcg/act.....	36	acetaminophen 8 hour.....	7	acid reducer oral capsule delayed release	
24hr allergy relief.....	28	acetaminophen 8hr arth pain.....	7	20.6 (20 base) mg.....	137
3 day vaginal.....	21	acetaminophen 8hr musc ache.....	7	acid reducer oral tablet 10 mg.....	92
4-WAY FAST ACTING.....	139	acetaminophen childrens.....	7	acid reducer oral tablet 200 mg.....	92
7 day vaginal.....	21	acetaminophen childrens oral suspension		acidophilus lactobacillus oral.....	80
8 hour arthritis pain.....	7	160 mg/5ml.....	7	acidophilus oral capsule.....	80
8 hour arthritis relief.....	7	acetaminophen er.....	8	acidophilus probiotic oral capsule 10 mg.....	80
8 hour pain relief oral tablet extended		acetaminophen ex st oral liquid 500		acidophilus probiotic oral tablet , 0.5 mg.....	80
release 650 mg.....	7	mg/15ml.....	8	acitretin.....	52
8 hour pain reliever.....	7	acetaminophen ex st oral tablet 500 mg.....	8	acne control cleanser external cream.....	52
8 hr arthritis pain relief.....	7	acetaminophen ex str.....	8	acne control cleanser external liquid.....	113
8hr arthritis pain relief.....	7	acetaminophen extra strength oral liquid.....	8	acne treatment external cream 10 %.....	52
8hr muscle aches & pain.....	7	acetaminophen extra strength oral tablet.....	8	ACTEMRA ACTPEN.....	101
8hr muscle aches & pain relief.....	7	acetaminophen infants oral suspension		ACTEMRA SUBCUTANEOUS.....	101
a-25.....	156	160 mg/5ml.....	8	ACTHAR.....	93
abacavir sulfate.....	34	acetaminophen oral liquid 160 mg/5ml.....	8	ACTHIB.....	153
abacavir sulfate-lamivudine.....	34	acetaminophen oral solution 160 mg/5ml,		ACTIMMUNE.....	101
ABATINEX.....	80	325 mg/10.15ml, 650 mg/20.3ml.....	8	ACTOS.....	19
abiraterone acetate oral tablet 250 mg.....	15	acetaminophen oral suspension 160		ACUVAIL.....	130
abirtega.....	15	mg/5ml, 650 mg/20.3ml.....	8	acyclovir external ointment.....	25
ABREVA.....	55	acetaminophen oral tablet 325 mg.....	8	acyclovir oral capsule.....	25
ABRYSVO.....	153	acetaminophen oral tablet 500 mg.....	8	acyclovir oral suspension 200 mg/5ml.....	25
ABSORICA.....	52	acetaminophen oral tablet chewable 160		acyclovir oral tablet.....	25
ABSORICA LD.....	52	mg.....	8	ADACEL.....	153
acarbose oral.....	19	acetaminophen rectal suppository 650 mg....	8	ADALIMUMAB-AATY (2 PEN).....	99
ACCRUFER.....	67	acetaminophen-codeine oral solution 120-		ADALIMUMAB-ADBM (2 PEN).....	99
ACCU-CHEK AVIVA DEVICE.....	56	12 mg/5ml.....	131	ADALIMUMAB-ADBM (2 SYRINGE).....	99
ACCU-CHEK AVIVA PLUS TEST STRIPS..	56	acetaminophen-codeine oral tablet.....	131	ADALIMUMAB-BWWD.....	99
ACCU-CHEK FASTCLIX LANCET KIT.....	56	acetazolamide er.....	129	ADALIMUMAB-FKJP (2 PEN).....	99

ADALIMUMAB-FKJP (2 SYRINGE).....	99	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION.	46	<i>allergy d-12 hour</i>	25
ADBRY.....	52	<i>albuterol sulfate oral syrup 2 mg/5ml</i>	46	<i>allergy eye drops</i>	128
<i>addaprin</i>	121	<i>alclometasone dipropionate external ointment</i>	93	<i>allergy medicine oral tablet 25 mg</i>	29
ADEMPAS.....	138	ALCOHOL PREP PADS PAD , 70 %.....	113	<i>allergy nasal mist no drip</i>	147
ADMELOG.....	102	ALCOHOL SWABS PAD 70 %.....	113	<i>allergy oral capsule 25 mg</i>	29
ADMELOG SOLOSTAR.....	102	ALECENSA.....	117	<i>allergy oral tablet 25 mg</i>	29
<i>adult 50+ probiotic</i>	80	<i>alendronate sodium</i>	112	<i>allergy rel child (loratadine)</i>	29
<i>adult probiotic</i>	80	ALEVE ALL DAY STRONG.....	121	<i>allergy relief (cetirizine) oral tablet 10 mg</i>	29
<i>adv acne spot treatment</i>	113	<i>alfuzosin hcl er</i>	42	<i>allergy relief (loratadine) oral tablet</i>	29
ADVAIR DISKUS.....	139	ALIVE KIDS PREMIUM.....	156	<i>allergy relief 12 hour</i>	29
ADVAIR HFA.....	139	ALIVE PREMIUM PRENATAL.....	156	<i>allergy relief 24 hour</i>	29
<i>advanced acne spot treat</i>	113	<i>all day allergy 24 hour</i>	28	<i>allergy relief adult</i>	29
<i>advanced antacid</i>	80	<i>all day allergy d</i>	25	<i>allergy relief cetirizine</i>	29
<i>advanced healing external ointment</i>	52	<i>all day allergy oral tablet 10 mg</i>	28	<i>allergy relief child</i>	29
ADVIL COLD/SINUS.....	139	<i>all day allergy relief oral tablet 10 mg</i>	28	<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	29
ADVIL JUNIOR STRENGTH.....	121	<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	25	<i>allergy relief childrens oral tablet chewable 12.5 mg</i>	29
ADVIL ORAL TABLET.....	121	<i>all day pain relief</i>	121	<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	25
<i>afirmelle</i>	74	<i>all day relief</i>	121	<i>allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	26
AFLURIA.....	153	ALLEGRA ALLERGY.....	28	<i>allergy relief d-12</i>	26
AFLURIA PRESERVATIVE FREE.....	153	ALLEGRA HIVES 24HR.....	28	<i>allergy relief d-24</i>	26
AFREZZA.....	102	ALLER-BEN.....	28	<i>allergy relief max st</i>	29
<i>aftera</i>	135	<i>allerclear</i>	28	<i>allergy relief nasal decong</i>	26
AIMOVIG.....	47	<i>allerclear d-12hr</i>	25	<i>allergy relief oral capsule 25 mg</i>	29
AJOVY.....	47	<i>allerclear d-24hr</i>	25	<i>allergy relief oral liquid 25 mg/10ml</i>	30
AKLIEF.....	52	<i>aller-ease oral tablet 180 mg</i>	28	<i>allergy relief oral tablet 10 mg</i>	30
<i>ala-cort</i>	93	<i>aller-fex</i>	28	<i>allergy relief oral tablet 180 mg</i>	30
ALAVERT.....	28	<i>allerg rel child (lorat)</i>	28	<i>allergy relief oral tablet 25 mg</i>	30
ALAWAY.....	128	<i>allerg relief child (lorat)</i>	28	<i>allergy relief oral tablet 60 mg</i>	30
ALAWAY CHILDRENS ALLERGY.....	128	<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	25	<i>allergy relief oral tablet chewable 12.5 mg</i> ... 30	
<i>albendazole oral</i>	14	<i>allergy & congestion relief</i>	25	<i>allergy relief oral tablet dispersible 10 mg</i> 30	
<i>albuterol sulfate hfa</i>	46	<i>allergy & hives relief</i>	29	<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	26
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>	46	<i>allergy (cetirizine)</i>	29	<i>allergy relief(cetirizine)</i>	30
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	46	<i>allergy 24hour indoor/outdoor</i>	29	<i>allergy relief indoor/outdoor oral tablet 180 mg</i>	30
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	46	<i>allergy childrens oral liquid</i>	29		
		<i>allergy childrens oral solution</i>	29		

<i>allergy relief/nasal decongest</i>	26	<i>amiloride-hydrochlorothiazide</i>	48	<i>antacid calcium</i>	81
<i>allergy relief-d oral tablet extended release</i>		<i>aminocaproic acid oral</i>	91	<i>antacid calcium rich</i>	81
<i>12 hour 5-120 mg</i>	26	<i>aminofen</i>	8	<i>antacid extra str</i>	81
<i>allergy relief-d oral tablet extended release</i>		<i>amiodarone hcl oral tablet 200 mg</i>	15	<i>antacid extra strength oral suspension</i>	81
<i>24 hour 10-240 mg</i>	26	<i>amiodarone hcl oral tablet 400 mg</i>	15	<i>antacid extra strength oral tablet chewable</i>	
<i>allergy relief-d12</i>	26	AMJEVITA SUBCUTANEOUS SOLUTION		<i>160-105 mg</i>	81
<i>allergy spray 24 hour nasal aerosol</i>	36	AUTO-INJECTOR 40 MG/0.4ML.....	99	<i>antacid extra strength oral tablet chewable</i>	
<i>allergy/congestion relief oral tablet</i>		<i>amlodipine besylate oral</i>	47	<i>750 mg</i>	81
<i>extended release 24 hour 10-240 mg</i>	26	<i>amlodipine besylate-benazepril hcl</i>	48	<i>antacid fast relief</i>	81
<i>allergy-d 12hr</i>	26	<i>amlodipine besylate-valsartan</i>	48	<i>antacid i</i>	81
<i>allergy-d 24hr</i>	26	<i>amlodipine-olmesartan</i>	48	<i>antacid iii</i>	81
<i>aller-tec</i>	30	<i>ammonium lactate external</i>	52	<i>antacid kids</i>	81
<i>aller-tec d</i>	26	<i>amnestem</i>	52	<i>antacid liquid</i>	81
<i>allopurinol oral tablet 100 mg, 300 mg</i>	24	<i>amoxicillin</i>	44	<i>antacid m</i>	81
<i>almacone double strength</i>	80	<i>amoxicillin-potassium clavulanate</i>	44	<i>antacid maximum</i>	81
ALOGLIPTIN BENZOATE.....	19	<i>ampicillin</i>	44	<i>antacid maximum strength oral suspension</i>	
ALOGLIPTIN-METFORMIN HCL.....	19	<i>ampicillin-sulbactam sodium injection</i>		<i>400-400-40 mg/5ml, 800-800-80 mg/10ml</i> ...	81
ALOGLIPTIN-PIOGLITAZONE.....	19	<i>solution reconstituted 3 (2-1) gm</i>	44	<i>antacid maximum strength oral tablet</i>	
ALORA.....	74	<i>anagrelide hcl</i>	45	<i>chewable 1000 mg</i>	82
ALPHAGAN P.....	129	<i>anastrozole oral</i>	41	<i>antacid oral suspension 200-200-20</i>	
<i>altachlore ophthalmic ointment</i>	124	ANECREAM EXTERNAL CREAM.....	111	<i>mg/5ml, 400-400-40 mg/10ml</i>	82
<i>altachlore ophthalmic solution</i>	124	<i>anefrin spray</i>	147	<i>antacid oral tablet chewable 1000 mg</i>	82
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	124	ANGELIQ.....	74	<i>antacid oral tablet chewable 160-105 mg</i>	82
<i>altalube</i>	124	ANNOVERA.....	74	<i>antacid oral tablet chewable 500 mg</i>	82
<i>altamist spray</i>	147	ANORO ELLIPTA.....	139	<i>antacid oral tablet chewable 750 mg</i>	82
<i>altarussin</i>	139	<i>antacid & antigas</i>	80	<i>antacid plus antigas</i>	82
<i>altarussin dm</i>	139	<i>antacid & anti-gas max str</i>	80	<i>antacid regular strength oral tablet</i>	
<i>altavera</i>	74	<i>antacid & antigas oral suspension 1200-</i>		<i>chewable 500 mg</i>	82
<i>alum & mag hydroxide-simeth</i>	80	<i>1200-120 mg/30ml</i>	81	<i>antacid ultra strength</i>	82
ALUNBRIG.....	117	<i>antacid & anti-gas oral suspension 200-</i>		<i>antacid ultra strength oral tablet chewable</i>	
ALVESCO.....	36	<i>200-20 mg/5ml</i>	81	<i>1000 mg</i>	82
<i>alyacen 1/35</i>	74	<i>antacid & antigas oral suspension 2400-</i>		<i>antacid/antigas</i>	82
<i>alyacen 7/7/7</i>	74	<i>2400-240 mg/30ml</i>	81	<i>antacid/anti-gas oral suspension 200-200-</i>	
<i>alyq</i>	138	<i>antacid & anti-gas oral suspension 400-</i>		<i>20 mg/5ml</i>	82
<i>amantadine hcl oral capsule</i>	39	<i>400-40 mg/5ml</i>	81	<i>antacid/anti-gas oral suspension 400-400-</i>	
<i>amantadine hcl oral solution 50 mg/5ml</i>	39	<i>antacid & gas relief</i>	81	<i>40 mg/5ml</i>	82
<i>ambrisentan</i>	138	<i>antacid advanced</i>	81	<i>antibiotic</i>	16
<i>amcinonide external ointment</i>	93	<i>antacid anti-gas</i>	81	<i>antibiotic external ointment 3.5-400-5000</i> ...	16
<i>amiloride hcl oral</i>	60	<i>antacid anti-gas max strength</i>	81	<i>anti-diarr/ant-gas</i>	82

<i>anti-diarrheal anti-gas oral tablet 2-125 mg.</i>	82	<i>arthritis pain relief oral tablet extended release 650 mg.</i>	8	<i>atenolol oral.</i>	42
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	82	<i>arthritis pain reliever oral.</i>	8	<i>atenolol-chlorthalidone.</i>	48
<i>anti-diarrheal oral tablet 2 mg.</i>	82	<i>arthritis pain relieving.</i>	8	<i>athletes foot (terbinafine).</i>	21
<i>anti-diarrheal/anti-gas.</i>	82	<i>artificial tears ophthalmic solution.</i>	124	<i>athletes foot (tolnaftate) external aerosol powder 1 %.</i>	21
<i>antifungal (tolnaftate) external cream 1 %.</i>	21	<i>artificial tears pf.</i>	124	<i>athletes foot (tolnaftate) external cream 1 %.</i>	21
<i>antifungal external aerosol 2 %.</i>	21	<i>ascomp-codeine.</i>	131	<i>athletes foot external aerosol powder 2 %.</i>	21
<i>antifungal external cream 1 %.</i>	21	<i>ascorbic acid oral liquid.</i>	67	<i>athletes foot external cream 1 %.</i>	21
<i>antifungal external cream 2 %.</i>	21	<i>ascorbic acid oral tablet 500 mg.</i>	67	<i>athletes foot external powder 2 %.</i>	22
<i>antifungal external powder 2 %.</i>	21	<i>ashlyna.</i>	74	<i>athletes foot powder spray.</i>	22
<i>anti-gas oral capsule 180 mg.</i>	83	<i>ASMANEX (120 METERED DOSES).</i>	36	<i>athletes foot relief.</i>	22
<i>anti-hist allergy.</i>	30	<i>ASMANEX (14 METERED DOSES).</i>	36	<i>athletes foot spray external aerosol 2 %.</i>	22
<i>anti-itch aloe.</i>	93	<i>ASMANEX (30 METERED DOSES).</i>	36	<i>ATORVALIQ.</i>	61
<i>anti-itch intensive heal.</i>	93	<i>ASMANEX (60 METERED DOSES).</i>	36	<i>atorvastatin calcium oral.</i>	61
<i>anti-itch maximum strength external cream 1 %.</i>	93	<i>ASMANEX HFA.</i>	36	<i>atovaquone.</i>	39
<i>anti-nausea.</i>	20	<i>ASPERFLEX LIDOCAINE EXTERNAL CREAM.</i>	111	<i>atovaquone-proguanil hcl.</i>	39
<i>anti-nausea relief.</i>	20	<i>aspirin childrens.</i>	121	<i>atropine sulfate ophthalmic solution 1 %.</i>	124
<i>apap-caff-dihydrocodeine.</i>	131	<i>aspirin ec adult low dose.</i>	121	<i>ATROVENT HFA.</i>	46
<i>APIDRA SOLOSTAR.</i>	102	<i>aspirin ec oral tablet 325 mg.</i>	121	<i>ATTRUBY.</i>	89
<i>APIDRA VIAL.</i>	102	<i>aspirin ec oral tablet delayed release 325 mg.</i>	121	<i>AUBAGIO.</i>	120
<i>apra.</i>	8	<i>aspirin ec oral tablet delayed release 81 mg.</i>	121	<i>abra eq.</i>	74
<i>apraclonidine hcl.</i>	129	<i>aspirin low dose.</i>	121	<i>AUM ALCOHOL PREP PADS.</i>	113
<i>aprepitant.</i>	73	<i>aspirin oral tablet 325 mg.</i>	121	<i>aurovela 1.5/30.</i>	74
<i>APRETUDE.</i>	34	<i>aspirin oral tablet chewable 81 mg.</i>	122	<i>aurovela 1/20.</i>	74
<i>apri.</i>	74	<i>aspirin oral tablet delayed release 325 mg.</i>	122	<i>aurovela 24 fe.</i>	74
<i>APRISO.</i>	7	<i>aspirin oral tablet delayed release 81 mg..</i>	122	<i>aurovela fe 1.5/30.</i>	74
<i>APRODINE.</i>	139	<i>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG.</i>	122	<i>aurovela fe 1/20.</i>	74
<i>APTIVUS.</i>	35	<i>aspirin rectal suppository 300 mg.</i>	122	<i>AUSTEDO.</i>	49
<i>AQUASOL A.</i>	156	<i>aspirin regimen.</i>	122	<i>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG.</i>	49
<i>aqueous vitamin d.</i>	67	<i>aspirin-acetaminophen-caffeine.</i>	9	<i>AUVI-Q.</i>	46
<i>aranelle.</i>	74	<i>ASSURE CONTROL SOLUTION 2/3.</i>	56	<i>AVAR-E EMOLLIENT.</i>	52
<i>ARANESP (ALBUMIN FREE).</i>	45	<i>astrigent.</i>	52	<i>AVEDANA GLYCERIN (ADULT).</i>	106
<i>ARCALYST.</i>	101	<i>astrigent eye drops.</i>	124	<i>aviane.</i>	74
<i>AREXVY.</i>	153	<i>astrigent solution.</i>	52	<i>AVONEX PEN.</i>	120
<i>ARMOUR THYROID.</i>	97	<i>atazanavir sulfata.</i>	35	<i>AVONEX PREFILLED.</i>	120
<i>ARNUITY ELLIPTA.</i>	36			<i>AVOWISE.</i>	156
<i>arthritis pain oral tablet extended release 650 mg.</i>	8			<i>AYR.</i>	147

AYR SALINE NASAL DROPS.....	147	BAXDELA INTRAVENOUS.....	138	BETADINE EXTERNAL SOLUTION 10 %...	16
<i>ayuna</i>	74	BAYER ASPIRIN.....	122	<i>betamethasone dipropionate aug</i>	93
AZASITE.....	128	BAYER LOW DOSE ORAL TABLET		<i>betamethasone dipropionate external lotion</i>	93
<i>azathioprine oral tablet 50 mg</i>	99	CHEWABLE.....	122	<i>betamethasone dipropionate external</i>	
<i>azelaic acid external</i>	52	<i>baza antifungal</i>	22	<i>ointment</i>	93
<i>azelastine hcl nasal</i>	30	BCG VACCINE.....	153	<i>betamethasone valerate external cream</i>	93
<i>azelastine hcl ophthalmic</i>	128	<i>b-complex/b-12 oral</i>	156	<i>betamethasone valerate external lotion</i>	93
<i>azithromycin oral</i>	111	BD AUTOSHIELD DUO PEN NEEDLES		<i>betamethasone valerate external ointment</i> ..	93
<i>azo</i>	90	57, 113	BETAPACE.....	15
AZO VAGINAL HEALTH PROBIOTIC.....	83	BD BLUNT FILL NEEDLE.....	102	BETAPACE AF.....	15
<i>azurette</i>	74	BD ECLIPSE NEEDLE 25G X 5/8".....	113	BETASERON.....	120
<i>b complex</i>	156	BD PEN NEEDLE MICRO ULTRAFINE.....	57	<i>betatemp childrens</i>	9
<i>b complex vitamins</i>	156	BD PEN NEEDLE MINI ULTRAFINE.....	113	<i>betaxolol hcl ophthalmic</i>	129
<i>b complex-b12</i>	156	BD ULTRA-FINE INSULIN SYRINGES57, 113		<i>betaxolol hcl oral</i>	42
<i>b-1</i>	156	BD ULTRA-FINE INSULIN SYRINGES		<i>bethanechol chloride oral</i>	90
<i>b-12 oral tablet extended release</i>	156	31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	113	BETIMOL.....	129
<i>b-12 slow release</i>	156	BD ULTRA-FINE INSULIN SYRINGES		BETOPTIC-S.....	129
<i>b6</i>	156	31G X 5/16" 0.3 ML.....	113	BEVESPI AEROSPHERE.....	139
BABY AYR SALINE.....	147	BD ULTRA-FINE PEN NEEDLES.....	57	<i>bexarotene</i>	149
<i>baby basics diaper rash</i>	52	<i>beauty 360 pure glycerin</i>	55	BEXSERO.....	153
<i>bac (butalbital-acetamin-caff)</i>	9	<i>beauty 360 soothing bath</i>	52	BEYAZ.....	74
BACILLEX.....	83	BELBUCA.....	131	<i>bicalutamide</i>	15
<i>bacitracin external</i>	16	BENADRYL ALLERGY CHILDRENS		BICILLIN L-A INTRAMUSCULAR	
<i>bacitracin zinc external</i>	16	ORAL LIQUID.....	30	SUSPENSION PREFILLED SYRINGE	
<i>bacitracin zinc-aloe</i>	16	BENADRYL ALLERGY CHILDRENS		2400000 UNIT/4ML.....	44
<i>bacitracin-polymyxin b</i>	124	ORAL TABLET CHEWABLE.....	30	BIJUVA ORAL CAPSULE 1-100 MG.....	74
<i>bacitra-neomycin-polymyxin-hc</i>	130	BENADRYL ALLERGY ORAL TABLET.....	30	BIKTARVY.....	33
<i>baclofen oral tablet 10 mg, 20 mg</i>	150	BENADRYL ALLERGY ULTRATABS.....	30	BILTRICIDE.....	14
<i>baclofen oral tablet 5 mg</i>	150	<i>benazepril hcl oral</i>	14	BIMZELX SOLUTION AUTO-INJECTOR	
BAFIERTAM.....	120	<i>benazepril-hydrochlorothiazide</i>	48	160 MG/ML SUBCUTANEOUS.....	100
BALCOLTRA.....	74	BENLYSTA SUBCUTANEOUS		BIOGAIA GASTRUS ORAL CAPSULE.....	83
<i>balsalazide disodium</i>	7	SOLUTION AUTO-INJECTOR.....	101	BIOLLE TEARS.....	124
BALVERSA.....	73	BENZAC AC WASH.....	52	BION TEARS PF.....	124
<i>balziva</i>	74	BENZAMYCIN.....	53	BIOTINEX.....	83
<i>banophen oral tablet</i>	30	BENZNIDAZOLE.....	14	<i>bisacodyl ec</i>	106
BAQSIMI ONE PACK.....	91	<i>benzonatate</i>	147	<i>bisacodyl laxative</i>	106
BAQSIMI TWO PACK.....	91	<i>benzoyl peroxide external gel 2.5 %</i>	53	<i>bisacodyl oral tablet delayed release 5 mg</i>	106
BARACLUDGE ORAL SOLUTION.....	24	BESIVANCE.....	128	<i>bisacodyl rectal</i>	106
BASAGLAR KWIKPEN.....	102	BESREMI.....	38	<i>bismuth</i>	83

<i>bismuth subsalicylate oral</i>	83	<i>budesonide oral</i>	90	<i>calcium acetate oral tablet 667 mg</i>	134
<i>bisoprolol fumarate oral</i>	42	<i>budesonide-formoterol fumarate</i>	139	<i>calcium antacid</i>	83
<i>bisoprolol-hydrochlorothiazide</i>	48	<i>bumetanide oral</i>	59	<i>calcium antacid extra strength</i>	83
BLACK-DRAUGHT LAX-SENNA.....	106	<i>buprenorphine</i>	131	<i>calcium carb-cholecalciferol oral tablet</i>	
<i>blisovi 24 fe</i>	74	<i>butalbital-acetaminophen oral tablet 50-</i>		<i>600-10 mg-mcg</i>	63
<i>blisovi fe 1.5/30</i>	75	<i>325 mg</i>	9	<i>calcium carb-cholecalciferol oral tablet</i>	
<i>blisovi fe 1/20</i>	75	<i>butalbital-apap-caff-cod oral capsule 50-</i>		<i>600-3.125 mg-mcg</i>	63
BLOOD GLUCOSE TEST STRIPS.....	57	<i>325-40-30 mg</i>	131	<i>calcium carb-cholecalciferol oral tablet</i>	
BONINE.....	20	<i>butalbital-apap-caffeine oral capsule 50-</i>		<i>600-5 mg-mcg</i>	63
BOOSTRIX.....	153	<i>325-40 mg</i>	9	<i>calcium carbonate</i>	63
<i>boro-packs</i>	53	<i>butalbital-apap-caffeine oral tablet</i>	9	<i>calcium carbonate antacid oral suspension</i>	83
<i>bosentan</i>	138	<i>butalbital-asa-caff-codeine</i>	131	<i>calcium carbonate antacid oral tablet</i>	83
BOSULIF ORAL CAPSULE.....	117	<i>butalbital-aspirin-caffeine</i>	9	<i>calcium carbonate antacid oral tablet</i>	
BOSULIF ORAL TABLET.....	117	<i>butorphanol tartrate nasal</i>	131	<i>chewable</i>	83
BOUDREAUXS BUTT PASTE EXTERNAL		BUTRANS.....	131	<i>calcium carbonate oral tablet 1500 (600</i>	
OINTMENT 40 %.....	53	BYLVAY.....	83	<i>ca) mg</i>	63
<i>bp 10-1</i>	53	BYLVAY (PELLETS).....	83	<i>calcium carbonate oral tablet chewable</i>	
<i>bp wash external liquid 2.5 %</i>	53	<i>c 500/rose hips</i>	67	<i>1250 (500 ca) mg</i>	63
<i>b-plex plus</i>	156	CABENUVA.....	33	<i>calcium citrate + d3 maximum</i>	63
BPROTECTED PEDIA D-VITE.....	67	<i>cabergoline</i>	98	<i>calcium citrate +d3</i>	63
BPROTECTED PEDIA IRON.....	63	CABLIVI.....	134	<i>calcium citrate +vitamin d3</i>	64
BPROTECTED PEDIA POLY-VITE.....	67	CABOMETYX.....	117	<i>calcium citrate oral tablet 950 (200 ca) mg</i> ..	64
BPROTECTED VITAMIN C.....	67	<i>caffeine citrate oral</i>	49	<i>calcium citrate/vit d3</i>	64
BRAIN BUILDER KIDS.....	67	<i>cal mag zinc +d3</i>	63	<i>calcium citrate+d oral tablet 315-6.25 mg-</i>	
BREATHE COMFORT HUMIDIFIER.....	113	<i>calamine external</i>	53	<i>mcg</i>	64
BREO ELLIPTA INHALATION AEROSOL		<i>calamine external lotion</i>	53	<i>calcium citrate+d3 oral tablet</i>	64
POWDER BREATH ACTIVATED 100-25		<i>calamine-zinc oxide external lotion</i>	53	<i>calcium citrate+d3 w/magne</i>	64
MCG/ACT, 200-25 MCG/ACT.....	139	<i>calcipotriene external cream</i>	53	<i>calcium citrate-vitamin d oral tablet 315-5</i>	
<i>breyana</i>	139	<i>calcipotriene external ointment</i>	53	<i>mg-mcg</i>	64
BREZTRI AEROSPHERE.....	139	<i>calcipotriene external solution</i>	53	<i>calcium fast dissolution</i>	64
<i>briellyn</i>	75	<i>calcitonin (salmon) nasal</i>	112	<i>calcium high potency</i>	64
<i>brimonidine tartrate ophthalmic solution</i>		<i>calcitriol oral capsule</i>	112	<i>calcium high potency/vitamin d</i>	64
<i>0.15 %</i>	129	<i>calcitriol oral solution</i>	112	<i>calcium oral tablet 1500 (600 ca) mg</i>	64
<i>brimonidine tartrate ophthalmic solution 0.2</i>		<i>calcium + vitamin d3 oral tablet 600-10 mg-</i>		<i>calcium oyster shell oral tablet 1250 (500</i>	
<i>%</i>	129	<i>mcg</i>	63	<i>ca) mg</i>	64
BRUKINSA ORAL CAPSULE.....	117	<i>calcium 600</i>	63	<i>calcium/minerals/vitamin d oral tablet 600-</i>	
BRUKINSA ORAL TABLET.....	117	<i>calcium 600+d oral tablet 600-10 mg-mcg</i> ...	63	<i>400 mg-unit</i>	64
BUCKLEYS CHEST CONGESTION.....	139	<i>calcium 600+d oral tablet 600-5 mg-mcg</i>	67	<i>calcium-magnesium-zinc oral tablet 333-</i>	
<i>budesonide inhalation</i>	36	<i>calcium acetate (phos binder)</i>	134	<i>133-5 mg, 333.33-133.33-5 mg</i>	67

<i>calcium-vitamin d3 oral tablet</i>	64	<i>carteolol hcl</i>	129	CHEMET.....	73
<i>cal-gest antacid</i>	83	<i>cartia xt</i>	47	CHEMSTRIP 10 MD.....	57
CALQUENCE.....	117	<i>carvedilol</i>	42	CHEMSTRIP 10/SG.....	57
<i>camila</i>	135	CAYSTON.....	50	CHEMSTRIP 2 GP.....	57
<i>camrese</i>	75	<i>cefaclor oral capsule</i>	43	CHEMSTRIP 5 OB.....	57
<i>camrese lo</i>	75	<i>cefadroxil</i>	43	CHEMSTRIP 7.....	57
CAMZYOS ORAL CAPSULE 2.5 MG.....	48	<i>cefazolin sodium injection solution</i>		CHEMSTRIP 9.....	57
<i>capecitabine</i>	38	<i>reconstituted 1 gm, 10 gm</i>	43	CHEMSTRIP K.....	57
CAPRELSA.....	117	<i>cefdinir</i>	43	CHEMSTRIP UGK.....	57
<i>capsaicin cream 0.025 % external</i>	9	<i>cefepime hcl intravenous solution</i>		<i>chest congestion relief dm oral syrup</i>	140
<i>capsaicin cream 0.1 % external</i>	9	<i>reconstituted 2 gm</i>	43	<i>chest congestion relief oral liquid</i>	140
<i>capsaicin hp</i>	9	<i>cefixime oral capsule</i>	43	<i>chest congestion relief oral tablet</i>	140
<i>capsaicin pain relief</i>	9	<i>cefotetan disodium</i>	43	<i>chewable c with rose hips</i>	67
CAPSAID ES ARTHRITIS RELIEF.....	9	<i>cefpodoxime proxetil oral tablet</i>	43	<i>chewable childrens vitamin</i>	157
<i>captopril oral</i>	14	<i>cefprozil</i>	43	<i>chewy not chalky flavor</i>	83
<i>captopril-hydrochlorothiazide</i>	48	<i>ceftaroline fosamil intravenous solution</i>		<i>childrens allergy oral liquid 12.5 mg/5ml</i>	30
CAPVAXIVE.....	153	<i>reconstituted 600 mg</i>	43	<i>childrens animal shapes</i>	157
<i>capzix</i>	9	<i>ceftazidime injection</i>	43	<i>childrens apap</i>	9
<i>carbidopa-levodopa er oral tablet extended</i>		<i>ceftazidime intravenous</i>	43	<i>childrens aspirin oral tablet chewable 81</i>	
<i>release</i>	60	<i>ceftriaxone sodium injection solution</i>		<i>mg</i>	122
<i>carbidopa-levodopa oral tablet</i>	60	<i>reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> ..	43	<i>childrens chewable vitamins</i>	67
<i>carboxymethylcellulose sod pf ophthalmic</i>		<i>cefuroxime axetil</i>	43	<i>childrens chewables/ex c</i>	68
<i>solution</i>	124	<i>celecoxib oral</i>	122	<i>childrens chewables/iron</i>	68
<i>carboxymethylcellulose sodium ophthalmic</i>		CENTRUM FLAVOR BURST KIDS.....	156	<i>childrens complete oral tablet chewable 18</i>	
<i>solution</i>	124	CENTRUM KIDS.....	156	<i>mg</i>	157
CAREPOINT POLY HUB NEEDLE 18G X		CENTRUM KIDS MULTIGUMMIES.....	156	<i>childrens loratadine</i>	30
1".....	102	CENTRUM MENOPAUSE MIND/MOOD..	157	<i>childrens multi</i>	157
CAREPOINT POLY HUB NEEDLE 25G X		CENTRUM SPECIALIST PRENATAL.....	157	<i>childrens multi plus immune</i>	68
5/8".....	113	<i>cephalexin oral capsule 250 mg, 500 mg</i>	43	<i>childrens non-aspirin</i>	9
CAREPOINT PRECISION POLY HUB 25G		<i>cephalexin oral suspension reconstituted</i>	43	<i>children's pain/fever</i>	9
X 5/8".....	114	CEQUA.....	124	<i>childrens soothe</i>	83
CAREPOINT SAFETY 1ST NEEDLE 25G		CERDELGA.....	89	<i>childrens vitamins/extra c</i>	68
X 5/8".....	114	<i>cerovite jr</i>	157	<i>childrens vitamins/iron</i>	68
CARESENS CONTROL SOLUTION A/B.....	57	<i>cetirizine allergy relief</i>	30	<i>childrens/extra c</i>	68
CARESENS S CONTROL SOLN A/B.....	57	<i>cetirizine hcl oral solution</i>	30	<i>childs non-aspirin</i>	9
CARETOUCH CONTROL SOL LEVEL 2....	57	<i>cetirizine hcl oral tablet</i>	30	<i>chloramphenicol sod succinate</i>	16
CARETOUCH HYPODERMIC NEEDLE		<i>cetirizine-pseudoephedrine er</i>	26	<i>chlorhexidine gluconate mouth/throat</i>	51
25G X 5/8".....	114	<i>charlotte 24 fe</i>	75	<i>chloroquine phosphate oral</i>	39
<i>carglumic acid</i>	64	<i>chateal eq</i>	75	<i>chlorthalidone</i>	60

<i>chlorzoxazone oral tablet 500 mg</i>	150	CLIMARA PRO.....	75	<i>cold/cough childrens</i>	140
CHOLBAM.....	89	<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	16	<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	140
<i>cholecalciferol oral</i>	68	<i>clindamycin palmitate hcl</i>	16	COLLAVERA.....	111
<i>cholestyramine light oral powder</i>	62	<i>clindamycin phos (once-daily)</i>	53	COMBIGAN.....	129
<i>cholestyramine oral powder</i>	62	<i>clindamycin phos (twice-daily)</i>	53	COMBIPATCH.....	75
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	96	<i>clindamycin phosphate external lotion</i>	53	COMBIVENT RESPIMAT.....	140
CIBINQO.....	55	<i>clindamycin phosphate external solution</i>	53	COMETRIQ (100 MG DAILY DOSE).....	117
<i>ciclodan</i>	22	<i>clindamycin phosphate external swab</i>	53	COMETRIQ (140 MG DAILY DOSE).....	117
<i>ciclopirox external solution</i>	22	<i>clindamycin phosphate vaginal</i>	16	COMETRIQ (60 MG DAILY DOSE).....	117
<i>cilostazol</i>	134	CLINDESSE.....	16	<i>comfort gel</i>	83
CILOXAN.....	128	CLINERE EARWAX REMOVAL KIT OTIC SOLUTION.....	132	<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	83
CIMDUO.....	34	<i>clobetasol prop emollient base</i>	93	COMIRNATY.....	153
<i>cimetidine hcl</i>	92	<i>clobetasol propionate e</i>	93	COMIRNATY 5-11 YEARS.....	153
<i>cimetidine oral</i>	92	<i>clobetasol propionate external cream 0.05 %</i>	93	COMPLERA.....	33
CIMZIA (2 SYRINGE).....	99	<i>clobetasol propionate external ointment</i>	94	<i>complete allergy medicine</i>	31
CIMZIA VIAL KIT.....	99	<i>clobetasol propionate external solution</i>	94	<i>complete allergy medicine oral capsule</i>	31
<i>cinacalcet hcl</i>	112	CLOBEX.....	94	<i>complete allergy relief</i>	31
CIPRO ORAL SUSPENSION RECONSTITUTED.....	138	CLOBEX SPRAY.....	94	COMPLETE NATAL DHA.....	157
<i>ciprofloxacin hcl ophthalmic</i>	128	<i>clonidine hcl er</i>	41	COMPLETENATE.....	157
<i>ciprofloxacin hcl oral</i>	138	<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	6	CONDOMS.....	114
<i>ciprofloxacin-dexamethasone</i>	132	<i>clopidogrel bisulfate oral</i>	134	<i>constulose</i>	106
CITRUCEL.....	106	<i>clotrimazole 3</i>	22	CONTOUR NEXT EZ KIT W/DEVICE.....	57
<i>claravis</i>	53	<i>clotrimazole external</i>	22	CONTOUR NEXT GEN MONITOR KIT W/DEVICE.....	57
<i>clarithromycin er</i>	111	<i>clotrimazole mouth/throat</i>	22	CONTOUR NEXT MONITOR KIT W/DEVICE.....	57
<i>clarithromycin oral</i>	111	<i>clotrimazole vaginal</i>	22	CONTOUR NEXT ONE KIT.....	57
CLARITIN-D 12 HOUR.....	26	<i>clotrimazole-betamethasone</i>	53	CONTOUR NEXT ONE KIT W/DEVICE.....	57
CLARITIN-D 24 HOUR.....	26	<i>codeine sulfate</i>	131	CONTOUR NEXT TEST STRIP IN VITRO..	57
<i>classic prenatal</i>	157	COLACE.....	106	CONTOUR PLUS BLUE KIT W/DEVICE.....	57
<i>c-lax laxative</i>	106	COLACE CLEAR.....	106	CONTOUR PLUS CONTROL SOLUTION...57	
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID.....	114	COLACE EXTRA STRENGTH.....	106	CONTOUR PLUS TEST STRIP.....	57
CLEARCANAL EARWAX SOFTENER.....	132	<i>colchicine oral tablet</i>	24	CONTOUR TEST STRIP IN VITRO.....	57, 58
<i>clearlax oral powder 17 gm/scoop</i>	104	<i>cold & allergy</i>	140	COOL MIST HUMIDIFER.....	114
<i>clearskin</i>	53	<i>cold & allergy d max strength</i>	140	COOL MIST HUMIDIFIER.....	114
<i>clemastine fumarate oral tablet</i>	31	<i>cold & sinus relief oral tablet 30-200 mg</i>	140	COPAXONE.....	120
CLENPIQ.....	106	<i>cold/cough</i>	140	<i>corn & callus remover</i>	114
CLIMARA.....	75				

<i>corn and callus remover</i>	114	CULTURELLE ULTIMATE STRENGTH.....	83	<i>daily probiotic supplement</i>	83
CORTIFOAM.....	90	CULTURELLE WOMENS 4 IN 1.....	83	<i>daily vitamins</i>	157
<i>cortisone maximum strength external cream</i>	94	CURANOL.....	9	<i>daily vite</i>	157
CORTROPHIN.....	94	CURELIEF.....	31	<i>daily vites</i>	157
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML.....	53	<i>cyanocobalamin injection solution 1000 mcg/ml</i>	157	<i>daily-vite</i>	157
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	53	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	150	<i>dalfampridine er</i>	120
COSENTYX UNOREADY.....	53	<i>cyclopentolate hcl ophthalmic</i>	124	<i>danazol oral</i>	13
COSOPT.....	129	<i>cyclophosphamide oral capsule</i>	6	<i>dantrolene sodium oral</i>	150
COSOPT PF.....	129	CYCLOPHOSPHAMIDE ORAL TABLET.....	6	<i>dapagliflozin</i>	19
COTELLIC.....	117	<i>cycloserine oral</i>	41	<i>dapsone oral</i>	38
<i>cough & chest congestion</i>	140	CYCLOSET.....	19	DAPTACEL.....	153
<i>cough & cold</i>	147	<i>cyclosporine (pf)</i>	124	<i>daptomycin</i>	16
<i>cough & cold hbp</i>	147	<i>cyclosporine modified</i>	99	<i>darifenacin hydrobromide er</i>	40
<i>cough childrens</i>	140	<i>cyclosporine oral</i>	99	<i>darunavir</i>	35
<i>cough dm childrens</i>	140	<i>cyproheptadine hcl oral</i>	31	<i>dasatinib</i>	117
<i>cough dm er</i>	140	<i>cyred eq</i>	75	<i>dasetta 1/35 (28)</i>	75
<i>cough dm oral suspension extended release 30 mg/5ml</i>	140	CYSTAGON.....	89	<i>dasetta 7/7/7</i>	75
<i>cough relief childrens</i>	140	CYSTARAN.....	125	DAURISMO.....	117
<i>cough/cold hbp</i>	147	<i>d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut)</i>	68	DAYHIST ALLERGY 12 HOUR RELIEF.....	31
COVARYX.....	75	<i>d3 high potency oral capsule 250 mcg (10000 ut)</i>	68	<i>daysee</i>	75
COVARYX HS.....	75	<i>d3 max st</i>	68	<i>deblitane</i>	135
CREON.....	89	<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	68	DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	68
CRESEMBA ORAL CAPSULE 186 MG.....	22	<i>d3 oral capsule 125 mcg (5000 ut)</i>	68	DECARA ORAL CAPSULE 625 MCG (25000 UT).....	68
CRESTOR.....	61	<i>d3 oral capsule 25 mcg (1000 ut)</i>	68	<i>deep sea nasal spray</i>	148
<i>cromolyn sodium inhalation</i>	112	<i>d3 oral capsule 250 mcg (10000 ut)</i>	68	<i>deferasirox</i>	73
<i>cromolyn sodium nasal</i>	112	<i>d-3-5</i>	68	<i>deferasirox granules</i>	73
<i>cromolyn sodium ophthalmic</i>	128	<i>d3-50</i>	68	DELSTRIGO.....	33
CRUEX PRESCRIPTION STRENGTH.....	22	<i>dabigatran etexilate mesylate</i>	18	DELSYM CGH/CHEST CONG DM CHILD.....	140
<i>cryselle</i>	75	<i>daily acne wash</i>	114	DELSYM COUGH CHILDRENS.....	140
CULTURELLE ADULT ULT BALANCE.....	83	<i>daily fiber oral capsule 0.52 gm</i>	104	DELSYM COUGH/CHEST CONGEST DM.....	140
CULTURELLE DIGESTIVE DAILY PRO.....	83	<i>daily fiber oral powder 43 %</i>	104	DELSYM ORAL SUSPENSION EXTENDED RELEASE.....	140
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE.....	83	<i>daily gummies</i>	68	<i>delyla</i>	75
CULTURELLE HEALTH (INULIN).....	83	<i>daily multiple vitamins</i>	157	DENGVAXIA.....	153
		<i>daily multivitaminsliron</i>	68	DENTA 5000 PLUS.....	51
				DENTAGEL.....	51
				DEPLIN MA.....	68

DEPLINPRO MOOD HEALTH.....	68	<i>diaper rash external ointment</i>	53	<i>diphenhydramine hcl oral tablet</i>	31
DEPO-ESTRADIOL.....	75	<i>diarrhea</i>	84	<i>diphenoxylate-atropine</i>	84
DEPO-SUBQ PROVERA 104.....	135	<i>diarrhea relief</i>	84	<i>dipyridamole oral</i>	134
DEPO-TESTOSTERONE		DIASTIX.....	58	<i>disopyramide phosphate</i>	15
INTRAMUSCULAR SOLUTION 100		<i>diclofenac potassium oral tablet 50 mg</i>	122	DIVIGEL.....	75
MG/ML, 200 MG/ML.....	13	<i>diclofenac sodium er</i>	122	<i>dm maximum adult</i>	140
DEPO-TESTOSTERONE		<i>diclofenac sodium external solution 1.5 %</i>	122	<i>docosanol external</i>	55
INTRAMUSCULAR SOLUTION 200		<i>diclofenac sodium ophthalmic</i>	130	<i>docusate calcium</i>	106
MG/ML.....	13	<i>diclofenac sodium oral</i>	122	<i>docusate mini</i>	106
DERMACINRX URACIN.....	55	<i>dicloxacillin sodium</i>	44	<i>docusate sodium oral</i>	106
DERMELEVE ENHANCED FORMULA.....	53	<i>dicyclomine hcl oral capsule</i>	40	<i>docusate sodium/senna</i>	106
DESCOVY.....	34	<i>dicyclomine hcl oral tablet 20 mg</i>	40	DOCUZEN.....	106
DESENX.....	22	DIFFERIN EXTERNAL CREAM.....	53	<i>dofetilide</i>	15
DESGEN DM ORAL LIQUID.....	26	DIFFERIN EXTERNAL GEL 0.3 %.....	53	<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	49
<i>desmopressin ace spray refrig</i>	96	DIFICID.....	111	DOPTELET.....	45
<i>desmopressin acetate oral</i>	96	<i>digestive probiotic oral capsule</i>	84	DORZOLAMIDE HCL SOLUTION 2 %	
<i>desmopressin acetate spray</i>	96	<i>digestive probiotic oral capsule 250 mg</i>	84	OPHTHALMIC.....	129
<i>destress-iron</i>	68	<i>digoxin oral solution</i>	48	<i>dorzolamide hcl solution 2 % ophthalmic</i> ...	129
<i>dexamethasone intensol</i>	94	<i>digoxin oral tablet 125 mcg, 250 mcg</i>	48	<i>dorzolamide hcl-timolol mal</i>	129
<i>dexamethasone oral elixir</i>	94	<i>dihydroergotamine mesylate injection</i>	74	<i>dotti</i>	75
<i>dexamethasone oral solution</i>	94	DILANTIN ORAL CAPSULE 30 MG.....	151	<i>double antibiotic</i>	16
<i>dexamethasone oral tablet 0.5 mg, 0.75</i>		<i>diltiazem hcl er beads</i>	47	DOVATO.....	32
<i>mg, 1 mg, 2 mg</i>	94	<i>diltiazem hcl er coated beads</i>	47	<i>doxazosin mesylate oral</i>	6
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6</i>		<i>diltiazem hcl er oral capsule extended</i>		<i>doxy 100</i>	152
<i>mg</i>	94	<i>release 12 hour</i>	47	<i>doxycycline hyclate intravenous</i>	152
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl er oral capsule extended</i>		<i>doxycycline hyclate oral capsule</i>	152
<i>ophthalmic</i>	130	<i>release 24 hour</i>	47	<i>doxycycline hyclate oral tablet 100 mg</i>	152
DEXCOM G6 RECEIVER.....	58	<i>diltiazem hcl oral</i>	47	<i>doxycycline monohydrate oral capsule 100</i>	
DEXCOM G6 SENSOR.....	58	<i>dilt-xr</i>	47	<i>mg</i>	152
DEXCOM G6 TRANSMITTER.....	114	DIMETANE ALLERGY RELIEF.....	31	<i>doxycycline monohydrate oral capsule 50</i>	
DEXCOM G7 15 DAY SENSOR.....	58	DIMETANE ALLERGY RELIEF EX ST.....	31	<i>mg</i>	152
DEXCOM G7 RECEIVER.....	58	DIMETAPP COUGH & ALLERGY CHILD...31		DR SCHOLLS ODOR-X ATHLETE FOOT...22	
DEXCOM G7 SENSOR.....	58	<i>dimethyl fumarate oral</i>	120	DR SMITHS DIAPER.....	53
<i>dextromethorphan polistirex er</i>	140	<i>dimethyl fumarate starter pack</i>	120	<i>drimate tablet 50 mg oral</i>	20
<i>dextromethorphan-guaifenesin oral syrup</i> ..	140	DIPENTUM.....	7	DRIMATE TABLET 50 MG ORAL.....	20
DHIVY.....	60	<i>diphen</i>	31	<i>dronabinol</i>	73
DIALYVITE 800 ORAL TABLET.....	157	<i>diphenhydramine hcl childrens</i>	31	DROPSAFE ALCOHOL PREP.....	114
DIALYVITE VITAMIN D 5000.....	68	<i>diphenhydramine hcl oral capsule</i>	31	DROPSAFE SICURA 25G X 5/8".....	114
<i>diamode</i>	83	<i>diphenhydramine hcl oral liquid</i>	31	<i>drospirenone-ethinyl estradiol</i>	75

DROXIA ORAL CAPSULE 200 MG, 300 MG.....	38	<i>econtra one-step</i>	135	EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM.....	58
DROXIA ORAL CAPSULE 400 MG.....	38	ED A-HIST ORAL LIQUID.....	27	EMEND ORAL.....	73
<i>dry-eye relief nighttime</i>	125	<i>ed bron gp</i>	148	EMERGEN-C KIDZ DAILY IMMUNE.....	157
<i>dss</i>	107	<i>ed chlorped jr</i>	31	EMERGEN-C KIDZ IMMUNE+.....	157
DUAKLIR PRESSAIR.....	140	<i>ed-apap</i>	9	EMETROL ORAL SOLUTION.....	20
DUAVEE.....	75	EDARBI.....	14	EMGALITY.....	47
DUETACT.....	19	EDARBYCLOR.....	48	EMGALITY (300 MG DOSE).....	47
DULERA.....	140	EDURANT.....	33	EMPAVELI.....	44
DUPIXENT.....	53	EDURANT PED.....	33	<i>emtricitabine</i>	34
DUREX EXTRA SENSITIVE THIN.....	114	EEMT.....	75	<i>emtricitabine-tenofovir df</i>	34
DUREX TROPICAL.....	114	<i>efavirenz</i>	33	<i>emtricitab- rilpivir-tenofov df</i>	33
<i>dutasteride oral</i>	42	<i>efavirenz-emtricitab-tenofo df</i>	33	EMTRIVA ORAL SOLUTION.....	34
DUVYZAT.....	89	<i>efavirenz-lamivudine-tenofovir</i>	33	EMVERM.....	14
D-VI-SOL.....	68	<i>effer-k oral tablet effervescent 25 meq</i>	64	<i>emzahh</i>	135
<i>d-vite pediatric</i>	68	EGRIFTA SV.....	96	<i>enalapril maleate oral solution</i>	14
<i>e</i>	157	<i>electrolyte</i>	64	<i>enalapril maleate oral tablet</i>	14
E.E.S. 400.....	111	<i>electrolyte adv care</i>	64	<i>enalapril-hydrochlorothiazide</i>	48
<i>e-400-clear</i>	157	<i>electrolyte solution</i>	64	ENBREL.....	99
<i>ear drops earwax aid</i>	132	ELESTRIN.....	75	ENCARE.....	90
<i>ear drops otic solution 6.5 %</i>	132	<i>eletriptan hydrobromide</i>	150	ENDACOF-DM.....	140
<i>ear wax kit</i>	132	<i>elinst</i>	75	ENDARI.....	64
<i>ear wax removal</i>	132	ELIQUIS DVT/PE STARTER PACK.....	18	<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	131
<i>ear wax removal system</i>	132	ELIQUIS ORAL TABLET.....	18	<i>enema disposable</i>	107
<i>earwax removal drops</i>	132	<i>elixophyllin</i>	134	<i>enema mineral oil rectal enema</i>	104
<i>earwax removal kit otic solution 6.5 %</i>	132	ELLA.....	134	<i>enema ready-to-use</i>	107
<i>earwax removal otic solution 6.5 %</i>	133	<i>eltrombopag olamine</i>	45	<i>enema rectal enema 19-7 gm/118ml</i>	107
EASIVENT.....	114	<i>eluryng</i>	75	ENEMEEZ MINI.....	107
EASIVENT MASK LARGE.....	114	ELYXYB.....	122	ENFAMIL ENFALYTE.....	64
EASIVENT MASK MEDIUM.....	114	EMBECTA AUTOSHIELD DUO.....	114	ENFAMIL EXPECTA.....	157
EASIVENT MASK SMALL.....	114	EMBECTA INS SYR U/F 1/2 UNIT.....	114	ENGERIX-B.....	153
EASY TOUCH HEALTHPRO HIGH/LOW.....	58	EMBECTA INSULIN SYR ULTRAFINE.....	114	<i>enilloring</i>	75
EASY-C IMMUNE HEALTH.....	69	EMBECTA INSULIN SYRINGE U-500.....	115	<i>enoxaparin sodium</i>	18
EASYGEL.....	51	EMBECTA PEN NEEDLE NANO.....	58	<i>enskyce</i>	75
<i>easy-lax plus</i>	107	EMBECTA PEN NEEDLE NANO 2 GEN.....	58	ENSPRYNG.....	99
EASYMAX 15 LEVEL 2 CONTROL.....	58	EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM.....	115	ENSTILAR.....	53
EASYMAX 15 LEVEL 2-3 CONTROL.....	58	EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM.....	115	<i>entacapone</i>	39
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	53			<i>entecavir</i>	24

<i>enteric aspirin</i>	122	<i>estradiol transdermal patch weekly</i>	75	<i>ezetimibe</i>	62
<i>enteric coated aspirin</i>	122	<i>estradiol vaginal</i>	75	EZFE 200.....	64
ENTRESTO ORAL TABLET.....	48	<i>estradiol valerate intramuscular</i>	75	<i>falmina</i>	76
<i>enulose</i>	107	<i>estradiol-norethindrone acet</i>	76	<i>famotidine acid reducer oral tablet 10 mg</i>	92
EPCLUSA.....	24	ESTRATEST H.S.....	76	<i>famotidine oral suspension reconstituted</i>	92
EPIDUO.....	53	ESTROGEL.....	76	<i>famotidine oral tablet</i>	92
EPIDUO FORTE.....	53	<i>ethambutol hcl oral tablet 100 mg</i>	41	<i>famotidine orig st</i>	92
<i>epinephrine injection solution auto-injector</i> ..	46	<i>ethambutol hcl oral tablet 400 mg</i>	41	FARXIGA.....	19
<i>eplerenone</i>	60	<i>ethosuximide oral</i>	48	FASENRA PEN.....	140
EPOGEN.....	45	<i>etodolac</i>	122	<i>febuxostat</i>	24
<i>ergocalciferol oral capsule</i>	157	<i>etonogestrel-ethinyl estradiol</i>	76	<i>feirza 1.5/30</i>	76
<i>ergotamine-caffeine</i>	74	<i>etoposide oral</i>	73	<i>feirza 1/20</i>	76
ERIVEDGE.....	117	<i>etravirine</i>	33	<i>felodipine er</i>	47
ERLEADA.....	15	EUCRISA.....	53	FEMRING.....	76
<i>erlotinib hcl</i>	117	EVAC.....	104	<i>fenofibrate micronized oral capsule 134</i>	
<i>errin</i>	135	EVAMIST.....	76	<i>mg, 200 mg, 67 mg</i>	61
<i>ertapenem sodium</i>	43	<i>everolimus oral tablet 0.25 mg, 0.5 mg,</i>		<i>fenofibrate oral capsule 134 mg, 200 mg,</i>	
<i>erythromycin base oral capsule delayed</i>		<i>0.75 mg, 1 mg</i>	99	<i>67 mg</i>	61
<i>release particles</i>	111	<i>everolimus oral tablet 10 mg, 2.5 mg, 5</i>		<i>fenofibrate oral tablet</i>	61
<i>erythromycin base oral tablet</i>	111	<i>mg, 7.5 mg</i>	117	FENSOLVI (6 MONTH).....	98
<i>erythromycin base oral tablet delayed</i>		<i>everolimus oral tablet soluble</i>	118	<i>fantanyl transdermal patch 72 hour 100</i>	
<i>release 333 mg, 500 mg</i>	111	EVOTAZ.....	35	<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>	
<i>erythromycin ethylsuccinate oral</i>		EXCEDRIN EXTRA STRENGTH.....	9	<i>75 mcg/hr</i>	131
<i>suspension reconstituted</i>	111	EXCEDRIN MIGRAINE.....	9	<i>ferate</i>	69
<i>erythromycin external</i>	53	EXCEDRIN MIGRAINE RELIEF.....	9	FER-IN-SOL.....	64
<i>erythromycin ophthalmic</i>	128	<i>exemestane</i>	41	<i>ferosul</i>	64
<i>erythromycin oral tablet delayed release</i>		EX-LAX MAXIMUM STRENGTH.....	107	<i>ferretts</i>	64
<i>333 mg, 500 mg</i>	111	EX-LAX ULTRA.....	107	<i>ferrex 150 capsule 150 mg oral</i>	64
<i>esomeprazole magnesium oral capsule</i>		<i>eye drops adv relief</i>	125	FERREX 150 CAPSULE 150 MG ORAL.....	64
<i>delayed release</i>	137	<i>eye drops advanced relief</i>	125	FERRIC X-150.....	64
<i>esomeprazole magnesium oral packet</i>	137	<i>eye drops long lasting</i>	125	<i>ferrous fumarate oral tablet 324 (106 fe)</i>	
<i>essential one daily</i>	157	<i>eye drops ophthalmic solution 0.05 %</i>	115	<i>mg, 324 mg</i>	65
<i>essentials</i>	157	<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>		<i>ferrous gluconate</i>	69
<i>est estrogens-methyltest</i>	75	<i>%</i>	125	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	69
<i>est estrogens-methyltest ds</i>	75	<i>eye drops ophthalmic solution 0.05-0.25 %</i>	125	<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>	
<i>est estrogens-methyltest hs</i>	75	<i>eye itch relief ophthalmic solution 0.035 %</i>	128	<i>mg</i>	69
<i>estarylla</i>	75	<i>eye lubricant</i>	125	<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	69
<i>estradiol oral</i>	75	EYES ALIVE.....	125	<i>ferrous sulfate oral solution 220 (44 fe)</i>	
<i>estradiol transdermal patch twice weekly</i>	75	EYSUVIS.....	130	<i>mg/5ml</i>	65

<i>ferrous sulfate oral solution 75 (15 fe)</i>	<i>flecainide acetate</i>	15	FLUTICASONE PROPIONATE HFA
<i>mg/ml</i>	FLECTOR.....	122	INHALATION AEROSOL 110 MCG/ACT,
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FLEET ENEMA.....	107	220 MCG/ACT.....
<i>ferrous sulfate oral tablet delayed release</i> ... 65	FLEET LAXATIVE MINERAL OIL.....	105	<i>fluticasone propionate hfa inhalation</i>
<i>fever reducing childrens</i>	FLEET MINI ENEMA.....	107	<i>aerosol 44 mcg/act</i>
<i>feverall childrens</i>	FLEET OIL.....	105	<i>fluticasone propionate nasal</i>
FEVERALL INFANTS.....	FLEET PEDIATRIC.....	107	<i>fluticasone-salmeterol inhalation aerosol</i>
FEVERALL JUNIOR STRENGTH.....	FLEET STIMULANT.....	107	<i>powder breath activated 100-50 mcg/act,</i>
<i>fe-vite iron</i>	FLEET STOOL SOFTENER.....	107	<i>250-50 mcg/act, 500-50 mcg/act</i>
<i>fexofenadine hcl oral</i>	FLINTSTONES + EXTRA IRON.....	157	FLUTICASONE-SALMETEROL
FIASP.....	FLINTSTONES COMPLETE.....	157	INHALATION AEROSOL POWDER
FIASP FLEXTOUCH.....	FLORA VANCE.....	84	BREATH ACTIVATED 113-14 MCG/ACT,
FIASP PENFILL.....	<i>floranex tablet oral</i>	84	232-14 MCG/ACT, 55-14 MCG/ACT.....
<i>fiber laxative</i>	FLORANEX TABLET ORAL.....	84	FLUZONE HIGH-DOSE.....
<i>fiber laxative + calcium</i>	FLORAVITA MINI.....	69	FLUZONE INTRAMUSCULAR
<i>fiber laxative oral capsule 0.52 gm</i>	FLUAD.....	153	SUSPENSION PREFILLED SYRINGE.....
<i>fiber oral capsule 0.52 gm</i>	FLUARIX.....	153	FOLAGENT DHA.....
<i>fiber oral powder 28.3 %</i>	FLUCELVAX INTRAMUSCULAR		FOLAMED DHA.....
<i>fiber oral powder 43 %</i>	SUSPENSION PREFILLED SYRINGE.....	153	<i>folic acid injection solution 5 mg/ml</i>
<i>fiber oral tablet 500 mg</i>	<i>fluconazole oral</i>	22	<i>folic acid oral tablet 1 mg, 800 mcg</i>
<i>fiber oral tablet 625 mg</i>	<i>fludrocortisone acetate oral</i>	94	<i>folic acid oral tablet 400 mcg</i>
<i>fiber therapy oral capsule 0.52 gm</i>	FLULAVAL.....	154	FOLLISTIM AQ.....
<i>fiber therapy oral powder 28.3 %</i>	FLUMIST.....	154	FONDIRCLE ELECTRONIC PEAK FLO. 115
<i>fiber therapy oral tablet 500 mg</i>	<i>fluocinolone acetate body</i>	94	<i>foot & sneaker</i>
<i>fiber therapy oral tablet 625 mg</i>	<i>fluocinolone acetate external cream</i>		<i>for sty relief</i>
<i>fiber-caps</i>	<i>0.025 %</i>	94	<i>fosamprenavir calcium</i>
<i>fiber-lax</i>	<i>fluocinolone acetate external ointment</i>	94	<i>fosinopril sodium</i>
<i>fidaxomicin</i>	<i>fluocinolone acetate external solution</i>	94	<i>fosinopril sodium-hctz</i>
FILSPARI.....	<i>fluocinolone acetate scalp</i>	94	FREE + PURE DAILY PROBIOTIC.....
FINACEA EXTERNAL FOAM.....	<i>fluocinonide emulsified base</i>	94	FREESTYLE LIBRE 14 DAY READER.....
<i>finasteride oral tablet 5 mg</i>	<i>fluocinonide external cream</i>	94	FREESTYLE LIBRE 14 DAY SENSOR.....
<i>fingolimod hcl</i>	<i>fluocinonide external solution</i>	94	FREESTYLE LIBRE 2 PLUS SENSOR.....
<i>finzala</i>	<i>fluorometholone</i>	130	FREESTYLE LIBRE 2 READER.....
<i>first aid antibiotic external ointment , 3.5-</i>	<i>fluorouracil external cream 5 %</i>	54	FREESTYLE LIBRE 2 SENSOR.....
<i>400-5000</i>	<i>fluorouracil external solution</i>	54	FREESTYLE LIBRE 3 PLUS SENSOR.....
<i>first aid antiseptic external solution 10 %</i>	<i>flurbiprofen sodium</i>	130	FREESTYLE LIBRE 3 READER.....
FIRVANQ.....	FLUTICASONE FUROATE-VILANTEROL	141	FREESTYLE LIBRE 3 SENSOR.....
FLANAX.....	<i>fluticasone propionate external cream</i>	94	FREESTYLE PRECISION NEO TEST
FLAREX.....	<i>fluticasone propionate external ointment</i>	94	STRIPS.....

FREESTYLE TEST STRIPS.....	58	<i>gavilyte-n with flavor pack</i>	107	GIVLAARI.....	45
<i>freeze dried acidophilus</i>	84	GAVICON EXTRA STRENGTH.....	84	<i>glatiramer acetate</i>	120
FRESKARO MAGNESIUM CITRATE.....	107	<i>gefitinib</i>	118	<i>glatopa</i>	120
<i>frovatriptan succinate</i>	150	GELUSIL.....	84	GLEEVEC ORAL TABLET 100 MG.....	118
<i>ft 7 day vaginal</i>	22	<i>gemfibrozil oral</i>	61	<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	19
<i>ft enema</i>	107	GEMTESA.....	40	<i>glipizide er</i>	19
<i>ft glucose</i>	91	<i>generlac</i>	107	<i>glipizide oral tablet 10 mg, 5 mg</i>	19
<i>full spectrum b/vitamin c</i>	158	<i>gengraf</i>	99	<i>glucagon emergency injection solution</i>	
FULPHILA.....	45	GENOTROPIN.....	96	<i>reconstituted 1 mg</i>	91
<i>fungi-guard</i>	22	GENOTROPIN MINIQUICK.....	96	GLUCAGON EMERGENCY INJECTION	
FUROSCIX.....	59	<i>gentamicin sulfate external</i>	6	SOLUTION RECONSTITUTED 1 MG/ML...	91
<i>furosemide oral solution 10 mg/ml</i>	59	<i>gentamicin sulfate ophthalmic</i>	128	GLUCO TO GO.....	91
<i>furosemide oral tablet</i>	59	GENTEAL SEVERE.....	125	GLUCOCARD EXPRESSION TEST.....	58
FYLNETRA.....	45	GENTEAL TEARS MODERATE PF.....	125	GLUCOCARD SHINE TEST.....	58
<i>g tussin ac</i>	141	GENTEAL TEARS NIGHT-TIME.....	125	GLUCOSE CONTROL SOLUTIONS.....	58
<i>galantamine hydrobromide oral solution</i>	49	GENTEAL TEARS OPHTHALMIC		<i>glucose oral tablet chewable 4 gm</i>	91
<i>galantamine hydrobromide oral tablet 12</i>		SOLUTION 0.1-0.2-0.3 %.....	125	<i>glyburide</i>	19
<i>mg, 8 mg</i>	49	GENTEAL TEARS PF.....	125	<i>glyburide-metformin</i>	19
<i>galantamine hydrobromide oral tablet 4 mg</i>	49	GENTEAL TEARS SEVERE DAY/NIGHT.....	125	<i>glycerin (adult) rectal suppository 2 gm</i>	107
<i>gallifrey</i>	135	<i>gentle laxative oral suspension</i>	84	<i>glycerin (child)</i>	107
<i>ganirelix acetate</i>	98	<i>gentle laxative oral tablet delayed release</i>	107	<i>glycerin (infants & children) rectal</i>	
GARDASIL 9.....	154	<i>gentle laxative rectal</i>	107	<i>suppository 1 gm</i>	107
<i>gas relief extra st</i>	84	<i>gentle laxative womens oral tablet delayed</i>		<i>glycerin adult rectal suppository 2 gm</i>	108
<i>gas relief extra strength</i>	84	<i>release 5 mg</i>	107	<i>glycerin child rectal suppository 1 gm</i>	108
<i>gas relief infants oral suspension 20</i>		<i>genuine aspirin</i>	122	<i>glycerin child rectal suppository 1.2 gm</i>	108
<i>mg/0.3ml</i>	84	GENVOYA.....	33	<i>glycerin childrens</i>	108
<i>gas relief oral capsule 125 mg</i>	84	<i>geri-dryl</i>	31	<i>glycerin external</i>	55
<i>gas relief oral tablet chewable 80 mg</i>	84	<i>geri-kot</i>	107	<i>glycerin external liquid 99.5 %</i>	55
<i>gas relief ultra strength oral capsule 180</i>		<i>geri-lanta maximum strength</i>	84	<i>glycerol phenylbutyrate</i>	89
<i>mg</i>	84	<i>geri-lanta oral suspension 200-200-20</i>		<i>glycolax</i>	105
GAS-X EXTRA STRENGTH ORAL		<i>mg/5ml</i>	85	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	40
CAPSULE.....	84	<i>geri-mox</i>	85	GLYXAMBI.....	19
GAS-X EXTRA STRENGTH ORAL		<i>geri-mox maximum strength</i>	85	GONAL-F.....	96
TABLET CHEWABLE.....	84	<i>geri-tussin dm oral syrup</i>	141	GONAL-F RFF REDJECT.....	96
GAS-X ULTRA STRENGTH.....	84	<i>geri-tussin oral liquid</i>	141	<i>gormel</i>	55
GATTEX.....	84	GILENYA ORAL CAPSULE 0.25 MG.....	120	<i>gormel 10</i>	55
<i>gavilax oral powder</i>	105	GILENYA ORAL CAPSULE 0.5 MG.....	120	GRALISE ORAL TABLET 300 MG.....	49
<i>gavilyte-c</i>	107	GILOTRIF.....	118	<i>griseofulvin microsize oral</i>	22
<i>gavilyte-g</i>	107	<i>giltuss severe sinus</i>	148		

<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	22	<i>heartburn prevention oral tablet 10 mg</i>	92	HUMALOG MIX 75/25 KWIKPEN.....	103
<i>growing bones & muscles kids</i>	158	<i>heartburn relief ex st</i>	85	HUMATROPE.....	96
<i>guaifed</i>	141	<i>heartburn relief oral tablet 10 mg</i>	92	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	99
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i>	141	<i>heartburn relief oral tablet 200 mg</i>	92	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML.....	99
<i>guaifenesin oral liquid</i>	141	<i>heartburn relief oral tablet chewable 160- 105 mg</i>	85	HUMULIN 70/30 KWIKPEN.....	103
<i>guaifenesin oral tablet 400 mg</i>	141	<i>heartland gas relief</i>	85	HUMULIN 70/30 VIAL.....	103
<i>guaifenesin-codeine</i>	141	<i>heather</i>	135	HUMULIN N KWIKPEN.....	103
<i>guaifenesin-dm oral syrup</i>	141	HEMANGEOL.....	42	HUMULIN N VIAL.....	103
<i>guanfacine hcl</i>	6	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML.....	91	HUMULIN R U-500 KWIKPEN.....	103
<i>guanfacine hcl er</i>	41	HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML.....	91	HUMULIN R VIAL.....	103
GUARDIAN SENSOR (3).....	58	<i>heparin sodium (porcine) +rfid</i>	18	HYCANTIN ORAL.....	73
GUARDIAN SENSOR 3.....	58	<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml</i>	18	<i>hydralazine hcl oral</i>	155
<i>gummy dinos</i>	158	<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	18	<i>hydrochlorothiazide oral</i>	60
<i>gummy multivitamin kids</i>	158	<i>heparin sodium (porcine) injection solution prefilled syringe</i>	18	<i>hydrocodone bit-homatrop mbr</i>	141
GUTVANTAGE.....	85	<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	18	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	131
GUTVIA.....	85	<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	18	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	131
GVOKE HYPOPEN 1-PACK.....	91	HEPLISAV-B.....	154	<i>hydrocortisone (perianal) external cream 2.5 %</i>	90
GVOKE HYPOPEN 2-PACK.....	91	<i>her style</i>	135	<i>hydrocortisone anti-itch</i>	94
GVOKE KIT.....	91	HIBERIX.....	154	<i>hydrocortisone butyrate external ointment</i> ... 94	
GVOKE PFS.....	91	HORIZANT.....	49	<i>hydrocortisone butyrate external solution</i> 94	
GYNAZOLE-1.....	22	HUMALOG.....	102	<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	94
HADLIMA.....	99	HUMALOG JUNIOR KWIKPEN.....	102	<i>hydrocortisone external cream 1 %</i>	94
HADLIMA PUSH TOUCH.....	99	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	102	<i>hydrocortisone external lotion 2.5 %</i>	94
HAEGARDA.....	13	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	102	<i>hydrocortisone external ointment 0.5 %</i>	94
<i>hailey 1.5/30</i>	76	HUMALOG MIX 50/50 KWIKPEN.....	102	<i>hydrocortisone external ointment 1 %</i>	94
<i>hailey 24 fe</i>	76	HUMALOG MIX 75/25.....	102	<i>hydrocortisone external ointment 2.5 %</i>	95
<i>hailey fe 1.5/30</i>	76			<i>hydrocortisone max st external cream</i>	95
<i>hailey fe 1/20</i>	76			<i>hydrocortisone max st/12 moist</i>	95
<i>halobetasol propionate external cream</i>	94			<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	95
HARVONI.....	24			<i>hydrocortisone plus</i>	95
HAVRIX.....	154			<i>hydrocortisone rectal enema 100 mg/60ml</i> ..	90
<i>headache formula</i>	10				
<i>headache relief</i>	10				
<i>headache relief extra str</i>	10				
<i>healthy hair/skin/nails</i>	158				
<i>heartburn antacid</i>	85				
<i>heartburn antacid ex st</i>	85				

<i>hydrocortisonelaloe</i>	95	<i>iclevia</i>	76	INSPIREASE.....	115
<i>hydrocortisonelaloe max str</i>	95	ICLUSIG.....	118	INSPIREASE RESERVOIR BAGS.....	115
<i>hydrocortisone-acetic acid</i>	133	IDHIFA.....	118	<i>instacort 5</i>	95
<i>hydrolatum</i>	54	<i>iferex 150</i>	65	INSTALAX.....	105
<i>hydromorphone hcl oral</i>	131	IHEALTH CONTROL SOLUTION.....	58	INSULIN GLARGINE-YFGN.....	103
<i>hydromorphone hcl rectal</i>	131	ILARIS.....	101	INSULIN LISPRO.....	103
<i>hydrophor</i>	54	ILEVRO.....	130	INSULIN LISPRO (1 UNIT DIAL).....	103
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	39	ILUMYA.....	54	INSULIN LISPRO JUNIOR KWIKPEN.....	103
<i>hydroxyurea oral</i>	38	<i>imatinib mesylate oral</i>	118	INSULIN LISPRO PROT & LISPRO.....	103
HYFTOR.....	51	IMBRUVICA.....	118	INSULIN PEN NEEDLES.....	58
<i>hyoscyamine sulfate er</i>	40	<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	43	INSULIN PEN NEEDLES 29G X 12.7MM..	115
<i>hyoscyamine sulfate oral</i>	40	<i>imiquimod external cream 5 %</i>	54	INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 33G X 4 MM.....	115
<i>hyoscyamine sulfate sl</i>	40	IMITREX.....	150	INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM.....	58
<i>hyoscyamine sulfate sublingual</i>	40	IMITREX STATDOSE REFILL.....	150	INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML.....	115
<i>hyosyne</i>	40	IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML.....	150	INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML.....	115
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %.....	141	IMODIUM A-D ORAL TABLET.....	85	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....	115
HYPERTET.....	100	IMODIUM MULTI-SYMPTOM RELIEF.....	85	INSULIN SYRINGES 30G X 5/16" 1 ML....	115
HYSINGLA ER.....	131	IMOVAX RABIES.....	154	INTELENCE ORAL TABLET 25 MG.....	33
<i>ibandronate sodium oral</i>	112	INBRIJA.....	115	<i>intestinex</i>	85
IBRANCE.....	118	<i>incassia</i>	135	<i>introvale</i>	76
<i>ibuprofen</i>	122	INCRELEX.....	96	INVELTYS.....	130
<i>ibuprofen childrens oral tablet chewable 100 mg</i>	122	INCRUSE ELLIPTA.....	46	INVOKAMET.....	19
<i>ibuprofen cold & sinus</i>	141	<i>indapamide</i>	60	INVOKANA.....	19
<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	141	<i>indomethacin oral capsule</i>	123	IPOL.....	154
<i>ibuprofen ib childrens oral tablet chewable 100 mg</i>	122	<i>indoor/outdoor allergy rlf</i>	31	<i>ipratropium bromide hfa</i>	46
<i>ibuprofen ib oral tablet 200 mg</i>	122	INFANRIX.....	154	<i>ipratropium bromide inhalation</i>	46
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	122	<i>infant gas relief</i>	85	<i>ipratropium bromide nasal</i>	46
<i>ibuprofen junior</i>	123	INFANTS ADVIL.....	123	<i>ipratropium-albuterol</i>	141
<i>ibuprofen junior strength</i>	123	<i>infants gas relief</i>	85	<i>irbesartan</i>	14
<i>ibuprofen oral suspension 100 mg/5ml</i>	123	<i>infants ibuprofen</i>	123	<i>irbesartan-hydrochlorothiazide</i>	48
<i>ibuprofen oral tablet 200 mg</i>	123	<i>infants pain & fever</i>	10	IRESSA.....	118
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	123	<i>infants pain relief drops</i>	10		
<i>icatibant acetate</i>	13	INFED.....	69		
		INFUVITE ADULT.....	158		
		INFUVITE PEDIATRIC.....	69		
		INLYTA.....	118		

<i>iron (ferrous sulfate) oral solution</i>	65	<i>junel fe</i>	76	<i>klor-con</i>	65
<i>iron infant/toddler</i>	65	JYNARQUE.....	73	<i>klor-con 10</i>	65
<i>iron oral tablet 240 (27 fe) mg</i>	69	KALETRA ORAL SOLUTION.....	35	<i>klor-con m10</i>	65
<i>iron oral tablet 325 (65 fe) mg, 325 mg</i>	65	<i>kalliga</i>	76	<i>klor-con m20</i>	65
<i>iron supplement oral solution 220 (44 fe) mg/5ml</i>	65	KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG.....	50	KOSELUGO ORAL CAPSULE.....	38
ISENTRESS HD.....	33	KALYDECO ORAL PACKET 5.8 MG.....	50	K-PHOS.....	65
ISENTRESS ORAL PACKET.....	33	KALYDECO ORAL TABLET.....	141	KRINTAFEL.....	39
ISENTRESS ORAL TABLET.....	33	KAOPECTATE MAX.....	85	<i>kurvelo</i>	76
ISENTRESS ORAL TABLET CHEWABLE..	33	KAOPECTATE ORAL SUSPENSION.....	85	<i>labetalol hcl oral</i>	42
<i>isibloom</i>	76	KAOPECTATE ORAL TABLET.....	85	LAC-HYDRIN FIVE.....	54
<i>isoniazid oral</i>	41	KAOPECTATE ORAL TABLET CHEWABLE.....	85	LACTEOL DIARRHEASE.....	85
<i>isosorbide dinitrate</i>	155	<i>kariva</i>	76	<i>lactobacillus oral tablet</i>	85
<i>isosorbide mononitrate</i>	155	<i>kelnor 1/35</i>	76	<i>lactobacillus probiotic</i>	85
<i>isosorbide mononitrate er</i>	155	KERENDIA ORAL TABLET 10 MG, 20 MG.....	112	<i>lacto-pectin</i>	85
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	54	112	<i>lactulose encephalopathy</i>	108
ISTALOL.....	129	KESIMPTA.....	120	<i>lactulose oral solution</i>	108
<i>itch relief max strength external cream</i>	95	<i>ketoconazole external cream</i>	22	LAMISIL AT ATHLETES FOOT.....	22
<i>itch relief/aloe max str</i>	95	<i>ketoconazole external shampoo</i>	22	LAMISIL AT JOCK ITCH.....	23
<i>itraconazole oral</i>	22	<i>ketoconazole oral</i>	22	<i>lamivudine oral solution 10 mg/ml</i>	34
<i>ivermectin oral tablet 3 mg</i>	14	KETO-DIASTIX.....	58	<i>lamivudine oral tablet 100 mg</i>	24
IXIARO.....	154	KETONE CARE.....	58	<i>lamivudine oral tablet 150 mg, 300 mg</i>	34
<i>jaimiess</i>	76	KETONE TEST.....	59	<i>lamivudine-zidovudine</i>	34
JAKAFI.....	118	<i>ketoprofen oral capsule 50 mg</i>	123	LANCETS.....	59
JANUMET.....	19	<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	130	LANCETS 28G THIN.....	59
JANUMET XR.....	19	<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	130	<i>lansoprazole oral capsule delayed release 15 mg</i>	137
JANUVIA.....	19	<i>ketorolac tromethamine oral</i>	123	<i>lansoprazole oral capsule delayed release 30 mg</i>	137
JARDIANCE.....	19	KETOSTIX.....	59	<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	137
<i>jasmiel</i>	76	<i>ketotifen fumarate ophthalmic</i>	128	LANTUS SOLOSTAR.....	103
<i>jencycla</i>	135	KEVZARA.....	101	LANTUS U-100 VIAL.....	103
JENTADUETO.....	19	KINERET.....	99	<i>lapatinib ditosylate</i>	118
JENTADUETO XR.....	19	KISQALI (200 MG DOSE).....	38	<i>larin 1.5/30</i>	76
<i>jock itch external cream 1 %</i>	22	KISQALI (400 MG DOSE).....	38	<i>larin 1/20</i>	76
<i>jolessa</i>	76	KISQALI (600 MG DOSE).....	38	<i>larin 24 fe</i>	76
<i>juleber</i>	76	KITABIS PAK (W/ NEBULIZER).....	50	<i>larin fe 1.5/30</i>	76
JULUCA.....	33	<i>klayesta</i>	22	<i>larin fe 1/20</i>	76
<i>junel 1.5/30</i>	76			<i>latanoprost ophthalmic</i>	130
<i>junel 1/20</i>	76				

LAXACIN.....	108	<i>levonorgest-eth estrad 91-day oral tablet</i>		<i>lisinopril oral.....</i>	14
<i>laxaclear.....</i>	105	<i>0.15-0.03 mg.....</i>	76	<i>lisinopril-hydrochlorothiazide.....</i>	48
<i>laxative max str.....</i>	108	<i>levonorgestrel.....</i>	135	LITFULO.....	54
<i>laxative maximum strength oral tablet 25</i>		<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>little ones childrens.....</i>	69
<i>mg.....</i>	108	<i>0.1-20 mg-mcg.....</i>	77	LIVALO.....	61
<i>laxative oral tablet delayed release 5 mg... </i>	108	<i>levonorg-eth estrad triphasic.....</i>	77	LIVDELZI.....	85
<i>laxative osmotic.....</i>	105	<i>levo-t.....</i>	97	LIVMARLI ORAL SOLUTION 9.5 MG/ML...	85
<i>laxative pills max st.....</i>	108	<i>levothyroxine sodium oral tablet.....</i>	97	LMX 4.....	111
<i>laxative pills oral tablet 25 mg.....</i>	108	<i>levoxyl.....</i>	97	LO LOESTRIN FE.....	77
<i>laxative regular strength.....</i>	108	LIALDA.....	7	<i>lojaimiess.....</i>	77
<i>lederle leucovorin.....</i>	38	<i>lice killing external liquid 1 %.....</i>	133	LOKELMA.....	73
LEDIPASVIR-SOFOSBUVIR.....	24	<i>lice killing max st external shampoo 0.33-4</i>		<i>lomustine.....</i>	6
<i>leflunomide oral.....</i>	101	<i>%.....</i>	133	<i>long acting nasal spray.....</i>	148
<i>lenalidomide.....</i>	15	<i>lice killing max str.....</i>	133	<i>long lasting antacid.....</i>	85
LENVIMA (10 MG DAILY DOSE).....	118	<i>lice killing shampoo max str.....</i>	133	LONG LASTING NASAL SPRAY.....	148
LENVIMA (12 MG DAILY DOSE).....	118	<i>lidocaine cream 4 % external.....</i>	111	LONSURF.....	38
LENVIMA (14 MG DAILY DOSE).....	118	<i>lidocaine external patch 5 %.....</i>	111	<i>loperamide hcl oral capsule.....</i>	85
LENVIMA (18 MG DAILY DOSE).....	118	<i>lidocaine hcl external cream 3 %.....</i>	111	<i>loperamide hcl oral tablet.....</i>	86
LENVIMA (20 MG DAILY DOSE).....	118	<i>lidocaine hcl urethral/mucosal external gel</i>	111	<i>loperamide-simethicone.....</i>	86
LENVIMA (24 MG DAILY DOSE).....	118	<i>lidocaine viscous hcl.....</i>	111	<i>lopinavir-ritonavir.....</i>	35
LENVIMA (4 MG DAILY DOSE).....	118	<i>lidocaine-prilocaine external cream.....</i>	111	LOPRESSOR ORAL TABLET 100 MG, 50	
LENVIMA (8 MG DAILY DOSE).....	118	LIDOMAX.....	111	MG.....	42
<i>lessina.....</i>	76	LIDOPIN EXTERNAL CREAM 3 %.....	111	<i>loradamed.....</i>	31
LETAIRIS.....	138	<i>lincomycin hcl injection.....</i>	17	<i>loratadine allergy relief oral tablet 10 mg.....</i>	31
<i>letrozole oral.....</i>	41	<i>linezolid in sodium chloride.....</i>	17	<i>loratadine childrens oral solution.....</i>	31
<i>leucovorin calcium oral tablet 10 mg.....</i>	38	<i>linezolid intravenous.....</i>	17	<i>loratadine oral solution 5 mg/5ml.....</i>	31
<i>leucovorin calcium oral tablet 15 mg, 25</i>		<i>linezolid oral suspension reconstituted.....</i>	17	<i>loratadine oral tablet 10 mg.....</i>	32
<i>mg.....</i>	38	<i>linezolid oral tablet.....</i>	17	<i>loratadine oral tablet dispersible 10 mg.....</i>	32
<i>leucovorin calcium oral tablet 5 mg.....</i>	38	LINZESS.....	104	<i>loratadine-d.....</i>	27
LEUKINE.....	45	<i>liomny.....</i>	97	<i>loratadine-d 12hr.....</i>	27
<i>leuprolide acetate injection.....</i>	98	<i>liothyronine sodium oral.....</i>	97	<i>loratadine-d 24hr.....</i>	27
<i>levalbuterol hcl inhalation.....</i>	46	LIPOFEN.....	61	LORBRENA.....	38
LEVBID.....	40	<i>liquid acetaminophen.....</i>	10	<i>loryna.....</i>	77
<i>levobunolol hcl.....</i>	129	<i>liquid allergy relief.....</i>	31	<i>losartan potassium oral.....</i>	14
<i>levocetirizine dihydrochloride oral tablet.....</i>	31	<i>liquid corn & callus rem.....</i>	115	<i>losartan potassium-hctz.....</i>	48
<i>levofloxacin oral tablet.....</i>	138	<i>liquid pain relief.....</i>	10	LOTEMAX.....	130
<i>levonest.....</i>	76	<i>liquid wart remover.....</i>	115	LOTEMAX SM.....	130
<i>levonorgest-eth estrad 91-day oral tablet</i>		<i>liquid wart remover max st.....</i>	115	LOTRIMIN AF EXTERNAL AEROSOL	
<i>0.1-0.02 & 0.01 mg.....</i>	76	<i>liraglutide.....</i>	19	POWDER.....	23

lovastatin oral.....	61	lyleq.....	135	MAX TUSSIN MUCUS & CHEST CONG...	141
low-ogestrel.....	77	lyllana.....	77	MAXALLERGY KIDS.....	32
lo-zumandimine.....	77	LYNPARZA.....	118	MAXALT.....	150
lubiprostone.....	104	LYSODREN.....	97	MAXALT-MLT.....	150
lubricant drops fast act.....	125	LYUMJEV.....	103	maxi-tuss ac.....	141
lubricant drops ophthalmic gel 0.25-0.3 %.	125	LYUMJEV KWIKPEN.....	103	maxi-tuss dm.....	141
lubricant drops ophthalmic solution.....	125	lyza.....	135	maxi-tuss gmx.....	141
lubricant eye drops (pf) ophthalmic solution		mag-al plus oral liquid.....	86	maxi-tuss pe.....	142
0.4-0.3 %.....	125	mag-al plus xs oral liquid.....	86	maxi-tuss pe max.....	148
lubricant eye drops (pf) ophthalmic solution		magnesium citrate oral solution.....	108	MAYZENT.....	120
0.5 %.....	125	magnesium oral tablet 500 mg.....	65	MAYZENT STARTER PACK.....	120
lubricant eye drops ophthalmic solution		magnesium oxide -mg supplement oral		m-dryl.....	32
0.4-0.3 %.....	125	tablet 400 (240 mg) mg, 400 mg.....	86	meclizine hcl oral tablet 12.5 mg.....	20
lubricant eye drops ophthalmic solution 0.5		magnesium oxide -mg supplement oral		meclizine hcl oral tablet 25 mg.....	20
%.....	125	tablet 500 mg.....	65	meclizine hcl oral tablet chewable.....	20
lubricant eye drops ophthalmic solution 0.6		magnesium oxide oral tablet 400 (240 mg)		medicated spot.....	115
%.....	125	mg, 400 mg.....	86	medifin 400.....	142
lubricant eye drops pf.....	126	magnesium oxide oral tablet 420 mg.....	86	medifin mucus relief child.....	142
lubricant eye nighttime.....	126	magnesium-aluminum-simethicone.....	86	medi-first aspirin.....	123
lubricant eye pm.....	126	magnesium-oxide.....	86	medi-first hydrocortisone.....	95
lubricating eye/overnight.....	126	malathion.....	133	medi-first ibuprofen.....	123
lubricating plus pf.....	126	MAOX.....	86	medi-first triple antibiotic.....	17
lubricating tears eye drops.....	126	mapap acetaminophen extra str.....	10	MEDIPROXEN.....	123
lubrifresh p.m.....	126	mapap childrens.....	10	medique aspirin.....	123
luizza 1.5/30.....	77	mapap oral capsule.....	10	MEDISENSE GLUCOSE KETONE	
luizza 1/20.....	77	maraviroc.....	34	CONTR.....	59
LUMAKRAS ORAL TABLET 120 MG, 320		marlissa.....	77	MEDISENSE HI/MID/LOW CONTROL IN	
MG.....	38	MATULANE.....	6	VITRO LIQUID.....	59
LUMIGAN.....	130	MAVENCLAD (10 TABS).....	119	MEDPURA ANTIFUNGAL.....	23
LUPKYNIS.....	99	MAVENCLAD (4 TABS).....	119	MEDPURA BENZOYL PEROXIDE.....	54
LUPRON DEPOT (1-MONTH).....	98	MAVENCLAD (5 TABS).....	119	MEDPURA HYDROCORTISONE.....	95
LUPRON DEPOT (3-MONTH).....	98	MAVENCLAD (6 TABS).....	119	MEDROL ORAL TABLET 2 MG.....	95
LUPRON DEPOT (4-MONTH)		MAVENCLAD (7 TABS).....	119	medroxyprogesterone acetate	
INTRAMUSCULAR KIT 30MG.....	98	MAVENCLAD (8 TABS).....	119	intramuscular.....	136
LUPRON DEPOT (6-MONTH)		MAVENCLAD (9 TABS).....	119	medroxyprogesterone acetate oral.....	136
INTRAMUSCULAR KIT 45MG.....	98	MAVYRET ORAL PACKET.....	24	mefloquine hcl.....	39
LUPRON DEPOT-PED (1-MONTH).....	98	MAVYRET ORAL TABLET.....	24	mega probiotic.....	86
LUPRON DEPOT-PED (3-MONTH).....	98	MAX RELIEF JR CHILD PAIN/FEVER.....	10	megestrol acetate oral suspension 40	
LUTRATE DEPOT.....	98	MAX RELIEF JUNIOR.....	10	mg/ml.....	136

<i>megestrol acetate oral tablet 20 mg</i>	136	<i>methylergonovine maleate oral</i>	115	<i>mineral oil lubricant laxative</i>	105
<i>megestrol acetate oral tablet 40 mg</i>	136	<i>methylprednisolone oral</i>	95	<i>mineral oil oral</i>	105
MEKINIST.....	118	<i>metoclopramide hcl oral solution 5 mg/5ml</i> ..	20	MINIVELLE.....	77
MEKTOVI.....	118	<i>metoclopramide hcl oral tablet</i>	20	<i>minocycline hcl oral capsule 100 mg, 50</i>	
<i>meleya</i>	136	<i>metolazone</i>	60	<i>mg</i>	152
<i>meloxicam oral tablet</i>	123	<i>metoprolol succinate er</i>	42	<i>minoxidil oral</i>	155
<i>memantine hcl er</i>	121	<i>metoprolol tartrate oral tablet 100 mg, 50</i>		<i>mintox maximum strength</i>	86
<i>memantine hcl oral solution 2 mg/ml</i>	121	<i>mg</i>	42	<i>mintox plus</i>	86
<i>memantine hcl oral tablet</i>	121	<i>metoprolol tartrate oral tablet 25 mg, 37.5</i>		MIRALAX.....	105
MENATROL.....	69	<i>mg, 75 mg</i>	42	MIRVASO.....	54
MENOPUR.....	96	METROGEL.....	17	<i>misoprostol oral</i>	137
MENOSTAR.....	77	<i>metronidazole external</i>	17	MITIGARE.....	24
MENQUADFI.....	154	<i>metronidazole oral tablet 250 mg, 500 mg</i> ... 17		M-M-R II.....	154
MENVEO.....	154	<i>metronidazole vaginal</i>	17	M-NATAL PLUS.....	158
<i>mercaptapurine oral tablet</i>	38	<i>mexiletine hcl oral</i>	15	MNEXSPIKE.....	154
<i>meropenem intravenous solution</i>		<i>mibelas 24 fe</i>	77	<i>mometasone furoate external</i>	95
<i>reconstituted 500 mg</i>	43	<i>micaderm</i>	23	<i>mometasone furoate nasal</i>	36
<i>mesalamine er oral capsule 0.375 gm</i>	7	<i>miconazole 3 combo pack</i>	23	MONISTAT 3.....	23
<i>mesalamine oral tablet delayed release 1.2</i>		<i>miconazole 3 vaginal suppository</i>	23	MONISTAT 3 COMBO PACK APP.....	23
<i>gm</i>	7	<i>miconazole 7 vaginal cream</i>	23	MONISTAT 7.....	23
<i>mesalamine rectal</i>	7	<i>miconazole antifungal</i>	23	MONOJECT HYPODERMIC NEEDLE 18G	
<i>mesna oral</i>	152	<i>miconazole nitrate external cream</i>	23	X 1".....	103
METAMUCIL 4 IN 1 FIBER ORAL		<i>miconazorb af</i>	23	<i>mono-lynyah</i>	77
POWDER 43 %.....	105	MICRO GUARD.....	23	<i>montelukast sodium oral</i>	37
METAMUCIL FREE & NATURAL.....	105	MICROBIOTA.....	86	<i>mood support probiotic</i>	86
<i>metformin hcl er</i>	19	<i>microgestin 1.5/30</i>	77	<i>morphine sulfate (concentrate) oral</i>	
<i>metformin hcl er (osm)</i>	19	<i>microgestin 1/20</i>	77	<i>solution 100 mg/5ml</i>	131
<i>metformin hcl oral tablet 1000 mg, 500 mg,</i>		<i>microgestin fe 1.5/30</i>	77	<i>morphine sulfate er</i>	131
<i>850 mg</i>	19	<i>microgestin fe 1/20</i>	77	<i>morphine sulfate oral</i>	132
<i>methadone hcl oral tablet</i>	131	MICROVIA.....	86	<i>morphine sulfate rectal</i>	132
<i>methazolamide oral</i>	129	MICROWELL.....	86	MOTEGRITY.....	86
<i>methenamine hippurate</i>	17	<i>midodrine hcl</i>	6	<i>motion sickness oral tablet 50 mg</i>	20
<i>methimazole oral</i>	40	<i>mifepristone oral tablet 300 mg</i>	97	<i>motion sickness oral tablet chewable 25</i>	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		MIGERGOT.....	74	<i>mg</i>	20
.....	150	<i>migraine formula oral tablet 250-250-65 mg</i> 10		<i>motion sickness relief oral tablet 50 mg</i>	20
<i>methotrexate sodium</i>	99	<i>migraine relief</i>	10	<i>motion sickness relief oral tablet chewable</i>	
<i>methotrexate sodium (pf)</i>	99	<i>mili</i>	77	<i>25 mg</i>	20
<i>methoxsalen rapid</i>	54	<i>milk of magnesia</i>	86	<i>motion-time</i>	21
<i>methyldopa</i>	6	<i>mineral oil enema</i>	105	MOTRIN CHILDRENS.....	123

MOTRIN IB ORAL TABLET.....	123	<i>mucus relief childrens oral liquid 100 mg/5ml.....</i>	143	<i>multi-vitamin/iron.....</i>	69
MOTRIN INFANTS DROPS.....	123	<i>mucus relief d 12 hour.....</i>	143	<i>mupirocin ointment.....</i>	17
MOUNJARO.....	19	<i>mucus relief d max st.....</i>	143	MURO 128 OPHTHALMIC OINTMENT.....	126
MOVANTIK.....	86	<i>mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg....</i>	143	MURO 128 OPHTHALMIC SOLUTION 5 %.....	126
MOVIPREP.....	108	<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg.....</i>	143	<i>my choice.....</i>	136
MOVYRA.....	86	<i>mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg.....</i>	143	<i>my way.....</i>	136
<i>moxifloxacin hcl in nacl.....</i>	138	<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml.....</i>	143	<i>mycophenolate mofetil oral.....</i>	100
<i>moxifloxacin hcl ophthalmic.....</i>	128	<i>mucus relief dm oral liquid 20-400 mg/20ml.....</i>	143	<i>mycophenolate sodium.....</i>	100
<i>moxifloxacin hcl oral.....</i>	138	<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg.....</i>	143	<i>mycophenolic acid.....</i>	100
<i>m-pap.....</i>	10	<i>mucus relief er.....</i>	143	MYFEMBREE.....	77
MUCINEX COUGH CHILDRENS.....	142	<i>mucus relief er max st.....</i>	143	MYLICON INFANTS GAS RELIEF.....	86
MUCINEX D.....	142	<i>mucus relief er oral tablet extended release 12 hour 1200 mg.....</i>	143	MYNEPHRON.....	158
MUCINEX D MAX STRENGTH.....	142	<i>mucus relief max st.....</i>	143	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER.....	40
MUCINEX DM.....	142	<i>mucus relief oral tablet.....</i>	143	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR.....	40
MUCINEX FAST-MAX CHEST CONG MS.....	142	<i>mucus relief-d.....</i>	143	MYTESI.....	86
MUCINEX FAST-MAX DM MAX.....	142	<i>mucus relief-d max strength.....</i>	143	<i>nabumetone oral.....</i>	123
MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID.....	142	<i>mucus-d oral tablet extended release 12 hour 60-600 mg.....</i>	144	<i>nadolol oral.....</i>	42
MUCINEX MAXIMUM STRENGTH.....	142	<i>mucus-dm.....</i>	144	<i>nafcillin sodium injection solution reconstituted 1 gm.....</i>	44
MUCINEX SINUS-MAX CLEAR & COOL..	148	<i>mucus-er oral tablet extended release 12 hour 1200 mg.....</i>	144	<i>nafcillin sodium intravenous.....</i>	44
MUCINEX SINUS-MAX SINUS/ALLRGY..	148	MULPLETA.....	45	NAPHCON-A.....	128
MUCOLYTE.....	142	MULTAQ.....	15	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG.....	123
<i>mucus & chest congestion.....</i>	142	<i>multi vitamin.....</i>	158	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	123
<i>mucus & cough relief child.....</i>	142	<i>multi vitamin w/d-3.....</i>	158	<i>naproxen oral suspension.....</i>	123
<i>mucus d.....</i>	142	<i>multiple vitamin-folic acid.....</i>	158	<i>naproxen oral tablet.....</i>	123
<i>mucus d extended release.....</i>	142	MULTIPRO.....	69	<i>naproxen sodium oral tablet 220 mg.....</i>	123
<i>mucus d max st er.....</i>	142	<i>multi-vitamin.....</i>	158	NARAMIN.....	32
<i>mucus d maximum strength.....</i>	142	<i>multivitamin infant & toddler oral solution ..</i>	69	<i>naratriptan hcl.....</i>	150
<i>mucus dm.....</i>	142	<i>multi-vitamin/fluoride.....</i>	158	NASACORT ALLERGY 24HR.....	37
<i>mucus dm extended release oral tablet extended release 12 hour 30-600 mg.....</i>	142	<i>multi-vitamin/fluoride/iron.....</i>	158	<i>nasal allergy 24 hour.....</i>	37
<i>mucus er maximum str.....</i>	142			<i>nasal allergy nasal aerosol 55 mcg/act.....</i>	37
<i>mucus er oral tablet extended release 12 hour 1200 mg.....</i>	143			<i>nasal allergy spray.....</i>	37
<i>mucus extended release oral tablet extended release 12 hour 1200 mg.....</i>	143			<i>nasal decongestant 12hr.....</i>	144
<i>mucus relief 12 hour max st.....</i>	143				
<i>mucus relief 12hr max str.....</i>	143				
<i>mucus relief chest oral tablet 400 mg.....</i>	143				

<i>nasal decongestant max str oral tablet 30 mg</i>	144	<i>nausea relief</i>	21	<i>niacin er (antihyperlipidemic)</i>	62
<i>nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	144	<i>nebivolol hcl</i>	42	<i>niacin er oral capsule extended release 250 mg</i>	158
<i>nasal decongestant oral tablet 30 mg</i>	144	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	144	<i>niacin er oral tablet extended release 1000 mg</i>	158
<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i>	144	<i>necon 0.5/35 (28)</i>	77	<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	158
<i>nasal decongestant pe oral tablet 10 mg</i> ...	148	NEMLUVIO.....	54	<i>niacin oral tablet 100 mg, 50 mg</i>	158
<i>nasal decongestant pe oral tablet 30 mg</i> ...	144	NEODOT THERMOMETER.....	115	<i>niacor</i>	62
<i>nasal decongestant spray</i>	148	NEOMULTIVITE.....	158	<i>nifedipine er</i>	47
<i>nasal four</i>	144	<i>neomycin sulfate oral</i>	6	<i>nifedipine er osmotic release</i>	47
<i>nasal four spray</i>	144	<i>neomycin-bacitracin zn-polymyx</i>	126	<i>nifedipine oral</i>	47
<i>nasal mist extra moisturiz</i>	148	<i>neomycin-polymyxin-dexameth</i>	130	<i>night time sleep aid</i>	32
<i>nasal mist nasal solution</i>	148	<i>neomycin-polymyxin-gramicidin</i>	126	<i>nighttime dry-eye relief</i>	126
<i>nasal mist no drip</i>	148	<i>neomycin-polymyxin-hc otic</i>	133	<i>nighttime relief lub eye</i>	126
NASAL MOIST NASAL SOLUTION.....	148	NEONATAL PLUS.....	158	<i>nighttime relief lubricant eye</i>	126
<i>nasal moisturizing spray</i>	148	NEOSPORIN ORIGINAL.....	17	<i>nighttime sleep aid oral tablet 25 mg</i>	32
<i>nasal spray 12 hour</i>	148	NEO-SYNEPHRINE COLD/ALLRGY EXT.....	144	<i>nikki</i>	77
<i>nasal spray fast acting nasal solution 1 %</i>	144	<i>nephro vitamins</i>	158	<i>nilotinib hcl</i>	118
<i>nasal spray nasal solution 0.05 %</i>	148	NEPHRO-VITE.....	158	<i>nimodipine oral capsule</i>	47
<i>nasal spray nasal solution 1 %</i>	144	NESTABS.....	158	NIMODIPINE ORAL SOLUTION.....	47
<i>nasal spray no drip</i>	148	NESTABS DHA.....	158	NINLARO.....	38
<i>nasal spray saline</i>	148	NESTABS ONE.....	158	<i>nintedanib esylate</i>	138
NASALCROM.....	112	NEULASTA ONPRO.....	45	<i>nitazoxanide oral</i>	39
NASCOBAL.....	158	NEULASTA SUBCUTANEOUS SOLUTION.....	45	<i>nitro-bid</i>	155
NATAZIA.....	77	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	45	<i>nitrofurantoin macrocrystal</i>	17
<i>nateglinide</i>	19	NEUPOGEN.....	45	<i>nitrofurantoin monohydrate macrocrystals</i> ...	17
NATESTO.....	13	NEUPRO.....	60	<i>nitrofurantoin oral suspension 25 mg/5ml</i> ..	115
<i>natural daily fiber oral powder 43 %</i>	105	NEUTEK 2TEK CONTROL.....	59	<i>nitroglycerin rectal</i>	155
<i>natural daily fiber oral powder 58.6 %</i>	105	NEUTROGENA OIL-FREE ACNE WASH.....	115	<i>nitroglycerin sublingual</i>	155
<i>natural fiber</i>	105	NEVANAC.....	130	<i>nitroglycerin transdermal</i>	155
<i>natural fiber oral powder 28.3 %</i>	105	<i>nevirapine</i>	33	<i>nitroglycerin translingual</i>	155
<i>natural fiber supplement</i>	105	<i>nevirapine er</i>	33	NITYR.....	89
<i>natural senna laxative</i>	108	<i>new day</i>	136	NIVA-PLUS.....	158
<i>natural tears pf</i>	126	NEXLETOL.....	62	NIVESTYM.....	45
<i>natural vegetable</i>	105	NEXLIZET.....	62	<i>no drip extra moisturizing</i>	148
<i>natural vegetable laxative oral tablet 8.6 mg</i>	108	NEXPLANON.....	136	<i>no drip nasal relief</i>	148
<i>nausea control</i>	21	NEXSTELLIS.....	77	<i>no drip nasal spray</i>	148
		<i>niacin (antihyperlipidemic)</i>	62	<i>no drip original 12 hours</i>	148

NOKOR VENTED NEEDLE.....	103	NOVOLIN R VIAL.....	103	OCEAN NASAL SPRAY.....	149
<i>non-aspirin</i>	10	NOVOLOG FLEXPEN.....	103	<i>octreotide acetate injection</i>	98
<i>non-aspirin 8 hour</i>	10	NOVOLOG FLEXPEN RELION		<i>octreotide acetate subcutaneous</i>	98
<i>non-aspirin childrens</i>	10	SUBCUTANEOUS SOLUTION PEN-		ODEFSEY.....	33
<i>non-aspirin extra strength</i>	10	INJECTOR 100 UNIT/ML.....	103	ODOMZO.....	118
<i>non-aspirin jr strength</i>	10	NOVOLOG MIX 70/30 FLEXPEN.....	103	OFEV.....	138
<i>non-aspirin pain relief</i>	10	NOVOLOG MIX 70/30 VIAL.....	103	<i>ofloxacin ophthalmic</i>	128
<i>non-pseudo sinus decongestant</i>	148	NOVOLOG PENFILL.....	103	<i>ofloxacin oral</i>	138
<i>nora-be</i>	136	NOVOLOG RELION.....	103	<i>ofloxacin otic</i>	133
NORDITROPIN FLEXPRO.....	96	NOVOLOG U-100 VIAL.....	103	<i>ointment base</i>	54
<i>norelgestromin-eth estradiol</i>	77	NOXAFIL ORAL.....	23	<i>olmesartan medoxomil oral</i>	14
<i>norethin ace-eth estrad-fe oral tablet</i>		NOZIN NASAL SANITIZER POPSWAB....	115	<i>olmesartan medoxomil-hctz</i>	48
<i>chewable</i>	77	NUBEQA.....	15	<i>olopatadine hcl ophthalmic</i>	128
<i>norethindrone acetate oral</i>	136	NUCALA SUBCUTANEOUS SOLUTION		OLUMIANT ORAL TABLET 1 MG.....	100
<i>norethindrone acet-ethinyl est</i>	77	AUTO-INJECTOR.....	37	OLUMIANT ORAL TABLET 2 MG.....	100
<i>norethindrone oral</i>	136	NUCALA SUBCUTANEOUS SOLUTION		OLUMIANT ORAL TABLET 4 MG.....	100
<i>norethindrone-eth estradiol</i>	77	PREFILLED SYRINGE.....	37	<i>omega-3-acid ethyl esters</i>	62
<i>norgestimate-eth estradiol oral tablet 0.25-</i>		NUCYNTA.....	132	<i>omeprazole magnesium</i>	137
<i>35 mg-mcg</i>	77	NUCYNTA ER.....	131	<i>omeprazole magnesium oral capsule</i>	
<i>norgestimate-ethinyl estradiol triphasic</i>	77	NUEDEXTA.....	49	<i>delayed release</i>	137
NORLIQVA.....	47	NU-IRON.....	65	<i>omeprazole oral capsule delayed release</i>	
<i>norlyroc</i>	136	NULEV.....	40	<i>10 mg, 20 mg, 20.6 (20 base) mg, 40 mg..</i>	137
NORPACE.....	15	NURTEC.....	47	OMNARIS.....	37
NORPACE CR.....	15	NUTRAPLUS.....	55	OMNIFLEX DIAPHRAGM.....	115
<i>nortrel 0.5/35 (28)</i>	77	NUTRIVIO.....	159	OMNIPOD 5 DEXCOM INTRO KIT.....	115
<i>nortrel 1/35 (21)</i>	77	NUTROPIN AQ NUSPIN 10.....	96	OMNIPOD 5 DEXCOM PODS.....	115
<i>nortrel 1/35 (28)</i>	78	NUVESSA.....	17	OMNITROPE.....	96
<i>nortrel 7/7/7</i>	78	NUZYRA ORAL.....	152	<i>once daily</i>	159
NORVIR ORAL PACKET.....	35	<i>nylia 1/35</i>	78	<i>ondansetron hcl oral solution 4 mg/5ml</i>	73
NOURIANZ.....	39	<i>nylia 7/7/7</i>	78	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	73
NOVAREL.....	96	NYMALIZE.....	47	<i>ondansetron odt oral tablet dispersible 4</i>	
NOVOLIN 70/30 FLEXPEN.....	103	<i>nystatin external</i>	23	<i>mg, 8 mg</i>	73
NOVOLIN 70/30 RELION.....	103	<i>nystatin mouth/throat</i>	23	ONE A DAY PRENATAL ORAL TABLET	
NOVOLIN 70/30 VIAL.....	103	<i>nystatin oral</i>	23	CHEWABLE.....	152
NOVOLIN N FLEXPEN.....	103	<i>nystop</i>	23	<i>one daily</i>	159
NOVOLIN N RELION.....	103	NYVEPRIA.....	45	ONE DAILY ESSENTIALS.....	159
NOVOLIN N VIAL.....	103	OBSTETRIX DHA.....	159	ONE VITE CALCIUM + D3.....	65
NOVOLIN R FLEXPEN.....	103	OBTREX.....	69	ONE VITE DAILY MULTIVITAMIN.....	159
NOVOLIN R RELION.....	103	OCEAN FOR KIDS.....	149	ONE VITE FERROUS SULFATE.....	65

ONE VITE WOMENS.....	159	ORIAHNN.....	98	OZEMPIC (2 MG/DOSE).....	19
ONE VITE WOMENS PLUS.....	159	ORILISSA.....	98	PACERONE.....	15
<i>one-daily multi vitamins</i>	159	ORKAMBI.....	50	<i>pain & fever child</i>	10
<i>one-daily multi-vitamin</i>	159	ORLADEYO ORAL CAPSULE.....	13	<i>pain & fever childrens oral suspension</i>	160
<i>one-daily multi-vitamin/iron</i>	69	<i>orphenadrine citrate er</i>	150	<i>mg/5ml</i>	11
<i>one-daily/iron</i>	69	<i>orquidea</i>	136	<i>pain & fever childrens oral tablet chewable</i>	160 mg
ONELAX.....	108	<i>oseltamivir phosphate oral capsule</i>	37	<i>pain & fever infants oral suspension</i>	160
ONELAX MAGNESIUM CITRATE.....	108	<i>oseltamivir phosphate oral suspension</i>		<i>mg/5ml</i>	11
ONELAX SENNA.....	108	<i>reconstituted</i>	37	<i>pain and fever relief kids</i>	11
ONETOUCH ULTRA 2 KIT W/DEVICE.....	59	OSPHENA.....	149	<i>pain relief adult extra st</i>	11
ONETOUCH ULTRA CONTROL.....	59	OTEZLA ORAL TABLET 30 MG.....	101	<i>pain relief childrens oral suspension</i>	11
ONETOUCH ULTRA IN VITRO LIQUID.....	59	OTEZLA ORAL TABLET THERAPY PACK		<i>pain relief childrens oral tablet chewable</i>	160 mg
ONETOUCH ULTRA STRIP IN VITRO.....	59	10 & 20 & 30 MG.....	101	<i>160 mg</i>	11
ONETOUCH VERIO FLEX SYSTEM KIT....	59	OTULFI SUBCUTANEOUS.....	54	<i>pain relief extra st</i>	11
ONETOUCH VERIO IN VITRO LIQUID.....	59	OVIDREL.....	96	<i>pain relief extra strength oral capsule</i>	500
ONETOUCH VERIO REFLECT KIT		<i>oxacillin sodium injection solution</i>		<i>mg</i>	11
W/DEVICE.....	59	<i>reconstituted 1 gm</i>	44	<i>pain relief extra strength oral liquid</i>	500
ONETOUCH VERIO TEST STRIPS.....	59	<i>oxacillin sodium intravenous</i>	44	<i>mg/15ml</i>	11
ONEVITE CALCIUM+D3 ORAL TABLET		<i>oxaprozin oral tablet</i>	123	<i>pain relief extra strength oral tablet</i>	500 mg
600-200 MG-UNIT.....	65	OXERVATE.....	126	<i>pain relief oral liquid 500 mg/15ml</i>	11
ONEXTON.....	54	<i>oxybutynin chloride er</i>	40	<i>pain relief oral tablet 200 mg</i>	123
ONGENTYS.....	39	<i>oxybutynin chloride oral solution</i>	40	<i>pain relief oral tablet 325 mg</i>	11
<i>opcicon one-step</i>	136	<i>oxybutynin chloride oral tablet 5 mg</i>	40	<i>pain relief oral tablet extended release</i>	650
OPILL.....	135	<i>oxycodone hcl oral concentrate</i>	132	<i>mg</i>	11
OPSUMIT.....	138	<i>oxycodone hcl oral solution</i>	132	<i>pain relief regular strength</i>	11
OPSYNVI ORAL TABLET 10-20 MG.....	48	<i>oxycodone hcl oral tablet</i>	132	<i>pain relief/rapid burst</i>	11
<i>option 2</i>	136	<i>oxycodone-acetaminophen oral tablet 10-</i>		<i>pain reliever adults</i>	11
OPTIONS GYNOL II CONTRACEPTIVE....	90	<i>325 mg, 5-325 mg, 7.5-325 mg</i>	132	<i>pain reliever children</i>	11
OPZELURA.....	55	OXYCONTIN.....	131	<i>pain reliever childrens oral suspension</i>	160
ORACEA.....	152	OXYTROL FOR WOMEN.....	40	<i>mg/5ml</i>	11
<i>oralyte</i>	65	<i>oyster shell calcium oral tablet 1250 (500</i>		<i>pain reliever ex st oral liquid 500 mg/15ml</i> ...	11
ORENCIA CLICKJECT.....	100	<i>ca) mg</i>	65	<i>pain reliever ex st oral tablet 500 mg</i>	12
ORENCIA SUBCUTANEOUS.....	100	<i>oyster shell calcium oral tablet 500 mg</i>	69	<i>pain reliever ex str adult</i>	12
ORENITRAM.....	138	<i>oyster shell calcium/d oral tablet 250-3.125</i>		<i>pain reliever extra strength oral tablet</i>	250-
ORENITRAM MONTH 1.....	138	<i>mg-mcg</i>	69	<i>250-65 mg</i>	12
ORENITRAM MONTH 2.....	138	<i>oyster shell calcium/vitamin d oral tablet</i>		<i>pain reliever extra strength oral tablet</i>	500
ORENITRAM MONTH 3.....	138	<i>250-3.125 mg-mcg</i>	69	<i>mg</i>	12
ORFADIN.....	89	<i>oyster shell calcium-vit d</i>	65	<i>pain reliever oral suspension 160 mg/5ml</i>	12
ORGOVYX.....	15	OZEMPIC.....	19		

<i>pain reliever oral tablet 325 mg</i>	12	PENTASA.....	7	PHYRAGO.....	118
<i>pain reliever plus</i>	12	<i>pentazocine-naloxone hcl</i>	132	<i>phytonadione injection</i>	159
<i>pain-off</i>	12	<i>pentoxifylline er</i>	48	<i>phytonadione oral</i>	159
PANOXYL.....	54	PEPCID AC.....	92	PIFELTRO.....	33
PANOXYL ACNE.....	115	PEPTO BISMOL ORAL SUSPENSION.....	86	<i>pilocarpine hcl ophthalmic solution 1 %, 2</i>	
PANOXYL ACNE BANISHING BODY.....	115	PEPTO-BISMOL ORAL SUSPENSION		<i>%, 4 %</i>	129
PANOXYL CLARIFYING EXFOLIANT.....	115	524 MG/30ML.....	86	<i>pilocarpine hcl oral</i>	51
<i>pantoprazole sodium oral tablet delayed</i>		PEPTO-BISMOL ORAL TABLET		<i>pimecrolimus</i>	54
<i>release</i>	137	CHEWABLE.....	86	<i>pimtreea</i>	78
PATADAY OPTHALMIC SOLUTION 0.1		PERDIEM OVERNIGHT RELIEF.....	108	<i>pindolol</i>	42
<i>%, 0.2 %</i>	128	PERFOROMIST.....	46	<i>pink bismuth maximum strength</i>	87
PAXLOVID (150/100).....	41	<i>periogard</i>	51	<i>pink bismuth oral suspension 262 mg/15ml</i>	87
PAXLOVID (300/100 & 150/100).....	41	<i>permethrin external</i>	133	<i>pink bismuth oral suspension 525 mg/15ml</i>	87
PAXLOVID (300/100).....	41	PERTZYE.....	89	<i>pink bismuth oral tablet 262 mg</i>	87
<i>pazopanib hcl</i>	118	<i>pharbedryl</i>	32	<i>pink bismuth oral tablet chewable 262 mg</i>	87
<i>ped electrolyte freeze pop</i>	65	PHARBETOL.....	12	<i>pink bismuth ultra str</i>	87
PEDIA-LAX ORAL LIQUID.....	108	PHARBETOL EXTRA STRENGTH.....	12	<i>pioglitazone hcl</i>	19
PEDIALYTE ADVANCED CARE.....	66	<i>pharbinex</i>	144	PIP GLUCOSE CONTROL SOLUTION.....	59
PEDIALYTE FREEZER POPS.....	66	PHAZYME.....	86	<i>piperacillin sod-tazobactam so intravenous</i>	
PEDIALYTE IMMUNE SUPPORT.....	66	PHAZYME ULTRA STRENGTH.....	86	<i>solution reconstituted 4.5 (4-0.5) gm</i>	44
PEDIALYTE ORAL SOLUTION.....	66	PHEBURANE.....	89	PIQRAY (200 MG DAILY DOSE).....	38
PEDIALYTE SINGLES.....	66	<i>phenazo</i>	90	PIQRAY (250 MG DAILY DOSE).....	38
PEDIARIX.....	154	<i>phenazopyridine hcl oral tablet 100 mg,</i>		PIQRAY (300 MG DAILY DOSE).....	38
<i>pediatric electrolyte oral solution</i>	66	<i>200 mg</i>	90	<i>pirfenidone oral capsule</i>	144
PEDVAX HIB.....	154	<i>phenazopyridine hcl oral tablet 95 mg</i>	90	<i>pirfenidone oral tablet 267 mg, 801 mg</i>	138
<i>peg 3350 oral powder</i>	105	<i>phenobarbital oral elixir 20 mg/5ml</i>	18	<i>piroxicam oral</i>	123
<i>peg 3350-kcl-na bicarb-nacl</i>	108	<i>phenobarbital oral tablet</i>	18	PLAN B ONE-STEP.....	136
<i>peg-3350/electrolytes</i>	108	<i>phenylephrine hcl ophthalmic</i>	126	PLEGRIDY INTRAMUSCULAR.....	120
PEGASYS.....	24	<i>phenytek</i>	151	PLEGRIDY STARTER PACK.....	120
PENBRAYA.....	154	<i>phenytoin infatabs</i>	151	PLEGRIDY SUBCUTANEOUS.....	120
<i>penicillamine oral tablet</i>	90	<i>phenytoin oral suspension 125 mg/5ml</i>	151	<i>plerixafor</i>	45
<i>penicillin g potassium injection solution</i>		<i>phenytoin oral tablet chewable</i>	151	PNEUMOVAX 23.....	154
<i>reconstituted 5000000 unit</i>	44	<i>phenytoin sodium extended oral capsule</i>		<i>pnv 27-calfelfa</i>	159
<i>penicillin g sodium</i>	44	<i>200 mg, 300 mg</i>	151	<i>pnv-dha</i>	159
<i>penicillin v potassium</i>	44	<i>philith</i>	78	<i>podofilox external solution</i>	54
PENMENVY.....	154	PHOSPHA 250 NEUTRAL.....	69	<i>poly bacitracin</i>	17
PENTACEL.....	154	<i>phosphorous</i>	69	<i>polyethylene glycol 3350 oral powder</i>	105
<i>pentamidine isethionate inhalation</i>	39	<i>phospho-trin 250 neutral</i>	69	<i>polyethylene glycol 3350-grx oral powder</i>	105
<i>pentamidine isethionate injection</i>	39	PHOSPHO-TRIN K500.....	66	<i>poly-iron 150</i>	66

<i>polymyxin b sulfate injection</i>	17	<i>praziquantel oral</i>	14	<i>prenatal multivitamins</i>	159
<i>polymyxin b-trimethoprim</i>	126	<i>prazosin hcl oral</i>	6	<i>prenatal oral tablet 27-0.8 mg</i>	159
<i>polysaccharide iron complex</i>	66	PRECISION GLUCOSE KETONE CONTR.	59	<i>prenatal oral tablet 27-1 mg</i>	159
<i>polysaccharide-iron complex</i>	66	PRECISION XTRA BLOOD GLUCOSE		<i>prenatal oral tablet 28-0.8 mg</i>	159
POLYSPORIN.....	17	STRIPS.....	59	<i>prenatal plus</i>	159
<i>polyvinyl alcohol ophthalmic</i>	126	PRED FORTE.....	130	<i>prenatal plus vitamin/mineral</i>	159
POLY-VI-SOL.....	69	<i>prednisolone acetate ophthalmic</i>	130	<i>prenatal vitamins</i>	159
POLY-VITE PEDIATRIC.....	69	PREDNISOLONE ACETATE P-F.....	130	<i>prenatal/folic acid</i>	159
<i>pomalidomide</i>	15	<i>prednisolone oral solution</i>	95	<i>prenatal/iron oral tablet</i>	159
<i>portia-28</i>	78	<i>prednisolone sodium phosphate</i>		PREVACID 24HR.....	137
<i>potassium chloride crys er oral tablet</i>		<i>ophthalmic</i>	130	<i>prevalite oral powder</i>	62
<i>extended release 10 meq</i>	66	<i>prednisolone sodium phosphate oral</i>		PREVIDENT.....	51
<i>potassium chloride crys er oral tablet</i>		<i>solution 15 mg/5ml</i>	95	PREVIDENT 5000 DRY MOUTH.....	51
<i>extended release 20 meq</i>	66	<i>prednisolone sodium phosphate oral</i>		PREVIDENT 5000 PLUS.....	51
<i>potassium chloride er oral capsule</i>		<i>solution 5 mg/5ml</i>	95	PREVNAR 20.....	154
<i>extended release 10 meq</i>	66	<i>prednisone oral solution</i>	95	PREZCOBIX ORAL TABLET 675-150 MG..	35
<i>potassium chloride er oral tablet extended</i>		<i>prednisone oral tablet</i>	95	PREZCOBIX ORAL TABLET 800-150 MG..	35
<i>release 10 meq</i>	66	<i>prednisone oral tablet therapy pack 10 mg</i>		PREZISTA.....	35
<i>potassium chloride er oral tablet extended</i>		<i>(21)</i>	95	PRIFTIN.....	41
<i>release 20 meq</i>	66	<i>prednisone oral tablet therapy pack 10 mg</i>		<i>primadophilus</i>	87
<i>potassium chloride er oral tablet extended</i>		<i>(48), 5 mg (21), 5 mg (48)</i>	95	<i>primaquine phosphate</i>	39
<i>release 8 meq</i>	66	PREGNYL.....	96	<i>primidone oral tablet 250 mg, 50 mg</i>	79
<i>potassium chloride oral packet 20 meq</i>	66	PREMARIN ORAL.....	78	PRIORIX.....	154
<i>potassium chloride oral solution</i>	66	PREMARIN VAGINAL.....	78	PROAIR RESPICLICK.....	46
<i>potassium citrate er oral tablet extended</i>		PREMPHASE.....	78	<i>probenecid</i>	24
<i>release 10 meq (1080 mg)</i>	66	PREMPRO.....	78	<i>probiotic acidophilus oral capsule</i>	87
<i>potassium citrate er oral tablet extended</i>		PRENATABS RX.....	159	<i>probiotic blend</i>	87
<i>release 15 meq (1620 mg)</i>	66	<i>prenatal 19</i>	159	<i>probiotic digestive support</i>	87
<i>potassium citrate er oral tablet extended</i>		<i>prenatal fa + dha + choline</i>	159	<i>probiotic maximum strength</i>	87
<i>release 5 meq (540 mg)</i>	67	<i>prenatal formula</i>	159	<i>probiotic oral capsule</i>	87
<i>potassium citrate-citric acid</i>	70	<i>prenatal gummy oral tablet chewable 0.18-</i>		<i>probiotic oral capsule 250 mg</i>	87
<i>povidone iodine</i>	17	<i>25 mg</i>	152	<i>probiotic pearls ex st</i>	87
<i>povidone-iodine external solution</i>	17	<i>prenatal gummy oral tablet chewable 0.4-</i>		<i>prochlorperazine</i>	21
PRADAXA ORAL CAPSULE.....	18	<i>113.5 mg</i>	70	<i>prochlorperazine maleate oral</i>	21
PRADAXA ORAL PACKET.....	18	<i>prenatal gummy oral tablet chewable 0.4-</i>		PROCRIT.....	45
PRALUENT.....	62	<i>25 mg</i>	152	PROCTOFOAM HC.....	90
<i>pramipexole dihydrochloride</i>	60	<i>prenatal multi+dha</i>	159	<i>procto-med hc</i>	90
<i>prasugrel hcl</i>	134	<i>prenatal multivit plus folate</i>	159	PROCTOZONE-B.....	109
<i>pravastatin sodium</i>	61	<i>prenatal multivitamin</i>	159	PROCTOZONE-G CHILDRENS.....	109

PROCTOZONE-GMAX ADULT	109	<i>pyrimethamine oral</i>	39	RELENZA DISKHALER.....	37
<i>progesterone oral</i>	136	PYRUKYND ORAL TABLET 20 MG.....	91	RELEUKO.....	45
PROLAXA.....	109	QNASL.....	37	<i>relief eye drops</i>	126
PROLENSA.....	130	QNASL CHILDRENS.....	37	RELION TRUE METRIX TEST STRIPS.....	59
PROMACTA.....	45	QUADRACEL INTRAMUSCULAR		RELPAK ORAL TABLET 20 MG.....	150
<i>promethazine hcl oral</i>	32	SUSPENSION.....	154	RENAL.....	160
<i>promethazine hcl rectal</i>	32	<i>quinapril hcl</i>	14	<i>rena-vite</i>	160
<i>promethazine-codeine</i>	144	<i>quinapril-hydrochlorothiazide</i>	48	<i>repaglinide</i>	20
<i>promethazine-dm</i>	149	<i>quinidine gluconate er</i>	15	REPATHA SUBCUTANEOUS SOLUTION	
<i>promethazine-phenylephrine</i>	144	<i>quinidine sulfate</i>	15	AUTO-INJECTOR 140 MG/ML.....	62
PROMETHEGAN RECTAL		QUINTET CONTROL HIGH/NORMAL.....	59	REPATHA SUBCUTANEOUS SOLUTION	
SUPPOSITORY 50 MG.....	32	QULIPTA.....	47	PREFILLED SYRINGE 140 MG/ML.....	62
<i>propafenone hcl</i>	15	QVAR REDHALER.....	37	<i>rest simply</i>	32
<i>propranolol hcl er</i>	42	RABAVERT.....	154	RESTASIS.....	126
<i>propranolol hcl oral</i>	42	<i>radiance platinum vitamin d3</i>	70	RESTASIS MULTIDOSE.....	126
<i>propylthiouracil oral</i>	40	RADICAVA ORS.....	49	RESTORA.....	87
PROQUAD.....	154	RADICAVA ORS STARTER KIT.....	49	<i>restore plus lubricant eye</i>	126
<i>prucalopride succinate</i>	87	<i>raloxifene hcl</i>	149	<i>restore pm</i>	126
<i>pseudoephedrine hcl er</i>	144	<i>ramipril</i>	14	RETACRIT INJECTION SOLUTION 10000	
<i>pseudoephedrine hcl oral tablet 30 mg</i>	144	<i>ranolazine er</i>	49	UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML,	
<i>pseudoephedrine-bromphen-dm</i>	149	<i>rapid release pain relief</i>	12	4000 UNIT/ML, 40000 UNIT/ML.....	45
<i>pseudoephedrine-guaifenesin er</i>	145	RASUVO.....	100	RETACRIT INJECTION SOLUTION 20000	
PULMICORT FLEXHALER.....	37	RAVICTI.....	89	UNIT/ML.....	45
PULMICORT SUSPENSION.....	37	RAYALDEE.....	112	RETAINÉ CMC.....	126
PULMOSAL.....	145	<i>ready-to-use enema rectal enema 19-7</i>		RETIN-A EXTERNAL CREAM.....	54
PULMOZYME.....	145	<i>gm/118ml</i>	109	RETIN-A EXTERNAL GEL.....	54
PURE & GENTLE LUBRICANT.....	126	REBIF.....	120	RETIN-A MICRO PUMP EXTERNAL GEL	
<i>purelax oral powder</i>	105	REBIF REBIDOSE.....	120	0.08 %.....	54
PURIXAN.....	38	REBIF REBIDOSE TITRATION PACK.....	120	REVATIO ORAL.....	138
PYLERA.....	87	REBIF TITRATION PACK.....	120	REVLIMID.....	15
<i>pyrazinamide oral</i>	41	RECARBRIO.....	44	REYATAZ ORAL CAPSULE.....	35
<i>pyridostigmine bromide er oral tablet</i>		<i>reclipsen</i>	78	REYATAZ ORAL PACKET.....	35
<i>extended release</i>	133	RECOMBIVAX HB.....	154	REYVOW.....	150
<i>pyridostigmine bromide oral solution</i>	133	<i>refenesen 400</i>	145	REZDIFFRA ORAL TABLET 60 MG.....	87
<i>pyridostigmine bromide oral tablet 60 mg</i> ..	133	REFRESH LACRI-LUBE.....	126	REZVOGLAR KWIKPEN.....	103
<i>pyridoxine hcl oral</i>	160	REFRESH PLUS.....	126	RHOFADE.....	54
<i>pyridoxine hcl solution 100 mg/ml injection</i>	160	REFRESH TEARS.....	126	RHOPRESSA.....	126
PYRIDOXINE HCL SOLUTION 100		<i>reguloid oral powder 43 %</i>	105	<i>ribavirin oral</i>	24
MG/ML INJECTION.....	160	REHYDRALYTE.....	67	<i>rifabutin</i>	38

<i>rifampin oral</i>	41	<i>rynex pse</i>	145	<i>senna-s oral tablet</i>	109
<i>rilpivirine hcl</i>	33	RYTARY.....	60	<i>senna-tabs</i>	109
<i>riluzole</i>	49	<i>saccharomyces boulardii</i>	87	<i>senna-time</i>	109
<i>rimantadine hcl</i>	37	<i>sacubitril-valsartan</i>	49	<i>senna-time s</i>	109
RINVOQ.....	101	SAFYRAL.....	78	SENAZON.....	109
RISAQUAD.....	87	<i>saline mist spray</i>	149	<i>sennosides</i>	109
RISAQUAD-2.....	87	<i>saline nasal spray</i>	149	<i>sennosides-docusate sodium</i>	109
<i>risedronate sodium oral tablet</i>	112	<i>salsalate oral</i>	123	SENOKOT.....	109
<i>ritonavir</i>	35	<i>salzix wart remover</i>	115	SENOKOT S.....	109
<i>rivastigmine</i>	49	SANDOSTATIN.....	98	SEREVENT DISKUS.....	46
<i>rivastigmine tartrate</i>	49	<i>sapropterin dihydrochloride</i>	89	<i>setlakin</i>	78
<i>rizatriptan benzoate</i>	150	SAVAYSA.....	18	<i>sevelamer carbonate oral tablet</i>	134
ROBAFEN CF MULTI-SYMPTOM COLD....	27	<i>saxagliptin hcl</i>	20	<i>sf 5000 plus</i>	51
ROBITUSSIN 12 HOUR COUGH.....	145	<i>scalp relief external liquid 3 %</i>	115	<i>sf gel 1.1%</i>	51
ROBITUSSIN 12 HOUR COUGH CHILD..	145	SCEMBLIX ORAL TABLET 20 MG, 40 MG.	38	<i>sharobel</i>	136
ROBITUSSIN COUGH & CHEST ADULT..	145	SCRUB CARE POVIDONE-IODINE.....	17	<i>shewise</i>	136
ROBITUSSIN COUGH & CHEST CHILD..	145	SECURA ANTIFUNGAL EXTRA THICK.....	23	SHINGRIX INTRAMUSCULAR	
ROBITUSSIN COUGH+CHEST CONG		SEGLUROMET.....	20	SUSPENSION RECONSTITUTED.....	154
DM ORAL LIQUID 20-400 MG/20ML.....	145	<i>selegiline hcl oral</i>	119	SIGNIFOR.....	98
ROBITUSSIN PEAK COLD MULTI-SYM....	27	<i>selenium sulfide external lotion</i>	54	SIKLOS.....	38
ROCKLATAN.....	126	SELZENTRY ORAL SOLUTION.....	34	<i>sildenafil citrate oral suspension</i>	
<i>roflumilast</i>	134	SEMGLEE (YFGN).....	103	<i>reconstituted</i>	138
<i>ropinirole hcl</i>	60	SE-NATAL 19.....	160	<i>sildenafil citrate oral tablet 20 mg</i>	138
<i>rosuvastatin calcium oral</i>	61	<i>senexon-s</i>	109	<i>silver sulfadiazine external</i>	17
ROTARIX.....	154	<i>senior probiotic</i>	87	SIMBRINZA.....	129
ROTATEQ.....	154	<i>senna lax</i>	109	SIMEPED.....	87
ROXYBOND ORAL TABLET ABUSE-		<i>senna laxative</i>	109	<i>simethicone drops infants</i>	87
DETERRENT 15 MG, 30 MG.....	132	<i>senna laxatives</i>	109	<i>simethicone oral capsule</i>	87
ROXYBOND ORAL TABLET ABUSE-		<i>senna oral liquid 8.8 mg/5ml</i>	109	<i>simethicone oral suspension 20 mg/0.3ml,</i>	
DETERRENT 5 MG.....	132	<i>senna oral syrup 176 mg/5ml</i>	109	<i>40 mg/0.6ml</i>	87
ROZLYTREK ORAL CAPSULE.....	38	<i>senna oral syrup 26.4 mg/15ml, 8.8</i>		<i>simethicone oral tablet chewable</i>	87
ROZLYTREK ORAL PACKET.....	38	<i>mg/5ml</i>	109	<i>simethicone ultra strength</i>	88
RUBRACA.....	118	<i>senna oral tablet 8.6 mg</i>	109	SIMLANDI (1 PEN).....	100
RUCONEST.....	13	<i>senna plus</i>	109	SIMLANDI (2 PEN).....	100
RYALTRIS.....	32	<i>senna s</i>	109	SIMLANDI (2 SYRINGE)	
RYBELSUS.....	20	<i>senna smooth</i>	109	SUBCUTANEOUS PREFILLED SYRINGE	
RYDAPT.....	118	<i>senna-docusate sodium</i>	109	KIT 20 MG/0.2ML.....	100
RYNEX DM.....	145	<i>senna-lax</i>	109		
RYNEX PE.....	145	<i>senna-plus</i>	109		

<i>stomach relief oral tablet chewable 262 mg</i>	88	<i>sulfacetamide sodium-sulfur external liquid</i>	127
<i>stomach relief plus</i>	88	<i>9-4.5 %</i>	54
<i>stomach relief ultra</i>	88	<i>sulfacetamide sod-sulfur wash external</i>	127
<i>stool softener extra str</i>	110	<i>liquid 9-4.5 %</i>	54
<i>stool softener oral capsule 100 mg</i>	110	<i>sulfacetamide-prednisolone</i>	130
<i>stool softener oral capsule 240 mg</i>	110	<i>sulfamethoxazole-trimethoprim oral</i>	127
<i>stool softener oral capsule 250 mg</i>	110	<i>suspension 200-40 mg/5ml</i>	151
<i>stool softener oral capsule 50 mg</i>	110	<i>sulfamethoxazole-trimethoprim oral tablet</i>	151
<i>stool softener oral tablet 50-8.6 mg</i>	110	<i>sulfasalazine oral</i>	151
<i>stool softener pls laxative</i>	110	<i>sulfatrim pediatric</i>	151
<i>stool softener plus laxative</i>	110	<i>sulindac oral</i>	123
<i>stool softener/laxative oral tablet , 8.6-50</i>		<i>sumatriptan nasal</i>	150
<i>mg</i>	110	<i>sumatriptan succinate oral</i>	150
STRENSIQ.....	89	<i>sumatriptan succinate subcutaneous</i>	150
<i>streptomycin sulfate intramuscular</i>	6	<i>sunitinib malate</i>	118
<i>stress formula</i>	160	SUNLENCA.....	34
<i>stress formula/iron</i>	70	<i>suphedrine 12hour</i>	146
<i>stress formula/iron/energy</i>	70	<i>suphedrine maximum strength</i>	146
<i>stress formula/zinc/energy</i>	160	SUPREP BOWEL PREP KIT.....	110
STRIBILD.....	33	SUTAB.....	106
STRIVERDI RESPIMAT.....	46	SUTENT.....	118
STUART ONE.....	160	<i>sv vitamin d3 oral capsule 25 mcg</i>	70
<i>sucralfate oral suspension</i>	137	<i>sv vitamin d3 oral capsule 50 mcg (2000</i>	
<i>sucralfate oral tablet</i>	137	<i>ut)</i>	70
SUDAFED.....	145	<i>sv vitamin d3 oral tablet chewable</i>	70
SUDAFED PE CONGESTION ORAL		<i>syeda</i>	78
TABLET 10 MG.....	149	SYMBICORT.....	146
SUDAFED PE SINUS CONGESTION.....	149	SYMDEKO.....	50
SUDAFED SINUS CONGESTION.....	145	SYMFI.....	33
SUDAFED SINUS CONGESTION 12HR.....	145	SYMPROIC.....	88
<i>sudogest 12 hour</i>	146	SYMTUZA.....	35
<i>sudogest maximum strength</i>	146	SYNAREL.....	98
<i>sudogest oral tablet 30 mg</i>	146	SYNJARDY.....	20
<i>sulfacetamide sodium external</i>	54	SYNJARDY XR.....	20
<i>sulfacetamide sodium ophthalmic</i>	128	SYNTHROID.....	97
<i>sulfacetamide sodium-sulfur external</i>		SYSTANE.....	127
<i>cream 10-5 %</i>	54	SYSTANE BALANCE.....	127
<i>sulfacetamide sodium-sulfur external</i>		SYSTANE COMPLETE.....	127
<i>emulsion</i>	54	SYSTANE CONTACTS.....	127
		SYSTANE HYDRATION PF.....	127
		SYSTANE NIGHT.....	127
		SYSTANE NIGHTTIME.....	127
		SYSTANE PRESERVATIVE FREE.....	127
		SYSTANE ULTRA.....	127
		SYSTANE ULTRA PF.....	127
		<i>tab tussin</i>	146
		<i>tab-a-vite/beta carotene</i>	160
		TABRECTA.....	118
		TACLONEX.....	54
		<i>tacrolimus external ointment 0.03 %</i>	54
		<i>tacrolimus external ointment 0.1 %</i>	54
		<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	100
		<i>tacrolimus oral capsule 1 mg</i>	100
		<i>tadalafil (pah)</i>	138
		<i>tadalafil oral tablet 5 mg</i>	42
		TADLIQ.....	138
		TAFINLAR.....	118
		TAGAMET HB 200.....	92
		TAGRISSE.....	118
		<i>take action</i>	136
		TAKHZYRO SUBCUTANEOUS	
		SOLUTION PREFILLED SYRINGE 150	
		MG/ML.....	101
		TAKHZYRO SUBCUTANEOUS	
		SOLUTION PREFILLED SYRINGE 300	
		MG/2ML.....	101
		TALICIA.....	104
		TALTZ SUBCUTANEOUS SOLUTION	
		AUTO-INJECTOR.....	54
		TALTZ SUBCUTANEOUS SOLUTION	
		PREFILLED SYRINGE 80 MG/ML.....	54
		TAMIFLU ORAL CAPSULE.....	37
		TAMIFLU ORAL SUSPENSION	
		RECONSTITUTED.....	37
		<i>tamoxifen citrate oral</i>	21
		<i>tamsulosin hcl</i>	42
		<i>tarina 24 fe</i>	78
		<i>tarina fe 1/20 eq</i>	78

TARPEYO.....	90	<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i>	13	<i>tizanidine hcl oral tablet</i>	150
TAVALISSE.....	91	<i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%)</i>	13	TLANDO.....	13
<i>tazicef injection</i>	43	<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	13	TM-DAILY VITE.....	160
<i>tazicef intravenous solution reconstituted 1 gm</i>	43	<i>tetrabenazine</i>	49	TOBI PODHALER.....	50
<i>tazicef intravenous solution reconstituted 2 gm</i>	43	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	146	TOBRADEX.....	6
TAZORAC.....	54	THALOMID.....	15	TOBRADEX ST.....	127
TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	120	<i>the magic bullet</i>	110	<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	50
TEENY TUMMY GAS RELIEF DROPS.....	88	THEO-24.....	134	TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION.....	50
TEKURNA.....	49	<i>theophylline er</i>	134	<i>tobramycin ophthalmic</i>	128
<i>telmisartan</i>	14	<i>theophylline oral</i>	134	<i>tobramycin-dexamethasone</i>	127
<i>temozolomide oral capsule 100 mg</i>	6	THERA.....	160	TODAY SPONGE.....	90
<i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	6	THERAFLU SEVERE CONGESTION REL.....	149	<i>tolnaftate external cream</i>	23
TENCON.....	12	<i>thera-tabs</i>	160	<i>tolnaftate external powder</i>	23
TENIVAC.....	154	<i>thiamine hcl injection</i>	160	<i>tolterodine tartrate</i>	40
<i>tenofovir disoproxil fumarate</i>	34	<i>thiamine hcl oral</i>	160	<i>tolterodine tartrate er</i>	40
TEPMETKO.....	118	<i>thiamine mononitrate oral</i>	160	<i>tolvaptan oral tablet therapy pack 15 mg</i>	73
<i>terazosin hcl</i>	42	THIOLA.....	90	TOP FILL HUMIDIFIER.....	115
<i>terbinafine hcl external</i>	23	THIOLA EC.....	90	<i>toremifene citrate</i>	21
<i>terbinafine hcl oral</i>	23	THRIVITE RX.....	160	<i>torpenz</i>	118
<i>terbinafine hydrochloride external cream 1 %</i>	23	<i>tiadyt er</i>	47	<i>torsemid</i>	59
<i>terconazole vaginal cream</i>	23	TIBSOVO.....	118	<i>total allergy</i>	32
<i>teriflunomide</i>	120	<i>ticagrelor</i>	134	<i>total allergy medicine</i>	32
<i>teriparatide</i>	112	<i>tigecycline</i>	17	TOUJEO MAX SOLOSTAR.....	103
TESTIM.....	13	TIGLUTIK.....	49	TOUJEO SOLOSTAR.....	103
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	13	TIKOSYN.....	15	TOVIAZ.....	40
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	13	<i>tilia fe</i>	78	TRACLEER.....	138
<i>testosterone enanthate intramuscular</i>	13	<i>timolol maleate ophthalmic solution</i>	129	TRADJENTA.....	20
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	13	TINACTIN EXTERNAL CREAM.....	23	<i>tramadol hcl oral tablet 50 mg</i>	132
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	13	<i>tinidazole oral tablet 250 mg</i>	17	<i>trandolapril</i>	14
		<i>tinidazole oral tablet 500 mg</i>	17	<i>tranexamic acid oral</i>	91
		<i>tiotropium bromide</i>	46	TRELEGY ELLIPTA.....	146
		TIROSINT ORAL CAPSULE 100 MCG, 13 MCG, 137 MCG, 50 MCG, 75 MCG.....	97	TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML.....	54
		TIVICAY.....	33	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	54
		TIVICAY PD.....	33	TRESIBA.....	103
				TRESIBA FLEXTOUCH.....	103

<i>tretinoin external cream</i>	54	TRIUMEQ.....	33	TRUE VITAMIN D3 CAPSULE 50 MCG	
<i>tretinoin oral</i>	149	TRIUMEQ PD.....	33	(2000 UT) ORAL.....	70
TREXALL.....	100	TRI-VITAMIN WITH FLUORIDE.....	160	TRUE VITAMIN D3 ORAL CAPSULE 1.25	
TREXIMET.....	150	<i>tri-vite pediatric</i>	160	MG (50000 UT).....	70
TREXION.....	70	<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	70	TRUE VITAMIN D3 ORAL CAPSULE 10	
TREZIX.....	132	<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	70	MCG (400 UNIT).....	70
<i>triamcinolone acetonide external cream</i>	95	<i>tri-vylibra</i>	78	TRUE VITAMIN D3 ORAL CAPSULE 25	
<i>triamcinolone acetonide external lotion</i>		<i>tri-vylibra lo</i>	78	MCG (1000 UT), 250 MCG (10000 UT).....	70
<i>0.025 %</i>	95	TROJAN BARESKIN.....	115	TRUE VITAMIN D3 ORAL TABLET 10	
<i>triamcinolone acetonide external lotion 0.1</i>		TROJAN MAGNUM.....	115	MCG (400 UNIT).....	70
<i>%</i>	96	TROJAN ULTRA RIBBED LUBRICATED..	116	TRUE VITAMIN D3 ORAL TABLET 125	
<i>triamcinolone acetonide external ointment</i>		TROJAN ULTRA THIN.....	116	MCG (5000 UT).....	70
<i>0.025 %, 0.1 %, 0.5 %</i>	96	TROJAN ULTRA THIN/SPERMICIDAL.....	116	TRUE VITAMIN E ORAL CAPSULE 180	
<i>triamcinolone acetonide mouth/throat</i>	51	TROJAN-ENZ LUBRICATED.....	116	MG.....	160
<i>triamcinolone acetonide nasal</i>	37	TROJAN-ENZ/SPERMICIDAL.....	116	TRUE VITAMIN E ORAL CAPSULE 450	
<i>triamterene-hctz</i>	49	<i>tropium chloride</i>	40	MG, 90 MG.....	160
<i>triderm</i>	96	TRUE COVER.....	116	TRUEPLUS GLUCOSE ORAL TABLET	
<i>trientine hcl oral capsule 250 mg</i>	73	TRUE FERROUS SULFATE.....	67	CHEWABLE.....	91
<i>tri-estarylla</i>	78	TRUE FOLIC ACID ORAL TABLET 400		TRUMENBA.....	155
<i>trifluridine</i>	130	MCG.....	160	TRUVADA.....	34
TRIJARDY XR.....	20	TRUE FOLIC ACID TABLET 1 MG ORAL.	160	TUDORZA PRESSAIR.....	46
TRIKAFTA ORAL TABLET THERAPY		TRUE MAGNESIUM OXIDE ORAL		TUMS.....	88
PACK.....	50	TABLET 500 MG.....	67	TUMS CHEWY BITES.....	88
TRIKAFTA ORAL THERAPY PACK.....	50	TRUE MAGNESIUM OXIDE TABLET 400		TUMS CHEWY BITES ULTRA STR.....	88
<i>tri-legest fe</i>	78	MG ORAL.....	88	TUMS E-X 750.....	89
<i>tri-linyah</i>	78	TRUE METRIX AIR GLUCOSE METER		TUMS EXTRA STRENGTH.....	89
<i>tri-lo-estarylla</i>	78	KIT.....	59	TUMS EXTRA STRENGTH 750.....	89
<i>tri-lo-marzia</i>	78	<i>true oyster shell calcium</i>	67	TUMS LASTING EFFECTS.....	89
<i>tri-lo-mili</i>	78	TRUE VITAMIN A.....	160	TUMS SMOOTHIES.....	89
<i>tri-lo-sprintec</i>	78	TRUE VITAMIN B1 ORAL TABLET 100		TUMS ULTRA 1000.....	89
<i>trimethobenzamide hcl oral</i>	21	MG.....	160	TUMS ULTRA STRENGTH.....	89
<i>trimethoprim oral</i>	17	TRUE VITAMIN B3 ORAL TABLET 250		TURALIO.....	118
<i>tri-mili</i>	78	MG, 50 MG.....	160	<i>turqoz</i>	78
TRINATAL RX 1.....	160	TRUE VITAMIN B6 ORAL TABLET 100		<i>tussin</i>	146
<i>triphrocaps</i>	160	MG, 25 MG, 50 MG.....	160	<i>tussin adult chest congest</i>	146
<i>triple antibiotic external ointment , 3.5-400-</i>		TRUE VITAMIN C.....	70	<i>tussin adult oral liquid 200 mg/10ml</i>	146
<i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	17	TRUE VITAMIN D3 CAPSULE 125 MCG		<i>tussin cf adult</i>	27
TRIPTODUR.....	98	(5000 UT) ORAL.....	70	<i>tussin cough/chest dm max oral liquid 20-</i>	
<i>tri-sprintec</i>	78			<i>400 mg/20ml</i>	146

<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	146	<i>ultra fresh</i>	127	VAPORIZER WARM STEAM.....	116
<i>tussin dm max adult</i>	146	<i>ultra fresh pm</i>	127	VAQTA.....	155
<i>tussin dm max daytime</i>	146	<i>ultra lubricant drop</i>	127	VARIVAX.....	155
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	146	<i>ultra lubricating eye drops</i>	127	VASCEPA.....	62
<i>tussin dm max st</i>	146	<i>ultra lubricating eye drops pf</i>	127	VAXCHORA.....	155
<i>tussin dm oral syrup</i>	146	ULTRASONIC COOL MIST HUMIDIF.....	116	VAXELIS.....	155
<i>tussin maximum strength oral syrup 15 mg/5ml</i>	146	UMECLIDINIUM ELLIPTA.....	46	VAXNEUVANCE.....	155
<i>tussin mucus & chest congest</i>	146	UMECLIDINIUM-VILANTEROL.....	147	<i>v-c forte</i>	70
<i>tussin mucus+chest congest sf</i>	146	<i>unithroid</i>	97	VCF VAGINAL CONTRACEPTIVE.....	90
<i>tussin mucus+chest congestion</i>	147	UPTRAVI ORAL.....	138	VECTICAL.....	54
TWINRIX.....	155	UPTRAVI TITRATION.....	138	<i>vegetable lax+stool softener</i>	110
TWYNEO.....	116	<i>urea 20 intensive hydrating</i>	55	<i>vegetable laxative</i>	110
TYBLUME.....	78	<i>urea external cream 20 %</i>	55	<i>velivet</i>	78
TYENNE SUBCUTANEOUS.....	101	<i>ureacin-10</i>	55	VELTASSA ORAL PACKET 1 GM.....	73
TYLENOL EXTERNAL CREAM 4 %.....	111	<i>ureacin-20</i>	55	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM.....	73
TYLENOL FOR CHILDREN + ADULTS.....	12	UREVEX.....	55	VENCLEXTA.....	119
TYLENOL ORAL SUSPENSION 160 MG/5ML.....	12	<i>urinary pain relief oral tablet 95 mg</i>	90	VENCLEXTA STARTING PACK.....	119
TYLENOL ORAL TABLET 325 MG, 500 MG.....	12	<i>ursodiol oral capsule 300 mg</i>	89	VENTOLIN HFA.....	46
TYLENOL ORAL TABLET CHEWABLE 160 MG.....	12	<i>ursodiol oral tablet</i>	89	<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	47
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG.....	12	USTEKINUMAB-AAUZ.....	54	<i>verapamil hcl er oral tablet extended release</i>	47
TYMLOS.....	112	VABOMERE.....	43	<i>verapamil hcl oral</i>	47
TYPHIM VI.....	155	VAGIFEM.....	78	VERKAZIA.....	127
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG.....	138	<i>valacyclovir hcl oral</i>	25	VERQUVO.....	49
TYVASO DPI TITRATION KIT.....	138	<i>valganciclovir hcl oral tablet</i>	19	VERZENIO.....	38
UBRELVY.....	47	<i>valsartan oral solution</i>	14	VESICARE.....	40
UCERIS.....	90	<i>valsartan oral tablet</i>	14	<i>vestura</i>	78
UDENYCA ONBODY.....	45	<i>valsartan-hydrochlorothiazide</i>	49	VFEND.....	23
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	45	<i>valtya 1/35</i>	78	VIBERZI.....	104
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	45	<i>valtya 1/50</i>	78	<i>vic-forte</i>	70
		VANOCOCIN.....	17	VICKS PAINQUIL.....	12
		<i>vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml</i>	17	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	20
		<i>vancomycin hcl oral capsule</i>	18	<i>vienna</i>	78
		<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	18	VIGAMOX.....	128
		VANDAZOLE.....	18	VIOKACE.....	89
		VANOS.....	96		
		VANQUISH EXTRA STRENGTH.....	12		

<i>viorele</i>	78	<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	161	VIVELLE-DOT.....	78
VIRACEPT.....	35	<i>vitamin d high potency oral capsule 1.25 mg (50000 ut)</i>	71	VIVJOA.....	23
VIREAD ORAL POWDER.....	34	<i>vitamin d oral capsule 1.25 mg (50000 ut)</i> ...	71	VIVOTIF.....	155
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	34	<i>vitamin d oral capsule 125 mcg</i>	71	VIZIMPRO.....	119
VIREX.....	89	<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	71	VOGELXO.....	13
VISBIOME GI CARE.....	89	<i>vitamin d oral liquid</i>	71	<i>volnea</i>	78
VISINE.....	128	<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	71	VOQUEZNA DUAL PAK.....	89
VISTOGARD.....	116	<i>vitamin d3 max</i>	71	VOQUEZNA TRIPLE PAK.....	89
<i>vitachew multiple vitamin</i>	160	<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> ..	71	<i>voriconazole oral tablet</i>	23
<i>vitachew vitamin d3</i>	70	<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> ..	71	VOSEVI.....	24
<i>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 3000 mcg</i>	160	<i>vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut)</i>	71	VOTRIENT.....	119
<i>vitamin b complex oral capsule</i>	161	<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i> 71		VTAMA.....	54
<i>vitamin b complex w/b-12</i>	161	<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>	71	VUMERITY.....	120
<i>vitamin b1</i>	161	<i>vitamin d3 oral liquid 10 mcg/ml</i>	71	<i>vyfemla</i>	79
<i>vitamin b-1 oral tablet 100 mg, 250 mg</i>	161	<i>vitamin d-3 oral tablet</i>	72	<i>vylibra</i>	79
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	161	<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	72	VYNDAMAX.....	49
<i>vitamin b12 oral tablet extended release 1000 mcg</i>	161	<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	72	VYTORIN.....	62
<i>vitamin b-12 pr</i>	161	<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	72	VYZULTA.....	130
<i>vitamin b-6</i>	161	<i>vitamin d3 oral tablet 50 mcg, 50 mcg (2000 ut)</i>	72	WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	89
<i>vitamin b-6 er</i>	161	<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	72	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	18
VITAMIN B-COMPLEX 100.....	161	<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	72	<i>warfarin sodium oral tablet 6 mg</i>	18
<i>vitamin c oral liquid</i>	70	<i>vitamin d3 rapid release</i>	72	WARM MIST HUMIDIFIER.....	116
<i>vitamin c oral tablet 1000 mg, 250 mg</i>	70	<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> ..	72	WARM STEAM VAPORIZER.....	116
<i>vitamin c oral tablet 500 mg</i>	71	<i>vitamin e oral capsule 180 mg, 180 mg (400 unit)</i>	161	<i>wart remover external liquid 17 %</i>	116
<i>vitamin c oral tablet chewable 100 mg, 250 mg</i>	71	<i>vitamin e oral capsule 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	161	<i>wart remover maximum strength external liquid</i>	116
<i>vitamin c oral tablet chewable 500 mg</i>	71	<i>vitamin k1 injection</i>	161	WE CARE ENEMA.....	110
<i>vitamin c/rose hips oral tablet 1000 mg</i>	71	<i>vitamin-b complex</i>	161	<i>weekly-d</i>	72
<i>vitamin c/rose hips oral tablet 500 mg</i>	71	VITRAKVI.....	119	WEGOVY SUBCUTANEOUS.....	38
<i>vitamin c-rose hips</i>	71	VITRION.....	161	WELL MAGNESIUM OXIDE.....	89
<i>vitamin c-rose hips oral tablet</i>	71	VIVAGUARD INO CONTROL SOLUTION...59		WELL VITAMIN C.....	72
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)</i>	71			WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT).....	72
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	71			WELL VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT).....	72
				WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT).....	72

<i>wera</i>	79	XPECT.....	147	ZEPOSIA 7-DAY STARTER PACK.....	120
<i>wescaps</i>	161	XPHOZAH ORAL TABLET 20 MG.....	89	ZIANA.....	55
WESNATAL DHA COMPLETE.....	161	XTAMPZA ER.....	131	<i>zidovudine</i>	34
WESTAB PLUS.....	161	XTANDI.....	15	ZIEXTENZO.....	45
WINLEVI.....	54	<i>xulane</i>	79	<i>zinc chelated oral tablet 50 mg</i>	72
<i>wixela inhub</i>	147	XULTOPHY.....	20	<i>zinc gluconate oral tablet 50 mg</i>	72
<i>womans laxative</i>	110	XYOSTED.....	13	<i>zinc oral tablet 50 mg</i>	72
<i>womens gentle laxative</i>	110	XYREM.....	151	<i>zinc oxide external ointment 40 %</i>	55
<i>womens laxative</i>	110	XYWAV.....	151	ZIOPTAN.....	130
<i>womens prenatal+dha</i>	161	YASMIN 28.....	79	ZOCOR.....	61
<i>wymzya fe</i>	79	YAZ.....	79	ZOLINZA.....	38
XACIATO.....	18	YESINTEK SUBCUTANEOUS.....	54	<i>zolmitriptan oral</i>	150
XALKORI ORAL CAPSULE.....	119	YEZTUGO.....	34	ZOMACTON.....	96
XALKORI ORAL CAPSULE SPRINKLE.....	119	YF-VAX.....	155	ZOMIG NASAL.....	150
<i>xarah fe</i>	79	YONSA.....	15	ZORYVE EXTERNAL CREAM 0.3 %.....	55
XARELTO.....	18	YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294		<i>zovia 1/35 (28)</i>	79
XARELTO STARTER PACK.....	18	MCG/0.98ML.....	89	<i>zumandimine</i>	79
XELJANZ.....	100	<i>yulithira</i>	119	ZYDELIG ORAL TABLET 100 MG.....	119
XELJANZ XR.....	100	<i>yuvafem</i>	79	ZYDELIG ORAL TABLET 150 MG.....	73
<i>xelria fe</i>	79	ZADITOR.....	128	ZYKADIA.....	38
XEPI.....	138	<i>zafemy</i>	79	ZYLET.....	130
XERAC AC.....	55	<i>zafirlukast</i>	37	ZYPITAMAG.....	61
XHANCE.....	37	ZARXIO.....	45	ZYRTEC ALLERGY ORAL TABLET.....	32
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG.....	20	ZAVESCA.....	89	ZYRTEC-D ALLERGY & CONGESTION.....	27
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG.....	20	ZEJULA.....	119	ZYRTEC-D ALLERGY & SINUS.....	27
XIIDRA.....	127	ZELBORAF.....	119	ZYTIGA.....	15
XOFLUZA (40 MG DOSE).....	37	<i>zelvysia</i>	89		
XOFLUZA (80 MG DOSE).....	37	ZEMDRI.....	6		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	147	<i>zenatane</i>	54		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	147	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.....	89		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.....	101	ZENVYRA.....	89		
XOPENEX HFA.....	46	ZEPATIER.....	24		
XOSPATA.....	119	ZEPOSIA.....	120		