



Preferred Drug List (PDL)

**New York
Child Health Plus**

Effective Date: 4/1/2026



**United
Healthcare
Community Plan**



NOTICE OF NON-DISCRIMINATION

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

UnitedHealthcare Community Plan provides the following:

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

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

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

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

Email: **UHC_Civil_Rights@uhc.com**

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

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

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-800-493-4647**, TTY **711**, 8 a.m. – 6 p.m., Monday – Friday.



NOTIFICACIÓN DE LA NO-DISCRIMINACIÓN

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

UnitedHealthcare Community Plan provee lo siguiente:

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

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

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

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

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

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

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

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

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

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros al **1-800-493-4647**, TTY **711**, 8 a.m. a 6 p.m., de lunes a viernes.

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. English
Call 1-800-493-4647 TTY 711

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-493-4647 TTY 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-493-4647 TTY 711.	Spanish/Español
注意：您可以免費獲得語言援助服務。請致電 1-800-493-4647 TTY 711。	Chinese/中文
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-493-4647 رقم هاتف الصم والبكم TTY 711	Arabic/اللغة العربية
주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-800-493-4647 TTY 711로 전화하시기 바랍니다.	Korean/한국어
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-493-4647 (телетайп: TTY 711).	Russian/Русский
ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il 1-800-493-4647 TTY 711.	Italian/Italiano
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-493-4647 TTY 711.	French/Français
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-493-4647 TTY 711.	French Creole/ Kreyòl ki soti nan Fransè
אכטונג: אויב איר רעדט אידיש, זענען פאראן פאר איך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-493-4647 TTY 711	Yiddish/אידיש
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-493-4647.	Polish/Polski
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyong pantulong sa wika nang walang bayad. Tumawag sa 1-800-493-4647 TTY 711	Tagalog
দৃষ্টি আকর্ষণ: যদি আপনার ভাষা “Bengali বাংলা” হয় তাহলে আপনি বিনামূল্যে ভাষা সহায়তা পাবেন। 1-800-493-4647 TTY 711 নম্বরে ফোন করুন।	Bengali/বাংলা
KUJDES: Ju vendosen në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-493-4647	Albanian/Shqip
Προσοχή: Στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε «1-800-493-4647» TTY 711.	Greek/ Ελληνικά
توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان سے متعلق مدد کی خدمات مفت دستیاب ہیں۔ کال کریں 1-800-493-4647 TTY 711	Urdu/اردو



Preferred Drug List

INTRODUCTION

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

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

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

NOTICE

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

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

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

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

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

PRODUCT SELECTION CRITERIA

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

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

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

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

PDL PRODUCT DESCRIPTIONS

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin Hydrocortisone

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

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

citalopram 40 mg tabs Celexa tabs

DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

GENERIC SUBSTITUTION

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

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

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

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

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

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

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

PLAN EXCLUSIONS

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

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

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

DAYS SUPPLY DISPENSING LIMITATIONS

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

MANDATORY GENERIC SUBSTITUTION

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

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

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

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

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

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

NON-PDL DRUGS 3-DAY TEMPORARY SUPPLY OVERRIDES

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 5 day supply, with a PA Type of 8 and Prior Authorization number of "0000000120". Please note that non-preferred drugs are available for a 3-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

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

QUANTITY LIMITATIONS (QL)

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

Quantity limits based on Efficient Medication Dosing

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

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

Specialty Pharmaceutical Management Program

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

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

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

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

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

MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

STEP THERAPY (ST)

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

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

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroids
calcitriol 3mcg/gm	Trial of two medium to high potency corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucria	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2 pen pack)	At least a 90 day trial of 1500mg/day of metformin
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
lubiprostone	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Motegrity	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Movantik	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Optivar	14 day trial of ketotifen within previous 90 days required first.

Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
Renvela	8 week trial of calcium acetate
SGLT-2 Inhibitors (Steglatro, Segluromet)	At least a 90 day trial of 1500mg/day of metformin
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid
tolterodine	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
tretinoin Cream (tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)	Trial of Differin OTC Gel 0.1%.
tropium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
Trulance	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Uloric	8 week trial of up to 600mg of allopurinol required first.
Xopenex Respules	30 day trial of Albuterol .083% or .5% respules.

PDL SUGGESTIONS

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

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

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for PDL addition. This literature

should include information documenting clinical necessity as well as therapeutic advantages over current PDL products. Suggestions received by UnitedHealthcare Community Plan will be reviewed by the Pharmacy and Therapeutics Committee at the subsequent P&T Committee meeting.

EDITOR

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

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

LEGEND

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

NOTICE

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

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

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

New York – CHIP

Table of Contents

1st Generation/Typical - Mood Disorder Drugs	6
2nd Generation/Atypical - Mood Disorder Drugs	6
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants	7
Alkylating Agents - Chemotherapy Agents	7
Alpha-adrenergic Agonists - Blood Pressure Drugs	7
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	8
Aminoglycosides - Antibiotics	8
Aminosalicylates - Inflammatory Bowel Disease Drugs	8
Analgesics - Miscellaneous Analgesics	9
Androgens - Hormone Replacement/Modifying Drugs	16
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	16
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	17
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	17
Anthelmintics - Worm Infection Drugs	18
Antiandrogens - Hormone Suppressants	18
Antiangiogenic Agents - Chemotherapy Agents	18
Antiarrhythmics - Heart Regulation Drugs	19
Antibacterials, Other - Antibiotics	20
Anticholinergics - Parkinson's Disease Drugs	21
Anticoagulants - Blood Thinners	22
Anticonvulsants, Other - Seizure Control Drugs	22
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	23
Antidepressants, Other - Antidepressants	23
Antidiabetic Agents - Diabetic Drugs	23
Antiemetics, Other - Nausea and Vomiting Drugs	24
Antiestrogens/Modifiers - Chemotherapy Agents	25
Antifungals - Fungal Infection Drugs	26
Antigout Agents - Gout Drugs	29
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	29
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	29
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	29
Antiherpetic Agents - Herpes Drugs	30
Antihistamines - Allergy Drugs	30
Antihistamines - Drugs to Treat Allergies	33
Anti-HIV Agents, Integrase Inhibitors (INSTI)	38
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	38
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	39

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI).....	39
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs.....	40
Anti-HIV Agents, Other - HIV Drugs.....	40
Anti-HIV Agents, Protease Inhibitors - HIV Drugs.....	41
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs.....	42
Anti-Influenza Agents - Flu Drugs.....	43
Antileukotrienes - Asthma/Lung Drugs.....	43
Antimetabolites - Chemotherapy Agents.....	44
Antimycobacterials, Other - Miscellaneous Anti-Infectives.....	44
Antineoplastics, Other - Chemotherapy Agents.....	44
Antiparkinson Agents - Parkinson's Disease Drugs.....	45
Antiparkinson Agents, Other - Parkinson's Disease Drugs.....	45
Antiprotozoals - Protozoal Infection Drugs.....	45
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs.....	46
Antispasmodics, Urinary - Bladder Control Drugs.....	46
Antithyroid Agents - Thyroid Suppressing Drugs.....	46
Antituberculars - Tuberculosis Drugs.....	47
Antivirals - Drugs to Treat Viral Infections.....	47
Anxiolytics, Other - Anxiety Drugs.....	47
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents.....	47
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs.....	48
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs.....	49
Benign Prostatic Hypertrophy Agents - Prostate Drugs.....	50
Benzodiazepines - Anxiety Drugs.....	50
Beta-adrenergic Blocking Agents - Blood Pressure Drugs.....	51
Beta-Lactam, Cephalosporins - Antibiotics.....	51
Beta-Lactam, Penicillins - Antibiotics.....	52
Blood Formation Modifiers - Blood Formation Drugs.....	52
Bronchodilators, Anticholinergic - Asthma/Lung Drugs.....	53
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs.....	53
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs.....	54
Calcium Channel Blocking Agents - Blood Pressure Drugs.....	54
Calcium Channel Modifying Agents - Seizure Control Drugs.....	55
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	55
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs.....	56
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs.....	56
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis.....	57
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions.....	58
Dermatological Agents - Drugs to Treat Skin Conditions.....	59
Dermatological Agents - Skin Agents.....	62

Diabetes - Glucose Monitoring	62
Diuretics, Loop - Cardiac Drugs	66
Diuretics, Potassium-sparing - Cardiac Drugs	66
Diuretics, Thiazide - Cardiac Drugs	66
Dopamine Agonists - Parkinson's Disease Drugs	67
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	67
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	67
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	68
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	68
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	69
Electrolyte/Mineral/Metal Modifiers	80
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	80
Enzyme Inhibitors - Chemotherapy Agents	80
Ergot Alkaloids - Migraine Drugs	81
Estrogens - Hormone Replacement/Modifying Drugs	81
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	87
GABA Receptor Modulators - Drugs for Sleeping	87
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	88
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	89
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	97
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	98
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	98
Glucocorticoids - Drugs to Treat Inflammation	98
Glutamate Reducing Agents - Seizure Control Drugs	99
Glycemic Agents - Diabetic Drugs	100
Hemostasis Agents - Drugs to Stop Bleeding	100
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	101
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	102
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	105
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	105
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	106
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	106
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	106
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	107
Immune Suppressants - Immune System Drugs	108
Immunizing Agents, Passive - Immune System Drugs	110
Immunomodulators - Immune System Drugs	110
Insulins - Diabetic Drugs	111
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	112
Laxatives - Bowel Treatment Drugs	113

Laxatives - Drugs to treat Constipation	115
Local Anesthetics	119
Macrolides - Antibiotics	120
Mast Cell Stabilizers - Drugs for the Lungs	120
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	121
Metabolic Bone Disease Agents - Other	121
Miscellaneous Therapeutic Agents	122
Molecular Target Inhibitors - Chemotherapy Agents	125
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	127
Monoamine Oxidase Inhibitors - Antidepressants	127
Mood Stabilizers - Mood Disorder Drugs	128
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	128
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	129
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	129
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	132
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	136
Ophthalmic Antibiotics - Drugs to treat Eye Infections	136
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	137
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	138
Ophthalmic Antivirals - Drugs to treat Eye Infections	138
Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs	138
Opioid Analgesics, Long-acting - Opioid Pain Relievers	139
Opioid Analgesics, Short-acting - Opioid Pain Relievers	139
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	140
Opioid Reversal Agents - Antidotes/Deterrents/Protectants	140
Otic Agents - Drugs for the Ear	141
Otic Agents - Drugs to Treat Ear Conditions	141
Parasympathomimetics - Myasthenia Gravis Drugs	141
Pediculicides/Scabicides - Scabies and Lice Drugs	141
Phosphate Binders - Phosphate-Removing Agents	142
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	142
Platelet Modifying Agents - Platelet Modifying Drugs	142
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	143
Progestins	143
Progestins - Hormone Replacement/Modifying Drugs	143
Protectants - Ulcer and Stomach Acid Drugs	144
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	145
Pulmonary Antihypertensives - Asthma/Lung Drugs	146
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	146
Quinolones - Antibiotics	146

Respiratory Tract Agents, Other - Asthma/Lung Drugs.....	147
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	156
Retinoids - Chemotherapy Agents.....	158
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs.....	158
Serotonin (5-HT) Receptor Agonists - Migraine Drugs.....	158
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	159
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs.....	159
Sleep Disorders, Other - Drugs for Sleeping.....	159
Smoking Cessation Agents - Deterrents.....	160
Sodium Channel Agents - Seizure Control Drugs.....	162
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants.....	163
Sulfonamides - Antibiotics.....	164
Tetracyclines - Antibiotics.....	164
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	164
Treatment Adjuncts - Supportive Chemotherapy Drugs.....	165
Treatment-Resistant - Mood Disorder Drugs.....	165
Tricyclics - Antidepressants.....	165
Vaccines.....	166
Vasodilators, Direct-acting Arterial - Chest Pain Drugs.....	168
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs.....	168
Vitamins.....	169

Preferred Agents	Non-Preferred Agents
1st Generation/Typical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
<p><i>chlorpromazine hcl oral tablet - Tier 1; QL</i> <i>fluphenazine decanoate injection - Tier 1; QL</i> <i>fluphenazine hcl injection - Tier 1</i> <i>fluphenazine hcl oral - Tier 1; QL</i> <i>haloperidol decanoate intramuscular - Tier 1; QL</i> <i>haloperidol oral - Tier 1; QL</i> <i>loxapine succinate - Tier 1; QL</i> <i>pimozide - Tier 1; QL; AL</i> <i>thioridazine hcl oral - Tier 1; QL</i> <i>thiothixene - Tier 1; QL</i> <i>trifluoperazine hcl - Tier 1; QL</i></p>	
2nd Generation/Atypical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
<p>ABILIFY ASIMTUFII - Tier 2; PA; QL; AL ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL <i>aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL</i> ARISTADA - Tier 2; DX2RX; ST; QL; AL INVEGA HAFYERA - Tier 2; QL; AL INVEGA SUSTENNA - Tier 2; DX2RX; ST; QL; AL INVEGA TRINZA - Tier 2; DX2RX; QL; AL <i>lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL</i> <i>olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL</i> <i>olanzapine oral tablet dispersible - Tier 1; QL; AL</i> <i>paliperidone er (generic for INVEGA) - Tier 1; QL; AL</i> PERSERIS - Tier 2; DX2RX; ST; QL; AL <i>quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL</i> <i>quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL</i> <i>risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; QL; AL</i></p>	<p>CAPLYTA ORAL CAPSULE 42 MG - Tier 2; PA; QL; AL</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>risperidone oral solution (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL</i> <i>risperidone oral tablet dispersible - Tier 1; QL; AL</i> UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; QL; AL <i>ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</i></p>	
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
<p><i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1</i> VIVITROL - Tier 2; QL</p>	
Alkylating Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p><i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 <i>lomustine (generic for GLEOSTINE) - Tier 1</i> MATULANE - Tier 2; SP <i>temozolomide oral capsule 100 mg, 140 mg - Tier 1; SP</i> <i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; SP; QL</i></p>	
Alpha-adrenergic Agonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> <i>methyldopa - Tier 1; QL</i> <i>midodrine hcl - Tier 1; QL</i></p>	<p><i>CATAPRES-TTS-1 (brand for clonidine) - Tier 2; PA; QL</i> <i>CATAPRES-TTS-2 (brand for clonidine) - 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
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>	<i>CARDURA (brand for doxazosin mesylate) - Tier 2; PA; QL</i> <i>phenoxybenzamine hcl oral - Tier 1; PA; 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> TOBRADEX - Tier 2; QL	
Aminosalicylates - Inflammatory Bowel Disease Drugs	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
<i>balsalazide disodium - Tier 1; QL</i> <i>mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL</i> <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> SFROWASA RECTAL ENEMA 4 GM/60ML - Tier 2; QL	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL <i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i> <i>mesalamine-cleanser (generic for ROWASA) - Tier 1; PA; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</i> <i>ROWASA (brand for mesalamine-cleanser) - 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

Analgesics - Miscellaneous Analgesics

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

8 hour arthritis pain (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
8 hour arthritis relief (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
8 hour pain relief oral tablet extended release 650 mg (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
8 hour pain reliever (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
8 hr arthritis pain relief (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
8hr arthritis pain relief (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
8hr muscle aches & pain (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
8hr muscle aches & pain relief (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
acetaminophen 8 hour (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
acetaminophen 8 hours (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
acetaminophen 8hr arth pain (generic for *TYLENOL 8 HOUR*) - Tier 1; QL
acetaminophen 8hr musc ache (generic for *TYLENOL 8 HOUR*) - Tier 1; QL

Preferred Agents

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

acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL

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

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

acetaminophen 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 (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 120 mg (generic for FEVERALL 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

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 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
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 external cream 0.1 % (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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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

infants pain/fever (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

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

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
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 (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

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 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

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

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

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

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> <i>DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; PA; QL</i> <i>NATESTO - Tier 2; PA; QL</i> <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i> <i>testosterone enanthate intramuscular - Tier 1; PA; QL</i> <i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA</i> <i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i></p>	<p><i>METHITEST - Tier 2; PA; QL</i> <i>methyltestosterone oral - Tier 1; PA; QL</i></p>
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> <i>icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL</i> <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>ATACAND (brand for candesartan cilexetil) - Tier 2; PA; QL</i> <i>AVAPRO (brand for irbesartan) - Tier 2; PA; QL</i> <i>BENICAR (brand for olmesartan medoxomil) - Tier 2; PA; QL</i> <i>candesartan cilexetil (generic for ATACAND) - Tier 1; PA; QL</i> <i>COZAAR (brand for losartan potassium) - Tier 2; PA; QL</i> <i>DIOVAN (brand for valsartan) - Tier 2; PA; QL</i> <i>EDARBI - Tier 2; PA; QL</i> <i>MICARDIS (brand for telmisartan) - Tier 2; 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>	<i>EPANED (brand for enalapril maleate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL</i> <i>LOTENSIN (brand for benazepril hcl) - Tier 2; PA; QL</i> <i>perindopril erbumine - Tier 1; PA; QL</i> <i>QBRELIS - Tier 2; PA</i> <i>VASOTEC (brand for enalapril maleate) - Tier 2; PA; QL</i> <i>ZESTRIL (brand for lisinopril) - 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
Anthelmintics - Worm Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<i>albendazole oral - Tier 1; DX2RX; QL</i> BENZNIDAZOLE - Tier 2; QL <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>	
Antiandrogens - 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 ORAL TABLET 240 MG - Tier 2; SP; QL ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; QL XTANDI ORAL TABLET - 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; PA; SP; QL</i> <i>pomalidomide (generic for POMALYST) - Tier 1; PA; SP; QL</i> <i>POMALYST (brand for pomalidomide) - Tier 2; PA; SP; QL</i> <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - 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

Antiarrhythmics - Heart Regulation Drugs

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

amiodarone hcl oral tablet 200 mg (generic for PACERONE) - Tier 1; QL
amiodarone hcl oral tablet 400 mg - Tier 1; QL
disopyramide phosphate (generic for NORPACE) - Tier 1; QL
dofetilide (generic for TIKOSYN) - Tier 1; QL
flecainide acetate - Tier 1; QL
mexiletine hcl oral - Tier 1; QL
 NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG - Tier 2
propafenone hcl - Tier 1; QL
quinidine gluconate er - Tier 1; QL
quinidine sulfate - Tier 1; QL
sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL
sotalol hcl oral (generic for BETAPACE) - Tier 1; QL

BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL
BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL
 MULTAQ - Tier 2; PA; QL
NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL
PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg - Tier 1; PA; QL
propafenone hcl er oral capsule extended release 12 hour 425 mg - Tier 1; PA
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
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
double antibiotic (generic for POLYSPORIN) - Tier 1
first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1

Preferred Agents	Non-Preferred Agents
<p><i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet - Tier 1; DX2RX</i> <i>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>mupirocin ointment - Tier 1; QL</i> <i>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i> <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i> <i>poly bacitracin (generic for POLYSPORIN) - Tier 1</i> <i>POLYSPORIN (brand for double antibiotic) - Tier 2</i> <i>povidone iodine (generic for BETADINE) - Tier 1</i> <i>povidone-iodine external solution (generic for BETADINE) - Tier 1</i> <i>SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2</i> <i>silver sulfadiazine external (generic for SSD) - Tier 1; QL</i> <i>ssd (generic for SSD) - Tier 1; QL</i> <i>tinidazole oral tablet 250 mg - Tier 1</i> <i>tinidazole oral tablet 500 mg - Tier 1; QL</i> <i>trimethoprim oral - Tier 1; QL</i> <i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i> <i>vancomycin hcl oral (generic for FIRVANQ) - Tier 1; QL</i></p>	

Anticholinergics - Parkinson's Disease Drugs

Antiparkinson Agents - Drugs to Treat Parkinson's Disease

<p><i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - 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
Anticoagulants - Blood Thinners	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
<p><i>dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL</i> <i>ELIQUIS DVT/PE STARTER PACK - Tier 2; QL</i> <i>ELIQUIS ORAL TABLET - Tier 2; QL</i> <i>enoxaparin sodium (generic for LOVENOX) - Tier 1; QL</i> <i>heparin sodium (porcine) - Tier 1</i> <i>heparin sodium (porcine) +rfid - Tier 1</i> <i>heparin sodium (porcine) pf - Tier 1</i> <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL</i> <i>jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i> <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL</i> <i>warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i></p>	<p><i>PRADAXA ORAL CAPSULE 150 MG, 75 MG (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL</i> <i>SAVAYSA - Tier 2; PA; QL</i> <i>XARELTO ORAL TABLET (brand for rivaroxaban) - Tier 2; PA; QL</i></p>
Anticonvulsants, Other - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
<p><i>ELEPSIA XR - Tier 2; QL</i> <i>levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; QL</i> <i>levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1</i> <i>levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL</i> <i>levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL</i> <i>NAYZILAM - Tier 2; PA; QL</i> <i>phenobarbital oral elixir 20 mg/5ml - Tier 1; QL</i> <i>phenobarbital oral tablet - Tier 1; QL</i> <i>roweepra (generic for ROWEEPRA) - Tier 1; QL</i></p>	<p><i>BRIVIACT ORAL (brand for brivaracetam) - Tier 2; PA; QL</i> <i>KEPPRA ORAL SOLUTION (brand for levetiracetam) - Tier 2; PA; Maximum age of 9 years for solution; QL; AL</i> <i>KEPPRA ORAL TABLET (brand for levetiracetam) - Tier 2; PA; QL</i> <i>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for levetiracetam er) - Tier 2; PA; QL</i> <i>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (brand for levetiracetam er) - Tier 2; PA</i> <i>SPRITAM (brand for levetiracetam) - Tier 2; PA</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
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>valganciclovir hcl oral tablet - Tier 1; QL</i>	
Antidepressants, Other - Antidepressants	
Antidepressants - Drugs to Treat Depression	
<i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL</i> <i>bupropion hcl oral - Tier 1; QL</i> <i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL</i> <i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i>	<i>mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1; PA</i> <i>REMERON (brand for mirtazapine) - Tier 2; PA; Tabs (not soltabs); QL</i>
Antidiabetic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
<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 DAPAGLIFLOZIN PROPANEDIOL - Tier 2; DX2RX; QL <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 (osm) - Tier 1; PA; QL</i> <i>metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL</i> <i>metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1</i> <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i> MOUNJARO - Tier 2; PA; QL	<i>ACTOPLUS MET (brand for pioglitazone hcl-metformin hcl) - Tier 2; PA; QL</i> <i>ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL</i> CYCLOSET - Tier 2; PA <i>DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL</i> <i>GLUCOTROL XL (brand for glipizide er) - Tier 2; PA; QL</i> GLYXAMBI - Tier 2; PA INVOKAMET - Tier 2; PA; QL INVOKAMET XR - 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 <i>miglitol - Tier 1; PA; QL</i> <i>ONGLYZA (brand for saxagliptin hcl) - Tier 2; DX2RX; 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
<p>nateglinide - Tier 1; QL OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL pioglitazone hcl (generic for ACTOS) - Tier 1; QL repaglinide - Tier 1; QL RYBELSUS - Tier 2; PA; QL saxagliptin hcl (generic for ONGLYZA) - Tier 1; DX2RX; QL SEGLUROMET - Tier 2; DX2RX; QL STEGLATRO - Tier 2; DX2RX; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; ST; QL</p>	<p>RIOMET (brand for metformin hcl) - 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 XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG - Tier 2; PA; QL</p>

Antiemetics, Other - Nausea and Vomiting Drugs

Antiemetics - Drugs to Treat Nausea and Vomiting

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

motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1

motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1

motion-time (generic for BONINE) - Tier 1

nausea control (generic for EMETROL) - Tier 1

nausea relief (generic for EMETROL) - Tier 1

perphenazine oral - Tier 1; QL

prochlorperazine (generic for COMPRO) - Tier 1; QL

prochlorperazine maleate oral - Tier 1; QL

travel ease (generic for BONINE) - Tier 1

trimethobenzamide hcl oral - Tier 1; QL

Antiestrogens/Modifiers - Chemotherapy Agents**Antineoplastics - Drugs to Treat Cancer**

tamoxifen citrate oral - Tier 1; QL

toremifene citrate (generic for FARESTON) - Tier 1; QL

FARESTON (brand for toremifene citrate) - Tier 2; PA; QL

SOLTAMOX - Tier 2; PA; QL

Preferred Agents**Non-Preferred Agents**

Antifungals - Fungal Infection Drugs

Antifungals - Drugs to Treat Fungal Infections

3 day vaginal - Tier 1

7 day vaginal (generic for MONISTAT 7) - Tier 1; QL

antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL

anti-fungal external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1

antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL

antifungal external cream 2 % (generic for DESENEX) - Tier 1

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

athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL

athletes foot (tolnaftate) external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1

athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL

athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1

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 LOTRIMIN AF) - Tier 1; QL
clotrimazole mouth/throat - Tier 1; QL
clotrimazole vaginal - Tier 1; QL
CRITIC-AID CLEAR AF - Tier 2
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

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

ketoconazole oral - Tier 1; QL
klayesta (generic for KLAYESTA) - Tier 1; QL
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
nyamyc (generic for KLAYESTA) - Tier 1; 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

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>TINACTIN EXTERNAL CREAM (brand for cvs athletes foot (tolnaftate)) - Tier 2; QL</i> <i>tolnaftate external cream (generic for TINACTIN) - Tier 1; QL</i> <i>tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1</i> <i>voriconazole oral tablet - Tier 1; PA; QL</i></p>	
<p>Antigout Agents - Gout Drugs</p>	
<p>Antigout Agents - Drugs to Treat Gout</p>	
<p><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; ST; QL</i> <i>probenecid - Tier 1; QL</i></p>	<p><i>colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL</i> <i>colchicine-probenecid - Tier 1; PA; QL</i> GLOPERBA - Tier 2; PA; QL <i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i> <i>ULORIC (brand for febuxostat) - Tier 2; PA; ST; QL</i></p>
<p>Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs</p>	
<p>Antivirals - Drugs to Treat Viral Infections</p>	
<p>BARACLUDE ORAL SOLUTION - Tier 2; QL <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i></p>	
<p>Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs</p>	
<p>Antivirals - Drugs to Treat Viral Infections</p>	
<p>MAVYRET ORAL PACKET - Tier 2; SP; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL SOFOSBUVIR-VELPATASVIR - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL</p>	
<p>Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs</p>	
<p>Antivirals - Drugs to Treat Viral Infections</p>	
<p>PEGASYS - Tier 2; PA; SP; QL <i>ribavirin 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
Antiherpetic 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>	

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**

allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - 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 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

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

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
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

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

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 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

Non-Preferred Agents

Preferred Agents

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
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

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**

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

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)	
Antivirals - Drugs to Treat Viral Infections	
DOVATO - Tier 2; DX2RX; QL	
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY - Tier 2; DX2RX; QL CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML - Tier 2 CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; DX2RX; QL ISENTRESS ORAL PACKET - Tier 2; DX2RX; Members >= 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; DX2RX; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; DX2RX; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; DX2RX; QL TIVICAY PD - Tier 2; DX2RX; QL; AL TRIUMEQ - Tier 2; DX2RX; QL TRIUMEQ PD - 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
------------------	----------------------

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

Antivirals - Drugs to Treat Viral Infections	
--	--

<p>DELSTRIGO - Tier 2; DX2RX; QL <i>EDURANT (brand for rilpivirine hcl) - Tier 2; DX2RX; QL</i> EDURANT PED - Tier 2; QL; AL <i>efavirenz - Tier 1; DX2RX; QL</i> <i>efavirenz-emtricitab-tenofo df - Tier 1; DX2RX; QL</i> <i>efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; DX2RX; QL</i> <i>emtricitab-rilpivir-tenofov df (generic for COMPLERA) - Tier 1; QL</i> <i>etravirine (generic for INTELENCE) - Tier 1; DX2RX; QL</i> INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; QL JULUCA - Tier 2; DX2RX; QL <i>nevirapine - Tier 1; DX2RX; QL</i> <i>nevirapine er - Tier 1; DX2RX; QL</i> ODEFSEY - Tier 2; DX2RX; QL PIFELTRO - Tier 2; QL <i>rilpivirine hcl (generic for EDURANT) - Tier 1; DX2RX; QL</i></p>	
--	--

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

Antivirals - Drugs to Treat Viral Infections	
--	--

<p>SUNLENCA ORAL - Tier 2; QL; AL SUNLENCA SUBCUTANEOUS - Tier 2 YEZTUGO ORAL - Tier 2; QL; AL YEZTUGO SUBCUTANEOUS - Tier 2</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
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p> <i>abacavir sulfate (generic for ZIAGEN) - Tier 1; DX2RX; QL</i> <i>abacavir sulfate-lamivudine - Tier 1; DX2RX; QL</i> CIMDUO - Tier 2; QL DESCOVY - Tier 2; QL <i>emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; QL</i> <i>emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; DX2RX; 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> RETROVIR INTRAVENOUS - Tier 2 <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> </p>	
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p> APRETUDE - Tier 2 <i>maraviroc (generic for SELZENTRY) - Tier 1; DX2RX; QL</i> RUKOBIA - Tier 2; QL SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL TROGARZO - Tier 2 TYBOST ORAL TABLET 150 MG - Tier 2; DX2RX; 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
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
 PREZISTA ORAL SUSPENSION - Tier 2; DX2RX; QL
 PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; DX2RX; QL
 REYATAZ ORAL PACKET - Tier 2; DX2RX; Members >= 8 years of age will require PA; QL; AL
ritonavir (generic for NORVIR) - Tier 1; DX2RX; QL
 SYMTUZA - Tier 2; QL
 VIRACEPT - 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-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>ARNUITY ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; QL</i></p> <p><i>ASMANEX (120 METERED DOSES) - Tier 2; QL</i></p> <p><i>ASMANEX (14 METERED DOSES) - Tier 2; QL</i></p> <p><i>ASMANEX (30 METERED DOSES) - Tier 2; QL</i></p> <p><i>ASMANEX (60 METERED DOSES) - Tier 2; QL</i></p> <p><i>ASMANEX HFA - Tier 2; QL</i></p> <p><i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL</i></p> <p><i>FLUTICASON FUROATE ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; QL</i></p> <p><i>FLUTICASON PROPIONATE HFA - Tier 2; QL</i></p> <p><i>fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL</i></p>	<p><i>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL</i></p> <p><i>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA</i></p> <p><i>PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA; QL; AL</i></p> <p><i>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT - 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
<p><i>mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL</i> <i>NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL</i> <i>nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i> <i>nasal allergy nasal aerosol 55 mcg/lact (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i> <i>nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i> NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL <i>triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p>	
Anti-Influenza Agents - Flu Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p><i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i> <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</i></p>	
Antileukotrienes - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i></p>	<p><i>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL</i> <i>SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL</i> <i>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</i> <i>zileuton er - Tier 1; 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
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>capecitabine - Tier 1; SP</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>	
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 PACKET 50 MG ORAL - Tier 2; PA; SP; QL ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; QL; AL VERZENIO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - 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
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> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	GOCOVRI - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL TASMAR (brand for tolcapone) - 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 PLAQUENIL) - Tier 1; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral - Tier 1; DX2RX; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i> <i>SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL</i>	<i>PLAQUENIL (brand for hydroxychloroquine sulfate) - 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
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral solution 10 mg/5ml - Tier 1</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>	
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
<i>darifenacin hydrobromide er - Tier 1; QL</i> <i>oxybutynin chloride er - 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; PA; QL</i> <i>trospium chloride - Tier 1; QL</i>	<i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL</i> <i>OXYTROL - Tier 2; PA; QL</i> <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL</i> <i>trospium chloride er - Tier 1; PA; QL</i> <i>VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</i>
Antithyroid Agents - Thyroid Suppressing Drugs	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
<i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil 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
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	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100 & 150/100) - Tier 2; QL; AL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics, Other - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
<i>bupirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i>	
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>	<i>ARIMIDEX (brand for anastrozole) - Tier 2; PA; QL</i> <i>AROMASIN (brand for exemestane) - Tier 2; PA; QL</i> <i>FEMARA (brand for letrozole) - 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**

Attention Deficit Hyperactivity Disorder Agents, Amphetamines -
ADHD Drugs

Central Nervous System Agents - Drugs to Treat Nerve
Conditions

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

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**

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

Central Nervous System Agents - Drugs to Treat Nerve Conditions

atomoxetine hcl - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

clonidine hcl er - Tier 1; QL; AL

dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

methylphenidate hcl er - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

methylphenidate hcl er (la) oral capsule extended release 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL

INTUNIV (brand for guanfacine hcl er) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; 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
Benign Prostatic Hypertrophy Agents - Prostate Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i></p>	<p><i>AVODART (brand for dutasteride) - Tier 2; PA; QL</i> <i>CARDURA XL - Tier 2; PA</i> <i>dutasteride oral (generic for AVODART) - Tier 1; PA; QL</i> <i>JALYN (brand for dutasteride-tamsulosin hcl) - Tier 2; PA; QL</i> <i>PROSCAR (brand for finasteride) - Tier 2; PA; QL</i> <i>RAPAFLO (brand for silodosin) - Tier 2; PA; QL</i> <i>silodosin (generic for RAPAFLO) - Tier 1; PA; QL</i> <i>UROXATRAL (brand for alfuzosin hcl er) - Tier 2; PA; QL</i></p>
Benzodiazepines - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
<p><i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL</i> <i>lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i></p>	<p><i>KLONOPIN (brand for clonazepam) - 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
------------------	----------------------

Beta-adrenergic Blocking Agents - Blood Pressure Drugs	
--	--

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
---	--

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

Beta-Lactam, Cephalosporins - Antibiotics	
---	--

Antibacterials - Drugs to Treat Bacterial Infections	
--	--

<p><i>cefaclor oral capsule - Tier 1; QL</i></p> <p><i>cefadroxil - Tier 1; QL</i></p> <p><i>cefdinir - Tier 1; QL</i></p> <p><i>cefixime oral capsule - Tier 1; QL</i></p> <p><i>cefpodoxime proxetil oral tablet - Tier 1; QL</i></p> <p><i>cefprozil - Tier 1; QL</i></p> <p><i>cefuroxime axetil - Tier 1; QL</i></p> <p><i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i></p> <p><i>cephalexin oral suspension reconstituted - Tier 1; QL</i></p>	
---	--

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	
<p><i>amoxicillin</i> - Tier 1; QL <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600)</i> - Tier 1; QL <i>ampicillin</i> - Tier 1; QL <i>dicloxacillin sodium</i> - Tier 1; QL <i>penicillin v potassium</i> - Tier 1; QL</p>	
Blood Formation Modifiers - Blood Formation Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
<p><i>anagrelide hcl (generic for AGRYLIN)</i> - Tier 1 ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP <i>eltrombopag olamine (generic for PROMACTA)</i> - Tier 1; PA; SP; QL EPOGEN - Tier 2; PA; SP LEUKINE - Tier 2; PA; SP MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP <i>plerixafor (generic for MOZOBIL)</i> - Tier 1; PA; SP; QL PROCRIT - Tier 2; PA; SP RETACRIT - Tier 2; PA; SP UDENYCA - Tier 2; PA; SP UDENYCA ONBODY - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP</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
Bronchodilators, Anticholinergic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> <i>tiotropium bromide (generic for SPIRIVA HANDIHALER) - Tier 1; QL</i>	TUDORZA PRESSAIR - Tier 2; PA; QL
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<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	PERFOROMIST (brand for formoterol fumarate) - 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
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
AIMOVIG - Tier 2; PA; QL AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL NURTEC - Tier 2; PA; QL UBRELVY - 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>CARDIZEM (brand for diltiazem hcl) - Tier 2; PA; QL</i> <i>CARDIZEM CD (brand for diltiazem hcl er coated beads) - Tier 2; PA; QL</i> <i>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG, 420 MG (brand for diltiazem hcl er) - Tier 2; PA; QL</i> <i>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (brand for diltiazem hcl er) - Tier 2; PA</i> <i>isradipine - Tier 1; PA; QL</i> KATERZIA - Tier 2; PA; QL <i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg - Tier 1; PA; QL</i> <i>matzim la oral tablet extended release 24 hour 300 mg - Tier 1; PA</i> <i>nicardipine hcl oral - Tier 1; PA; QL</i> <i>nisoldipine er (generic for SULAR) - Tier 1; PA</i> NORVASC (brand for amlodipine besylate) - Tier 2; PA; QL <i>PROCARDIA XL (brand for nifedipine er osmotic release) - Tier 2; PA; QL</i> SULAR (brand for nisoldipine er) - 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
<i>tiadylt er (generic for TIADYL T 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>	<i>TIAZAC (brand for diltiazem hcl er beads) - Tier 2; PA; QL</i>
Calcium Channel Modifying Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
<i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i> <i>methsuximide (generic for CELONTIN) - Tier 1; QL</i> <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i>	<i>CELONTIN (brand for methsuximide) - Tier 2; PA; QL</i> <i>ZARONTIN (brand for ethosuximide) - Tier 2; PA; QL</i> <i>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</i>
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<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</i> <i>amlodipine-olmesartan (generic for AZOR) - Tier 1</i> <i>atenolol-chlorthalidone (generic for TENORETIC 100) - 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</i> <i>digoxin oral tablet 125 mcg, 250 mcg (generic for LANOXIN) - 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>aliskiren fumarate (generic for TEKTURNA) - Tier 1; PA; QL</i> <i>ATACAND HCT (brand for candesartan cilexetil-hctz) - Tier 2; PA; QL</i> <i>AVALIDE (brand for irbesartan-hydrochlorothiazide) - Tier 2; PA; QL</i> <i>AZOR (brand for amlodipine-olmesartan) - Tier 2; PA</i> <i>BENICAR HCT (brand for olmesartan medoxomil-hctz) - Tier 2; PA; QL</i> <i>BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL</i> <i>CADUET (brand for amlodipine-atorvastatin) - Tier 2; PA; QL</i> <i>CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL</i> <i>DIOVAN HCT (brand for valsartan-hydrochlorothiazide) - Tier 2; PA; QL</i> <i>EDARBYCLOR - Tier 2; PA; QL</i> <i>ENTRESTO ORAL TABLET (brand for sacubitril-valsartan) - Tier 2; PA; QL</i> <i>EXFORGE (brand for amlodipine besylate-valsartan) - Tier 2; PA</i> <i>HYZAAR (brand for losartan potassium-hctz) - Tier 2; PA; QL</i> <i>LANOXIN ORAL (brand for digoxin) - Tier 2; PA; QL</i> <i>LOTENSIN HCT (brand for benazepril-hydrochlorothiazide) - 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
<p><i>olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL</i> <i>pentoxifylline er - Tier 1; QL</i> <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><i>LOTREL (brand for amlodipine besy-benazepril hcl) - Tier 2; PA; QL</i> <i>metyrosine - Tier 1; PA; QL</i> <i>MICARDIS HCT (brand for telmisartan-hctz) - Tier 2; PA; QL</i> <i>TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL</i> <i>TENORETIC 100 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL</i> <i>TENORETIC 50 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL</i> <i>VASERETIC (brand for enalapril-hydrochlorothiazide) - Tier 2; PA; QL</i> <i>ZESTORETIC (brand for lisinopril-hydrochlorothiazide) - Tier 2; PA; 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>INGREZZA ORAL CAPSULE - Tier 2; PA; SP; QL</i> <i>INGREZZA ORAL CAPSULE THERAPY PACK - Tier 2; PA; SP; QL</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>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</i> <i>HORIZANT - Tier 2; PA; QL</i> <i>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG (brand for memantine hcl-donepezil hcl er) - Tier 2; PA; QL; AL</i> <i>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG - Tier 2; PA; QL; AL</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>	<p><i>ARICEPT ORAL TABLET 10 MG, 5 MG (brand for donepezil hcl) - Tier 2; PA; Members <18 years of age will require PA; QL; AL</i> <i>ARICEPT ORAL TABLET 23 MG (brand for donepezil hcl) - Tier 2; PA; ST; Members <18 years of age will require PA; QL; AL</i> <i>EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA; QL; AL</i> <i>galantamine hydrobromide er - Tier 1; PA; 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 - Tier 2; PA; SP; QL
 KITABIS PAK (WI NEBULIZER) (brand for tobramycin) - Tier 2; PA; SP; QL
 ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG - Tier 2; PA; SP; QL
 ORKAMBI ORAL PACKET 75-94 MG - Tier 2; SP; QL
 ORKAMBI ORAL TABLET - 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

Preferred Agents	Non-Preferred Agents
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
<p><i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i></p> <p><i>DENTAGEL (brand for sf) - Tier 2</i></p> <p><i>EASYGEL - Tier 2</i></p> <p><i>periogard (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i></p> <p><i>PREVIDENT (brand for sf) - Tier 2</i></p> <p><i>PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2</i></p> <p><i>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i></p> <p><i>sf gel 1.1% (generic for PREVIDENT) - Tier 1</i></p> <p><i>sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i></p> <p><i>sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i></p> <p><i>sodium fluoride 5000 ppm dental gel (generic for PREVIDENT) - Tier 1</i></p> <p><i>sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i></p> <p><i>sodium fluoride dental gel (generic for PREVIDENT) - Tier 1</i></p> <p><i>sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1</i></p> <p><i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i></p>	<p><i>EVOXAC (brand for cevimeline hcl) - Tier 2; PA</i></p> <p><i>SALAGEN ORAL TABLET 5 MG (brand for pilocarpine hcl) - Tier 2; PA; QL</i></p> <p><i>SALAGEN ORAL TABLET 7.5 MG (brand for pilocarpine hcl) - Tier 2; PA</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

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
 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

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

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
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

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

ointment base (generic for HYDROLATUM) - Tier 1
OTULFI SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL; AL
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
(brand for ustekinumab-aauz) - Tier 2; SP; QL; AL
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium
sulfacetamide wash) - Tier 2
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2
PANOXYL (brand for bp wash) - Tier 2
pimecrolimus - Tier 1; Minimum age of 2 years; QL; AL
podofilox external solution - Tier 1; QL
SANTYL - Tier 2; QL
selenium sulfide external lotion - Tier 1; QL
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier
1
sss 10-5 (generic for AVAR-E EMOLLIENT) - Tier 1
STARJEMZA SUBCUTANEOUS - Tier 2; PA; QL; AL
sulfacetamide sodium external (generic for OVACE PLUS WASH) -
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
TREMIFYA-CD/UC INDUCTION - Tier 2; PA; SP; 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
zenatane (generic for AMNESTEEM) - Tier 1; PA; QL
zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT
PASTE) - 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
Dermatological Agents - Skin Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
<p><i>ABREVA (brand for docosanol) - Tier 2; QL</i> <i>beauty 360 pure glycerin - Tier 1</i> <i>docosanol external (generic for ABREVA) - Tier 1; QL</i> <i>glycerin external - Tier 1</i> <i>glycerin external liquid 99.5 % - Tier 1</i> <i>gormel (generic for UREVEX) - Tier 1; QL</i> <i>gormel 10 (generic for NUTRAPLUS) - Tier 1; QL</i> <i>NUTRAPLUS (brand for gormel 10) - Tier 2; QL</i> <i>urea 20 intensive hydrating (generic for UREVEX) - Tier 1; QL</i> <i>urea external cream 20 % (generic for UREVEX) - Tier 1; QL</i> <i>ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL</i> <i>ureacin-20 (generic for UREVEX) - Tier 1; QL</i> <i>UREVEX (brand for gormel) - Tier 2; QL</i></p>	
Diabetes - Glucose Monitoring	
<p><i>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</i> <i>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; QL</i> <i>ACCU-CHEK GUIDE (brand for blood glucose monitor system) - Tier 2; QL</i> <i>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL</i> <i>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose test) - Tier 2; QL</i> <i>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; QL</i> <i>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</i></p>	<p><i>TRUEPLUS LANCETS 30G (brand for cvs lancets original) - 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**

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 GEN TEST STRIPS (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

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**

CONTOUR PLUS TEST STRIP (brand for blood glucose test) - Tier 2; QL

CONTOUR TEST STRIPS (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; PA; 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

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

FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
FREESTYLE LIBRE READER - Tier 2; PA; QL
IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
KETO-DIASTIX - Tier 2; QL
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 (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
TRUEPLUS LANCETS 30G (brand for cvs lancets original) - Tier 2; QL
VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
Diuretics, Loop - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>bumetanide oral (generic for BUMEX) - Tier 1; QL</i> <i>furosemide oral solution 10 mg/ml - Tier 1; QL</i> <i>furosemide oral tablet (generic for LASIX) - Tier 1; QL</i> <i>torseamide - Tier 1; QL</i>	<i>BUMEX (brand for bumetanide) - Tier 2; PA; QL</i> <i>EDECRIN (brand for ethacrynic acid) - Tier 2; PA; QL</i> <i>furosemide oral solution 8 mg/ml - Tier 1; PA</i> <i>LASIX (brand for furosemide) - Tier 2; PA; QL</i>
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>	<i>ALDACTONE (brand for spironolactone) - Tier 2; PA; QL</i> <i>CAROSPIR (brand for spironolactone) - Tier 2; PA; QL</i> <i>DYRENIUM (brand for triamterene) - Tier 2; PA</i> <i>triamterene oral (generic for DYRENIUM) - Tier 1; PA</i>
Diuretics, Thiazide - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>chlorthalidone - Tier 1; QL</i> <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i>	

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
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<p><i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i></p> <p><i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i></p> <p><i>ropinirole hcl - Tier 1; QL</i></p>	<p><i>bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; PA; QL</i></p> <p><i>NEUPRO - Tier 2; PA; QL</i></p> <p><i>PARLODEL (brand for bromocriptine mesylate) - Tier 2; PA; QL</i></p> <p><i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg - Tier 1; PA; QL</i></p> <p><i>pramipexole dihydrochloride er oral tablet extended release 24 hour 2.25 mg, 3.75 mg - Tier 1; PA</i></p>
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<p><i>carbidopa-levodopa er oral tablet extended release - Tier 1; QL</i></p> <p><i>carbidopa-levodopa oral tablet (generic for SINEMET) - Tier 1; QL</i></p>	<p><i>carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL</i></p> <p><i>LODOSYN (brand for carbidopa) - Tier 2; PA; QL</i></p> <p><i>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG (brand for carbidopa-levodopa er) - Tier 2; PA</i></p> <p><i>RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG (brand for carbidopa-levodopa er) - Tier 2; PA; QL</i></p> <p><i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i></p>
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><i>fenofibrate micronized oral capsule 130 mg - Tier 1</i></p> <p><i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i></p> <p><i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i></p> <p><i>fenofibrate oral tablet (generic for TRICOR) - Tier 1; QL</i></p> <p><i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i></p>	<p><i>fenofibrate micronized oral capsule 43 mg - Tier 1; PA</i></p> <p><i>fenofibrate oral capsule 150 mg, 50 mg (generic for LIPOFEN) - Tier 1; PA</i></p> <p><i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i></p> <p><i>LOPID (brand for gemfibrozil) - Tier 2; PA; QL</i></p> <p><i>TRICOR (brand for fenofibrate) - 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
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><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></p>	<p><i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i> <i>fluvastatin sodium er (generic for LESCOL XL) - Tier 1; PA</i> <i>fluvastatin sodium oral capsule 20 mg - Tier 1; PA; QL</i> <i>fluvastatin sodium oral capsule 40 mg - Tier 1; PA</i> <i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA</i> <i>LIPITOR (brand for atorvastatin 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></p>
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</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>PRALUENT - Tier 2; PA; SP; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1</i> <i>REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</i> <i>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</i></p>	<p><i>cholestyramine oral packet (generic for QUESTRAN) - Tier 1; PA; QL</i> <i>colesevelam hcl oral packet (generic for WELCHOL) - Tier 1; PA</i> <i>colesevelam hcl oral tablet (generic for WELCHOL) - Tier 1; PA; QL</i> <i>COLESTID (brand for colestipol hcl) - Tier 2; PA; QL</i> <i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL</i> <i>NEXLETOL - Tier 2; PA; QL</i> <i>NEXLIZET - Tier 2; PA; QL</i> <i>prevalite oral packet - Tier 1; PA; QL</i> <i>QUESTRAN ORAL PACKET (brand for cholestyramine) - Tier 2; PA; QL</i> <i>QUESTRAN ORAL POWDER (brand for cholestyramine) - Tier 2; PA; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</i> <i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</i> <i>WELCHOL ORAL PACKET (brand for colesevelam hcl) - Tier 2; PA</i> <i>WELCHOL ORAL TABLET (brand for colesevelam hcl) - Tier 2; PA; QL</i> <i>ZETIA (brand for ezetimibe) - 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

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

klor-con m15 - Tier 1; PA; QL
potassium chloride er oral capsule extended release 8 meq - 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

calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1
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 w/magne (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-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg - Tier 1; QL
calcium-vitamin d3 oral tablet (generic for ONE VITE CALCIUM + D3) - Tier 1; QL
carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP
effer-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

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

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
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

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

ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
ONE VITE FERROUS SULFATE (brand for ferrous sulfate) - 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 + d oral tablet 500-10 mg-mcg - Tier 1
oyster shell calcium + d3 - Tier 1
oyster shell calcium oral tablet 1250 (500 ca) mg - Tier 1; QL
oyster shell calcium-vit d - Tier 1; QL
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

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

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

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

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

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

EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ - 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

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 multivitaminsiron (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
DEPLINPRO MOOD HEALTH (brand for v-c forte) - Tier 2
destress-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
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
FOLAMED DHA (brand for v-c forte) - Tier 2
fruity c - Tier 1; QL
INFUVITE PEDIATRIC - 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

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
mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; PA; Coverage based on benefit; QL
MULTIPRO (brand for v-c forte) - Tier 2
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
OCUVEL ORAL CAPSULE (brand for v-c forte) - 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
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
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

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**

SUPPORT - Tier 2; 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
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
vic-forte (generic for VIC-FORTE) - Tier 1
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL
vitamin c oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL

Preferred Agents

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
vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - 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 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 granules (generic for JADENU SPRINKLE)</i> - Tier 1; PA; SP; QL <i>deferasirox oral packet (generic for JADENU SPRINKLE)</i> - Tier 1; PA; SP; QL <i>deferasirox oral tablet (generic for JADENU)</i> - Tier 1; PA; SP; QL <i>deferasirox oral tablet soluble (generic for EXJADE)</i> - Tier 1; PA; SP LOKELMA - Tier 2; PA; QL <i>sodium polystyrene sulfonate oral</i> - Tier 1 SPS (SODIUM POLYSTYRENE SULF) (brand for sodium polystyrene sulfonate) - Tier 2; QL <i>trientine hcl oral capsule 250 mg (generic for SYPRINE)</i> - Tier 1; PA; SP 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>	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
<p><i>aprepitant (generic for EMEND BIPACK)</i> - Tier 1; QL <i>dronabinol (generic for MARINOL)</i> - Tier 1; PA; QL <i>ondansetron hcl oral solution 4 mg/5ml</i> - Tier 1; QL <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> - Tier 1; QL <i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i> - Tier 1; QL</p>	
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p>BALVERSA - Tier 2; PA; SP; QL <i>etoposide oral</i> - Tier 1 HYCAMTIN ORAL - Tier 2; PA; SP 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 MIGERGOT - Tier 2; QL	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<i>abigale</i> (generic for ABIGALE) - Tier 1; QL <i>abigale lo</i> (generic for ABIGALE LO) - Tier 1 <i>afirmelle</i> (generic for AFIRMELLE) - Tier 1; QL; GE ALORA (brand for estradiol) - Tier 2; QL <i>altavera</i> (generic for ALTAVERA) - Tier 1; QL; GE <i>alyacen 1/35</i> (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE <i>alyacen 7/7/7</i> (generic for DASETTA 7/7/7) - Tier 1; QL; GE <i>apri</i> - Tier 1; QL; GE <i>aranelle</i> - Tier 1; QL; GE <i>ashlyna</i> - Tier 1; QL <i>aubra eq</i> (generic for AFIRMELLE) - Tier 1; QL; GE <i>aurovela 1.5/30</i> (generic for AUROVELA 1.5/30) - Tier 1; QL; GE <i>aurovela 1/20</i> (generic for AUROVELA 1/20) - Tier 1; QL; GE <i>aurovela 24 fe</i> - Tier 1; QL <i>aurovela fe 1.5/30</i> (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE <i>aurovela fe 1/20</i> - Tier 1; QL; GE	ACTIVEVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL <i>amethyst</i> - Tier 1; PA; QL ANGELIQ - Tier 2; PA BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL CLIMARA (brand for estradiol) - Tier 2; PA; QL CLIMARA PRO - Tier 2; PA COMBIPATCH - Tier 2; PA; QL COVARYX (brand for est estrogens-methyltest) - Tier 2; PA; QL COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; PA; QL DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM (brand for estradiol) - Tier 2; PA; QL DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA DUAVEE - Tier 2; PA; QL EEMT (brand for est estrogens-methyltest) - 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

aviane (generic for AFIRMELLE) - Tier 1; QL; GE
ayuna (generic for ALTAVERA) - Tier 1; QL; GE
azurette (generic for AZURETTE) - Tier 1; QL; GE
balziva (generic for BALZIVA) - Tier 1; QL; GE
blisovi 24 fe - Tier 1; QL
blisovi fe 1.5/30 (generic for AUROVELA 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
camrese lo (generic for CAMRESE LO) - Tier 1; QL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE
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

delyla (generic for AFIRMELLE) - Tier 1; QL; GE
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; QL; GE
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL
elinst - 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
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

ESTROGEL (brand for estradiol) - Tier 2; PA
EVAMIST - Tier 2; PA
FEMRING - Tier 2; PA; QL
kaitlib fe - Tier 1; PA; QL
LO LOESTRIN FE - Tier 2; PA; QL
LOESTRIN 1.5/30 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; PA; QL; GE
LOESTRIN 1/20 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; PA; QL; GE
LOESTRIN FE 1.5/30 (brand for norethin ace-eth estrad-fe) - Tier 2; PA; QL; GE
LOESTRIN FE 1/20 - Tier 2; PA; QL; GE
MENOSTAR - Tier 2; PA; QL
MINIVELLE (brand for estradiol) - Tier 2; PA; QL
NATAZIA - Tier 2; PA; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE
PREMARIN ORAL (brand for estrogens conjugated) - Tier 2; PA; QL
PREMARIN VAGINAL - Tier 2; PA; QL
PREMPHASE - Tier 2; PA; QL
PREMPRO - Tier 2; PA; QL
rivelsa - Tier 1; PA; QL
SAFYRAL (brand for drospirenone-eth estrad-levomefol) - Tier 2; PA; QL
TAYTULLA (brand for norethin ace-eth estrad-fe) - Tier 2; PA; QL
tydemy - Tier 1; PA; QL
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
YAZ (brand for drospirenone-ethinyl estradiol) - 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

estradiol-norethindrone acet oral tablet 0.5-0.1 mg (generic for ABIGALE LO) - Tier 1
estradiol-norethindrone acet oral tablet 1-0.5 mg (generic for ABIGALE) - Tier 1; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL; GE
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE
falmina (generic for AFIRMELLE) - Tier 1; QL; GE
feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
feirza 1/20 - Tier 1; QL; GE
finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
fyavolv oral tablet 0.5-2.5 mg-mcg (generic for FYAVOLV) - Tier 1
fyavolv oral tablet 1-5 mg-mcg (generic for FYAVOLV) - Tier 1; QL
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
hailey 24 fe - Tier 1; QL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
hailey fe 1/20 - Tier 1; QL; GE
haloette vaginal ring 0.12-0.015 mg/24hr (generic for ELURYNG) - Tier 1; QL; GE
iclevia (generic for ICLEVIA) - Tier 1; QL
introvale (generic for ICLEVIA) - Tier 1; QL
isibloom - Tier 1; QL; GE
jaimiess - Tier 1; QL
jasmiel (generic for JASMIEL) - Tier 1; QL
jinteli (generic for FYAVOLV) - Tier 1; QL
jolessa (generic for ICLEVIA) - Tier 1; QL
juleber - Tier 1; QL; GE
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
junel fe oral tablet 1-20 mg-mcg - Tier 1; QL; GE
junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; QL
kalliga - 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**

kariva (generic for AZURETTE) - Tier 1; QL; GE
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE
kurvelo (generic for ALTAVERA) - Tier 1; QL; GE
larin 1.5/30 (generic for AUROVELA 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
larin fe 1.5/30 (generic for AUROVELA 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
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE
levonorg-eth estrad triphasic (generic for LEVONEST) - Tier 1; QL; GE
lojaimiess (generic for CAMRESE LO) - Tier 1; QL
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL; GE
lo-zumandimine (generic for JASMIEL) - Tier 1; QL
luizza 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
luizza 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
lutera (generic for AFIRMELLE) - Tier 1; QL; GE
lyllana (generic for DOTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL; GE
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
microgestin 1/20 (generic for AUROVELA 1/20) - 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**Non-Preferred Agents**

microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
microgestin fe 1/20 - Tier 1; QL; GE
mili (generic for ESTARYLLA) - Tier 1; QL; GE
mimvey (generic for ABIGALE) - Tier 1; 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
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - 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 1.5/30) - Tier 1; QL; GE
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg (generic for FYAVOLV) - Tier 1
norethindrone-eth estradiol oral tablet 1-5 mg-mcg (generic for FYAVOLV) - Tier 1; QL
norethin-eth estradiol-fe (generic for WYMZYA FE) - 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
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

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

setlakin (generic for ICLEVIA) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL; GE
simpesse - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE
syeda (generic for SYEDA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
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 (generic for KELNOR 1/35) - Tier 1; QL; GE
valtya 1/50 (generic for VALTYA 1/50) - Tier 1; QL; GE
velivet - Tier 1; QL
vestura (generic for JASMIEL) - Tier 1; QL
vienva (generic for AFIRMELLE) - Tier 1; QL; GE
viorele (generic for AZURETTE) - Tier 1; QL; GE
volnea (generic for AZURETTE) - Tier 1; QL; GE
vyfemla (generic for BALZIVA) - Tier 1; QL; GE
vylibra (generic for ESTARYLLA) - Tier 1; QL; GE
wera - Tier 1; QL; GE
wymzya fe (generic for WYMZYA FE) - Tier 1; QL
xarah fe - Tier 1; QL; GE
xelria fe (generic for WYMZYA FE) - 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
<p><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) (generic for KELNOR 1/35) - Tier 1; QL; GE</i> <i>zumandimine (generic for SYEDA) - Tier 1; QL</i></p>	
<p>Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain</p>	
<p>Central Nervous System Agents - Drugs to Treat Nerve Conditions</p>	
<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg - Tier 1; QL</i> <i>pregabalin oral (generic for LYRICA) - Tier 1; QL</i></p>	<p><i>LYRICA (brand for pregabalin) - Tier 2; PA; QL</i> <i>LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</i> <i>SAVELLA - Tier 2; PA; QL</i></p>
<p>GABA Receptor Modulators - Drugs for Sleeping</p>	
<p>Sleep Disorder Agents - Drugs for Sedation and Sleep</p>	
<p><i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i></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****Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs****Anticonvulsants - Drugs to Treat Seizures**

clobazam oral suspension 2.5 mg/ml (generic for ONFI) - Tier 1; QL
clobazam oral tablet (generic for ONFI) - Tier 1; QL
diazepam rectal gel 10 mg, 20 mg - Tier 1; QL
gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL
gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL
primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL
tiagabine hcl - Tier 1; PA; QL; AL
valproic acid oral capsule - Tier 1; QL
valproic acid oral solution 250 mg/5ml - Tier 1; QL
vigabatrin oral packet (generic for SABRIL) - Tier 1; PA; SP; QL

gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL
MYSOLINE (brand for primidone) - Tier 2; PA; QL
NEURONTIN (brand for gabapentin) - 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
------------------	----------------------

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
---	--

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

<p><i>ABATINEX (brand for acidophilus) - Tier 2</i></p> <p><i>ACID GONE ORAL SUSPENSION - Tier 2</i></p> <p><i>acid gone oral tablet chewable (generic for ACID GONE) - Tier 1</i></p> <p><i>acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1</i></p> <p><i>acidophilus oral capsule (generic for INTESTINEX) - Tier 1</i></p> <p><i>acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1</i></p> <p><i>acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1</i></p> <p><i>adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>adult probiotic (generic for FLORA VANCE) - Tier 1; QL</i></p> <p><i>advanced antacid (generic for MINTOX) - Tier 1; QL</i></p> <p><i>almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p> <p><i>alum & mag hydroxide-simeth (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL</i></p>	<p><i>MOTEGRITY (brand for prucalopride succinate) - Tier 2; DX2RX; ST; QL</i></p> <p><i>SYMPROIC - 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

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

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

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

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

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 suspension 200-200-20 mg/5ml (generic for MINTOX) - 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

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/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 tablet 2 mg (generic for IMODIUM A-D) - Tier 1
anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM 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
BIOGAIA GASTRUS ORAL CAPSULE (brand for acidophilus) - Tier 2
BIOTINEX (brand for acidophilus) - Tier 2
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

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

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
diamode (generic for IMODIUM A-D) - 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
enema (generic for FLEET ENEMA) - Tier 1
enema disposable (generic for FLEET ENEMA) - Tier 1
enema ready-to-use (generic for FLEET ENEMA) - Tier 1
FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML (brand for cvs enema disposable) - Tier 2
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2
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
FREE + PURE DAILY PROBIOTIC - Tier 2
freeze dried acidophilus (generic for INTESTINEX) - Tier 1
ft enema (generic for FLEET ENEMA) - Tier 1
gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief 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

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

gas relief ultra strength (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
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
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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

intestinex (generic for INTESTINEX) - Tier 1
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
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
MICROVERA (brand for cvs acidophilus probiotic) - 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
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2
MYTESI - Tier 2; DX2RX; QL
PHAZYME (brand for cvs gas relief extra strength) - Tier 2

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
primadophilus (generic for INTESTINEX) - Tier 1
PROBIONYX (brand for acidophilus) - Tier 2
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; DX2RX; ST; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1
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 (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
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - 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>TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2</p> <p>TUMS (brand for antacid) - Tier 2</p> <p>TUMS CHEWY BITES (brand for antacid) - Tier 2</p> <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>VALYRA (brand for acidophilus) - Tier 2</p> <p>VISBIOME GI CARE (brand for cvs adult 50+ probiotic) - Tier 2; QL</p> <p>WE CARE ENEMA (brand for cvs enema disposable) - Tier 2</p> <p>WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2</p>	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - Tier 2; PA; SP; QL</p> <p>CREON - Tier 2</p> <p>CYSTAGON - Tier 2; SP; QL</p> <p>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 SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML - Tier 2; PA; SP; QL</p> <p>WAINUA - Tier 2; PA; SP; QL; AL</p> <p>zelvysia (generic for ZELVYSIA) - Tier 1; DX2RX; SP; QL</p>	<p>PERTZYE - Tier 2; PA</p> <p>VIOKACE - Tier 2; PA</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</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
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ATTRUBY - Tier 2; PA; SP; QL	
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> <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> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i></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>PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>PREPARATION H SOOTHING RELIEF EXTERNAL CREAM (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - 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****Glutamate Reducing Agents - Seizure Control Drugs****Anticonvulsants - Drugs to Treat Seizures**

felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL; AL
 felbamate oral tablet (generic for FELBATOL) - Tier 1; QL
 lamotrigine er (generic for LAMICTAL XR) - Tier 1; QL
 lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL
 lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL
 lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL
 lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL
 lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL
 subvenite oral tablet (generic for SUBVENITE) - Tier 1; QL
 subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL
 subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL
 subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL
 topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL
 topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL
 topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL

FELBATOL (brand for felbamate) - Tier 2; PA; QL
 LAMICTAL ODT ORAL TABLET DISPERSIBLE (brand for lamotrigine) - Tier 2; PA; QL
 LAMICTAL ORAL TABLET (brand for lamotrigine) - Tier 2; PA; QL
 LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for lamotrigine er) - Tier 2; PA; QL
 lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; PA; QL
 TOPAMAX (brand for topiramate) - Tier 2; PA; QL
 TROKENDI XR (brand for topiramate er) - 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
------------------	----------------------

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

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

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

Hemostasis Agents - Drugs to Stop Bleeding	
--	--

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

<p><i>aminocaproic acid oral - Tier 1; QL</i> HEMLIBRA - Tier 2; PA; SP; QL <i>tranexamic acid 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**

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
cimetidine hcl - Tier 1
cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
famotidine oral suspension reconstituted - Tier 1; QL; AL
famotidine oral tablet (generic for PEPCID) - 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
PEPCID AC (brand for acid controller) - Tier 2; QL
TAGAMET HB 200 (brand for cimetidine) - Tier 2

nizatidine - Tier 1; PA
PEPCID (brand for famotidine) - 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**

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
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

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

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

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 0.5 % - Tier 1
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

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p> <p><i>triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL</i></p> <p><i>triamcinolone acetonide external lotion 0.025 % - Tier 1</i></p> <p><i>triamcinolone acetonide external lotion 0.1 % - Tier 1; QL</i></p> <p><i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL</i></p> <p><i>triderm (generic for TRIDERM) - Tier 1; QL</i></p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</p>	
<p>SOGROYA - Tier 2; PA; SP; QL</p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs</p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones</p>	
<p><i>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for choriogonadotropin) - Tier 2; DX2RX</i></p> <p><i>desmopressin ace spray refig - Tier 1; QL</i></p> <p><i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i></p> <p><i>desmopressin acetate spray - Tier 1; QL</i></p> <p>EGRIFTA SV - Tier 2; DX2RX; SP; QL</p> <p>INCRELEX - Tier 2; PA; SP</p> <p>NORDITROPIN FLEXPIN - Tier 2; PA; SP</p> <p>NOVAREL - Tier 2; DX2RX</p> <p>NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP</p> <p>NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP</p> <p>NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP</p> <p>OMNITROPE - Tier 2; PA; SP</p> <p>OVIDREL - Tier 2; DX2RX</p> <p><i>PREGNYL (brand for choriogonadotropin) - Tier 2; DX2RX</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
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>CYTOMEL (brand for liothyronine sodium) - Tier 2; PA; QL</i> <i>np thyroid oral tablet 30 mg, 60 mg, 90 mg - Tier 1; PA; QL</i> <i>SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>THYQUIDITY - 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
leuprolide acetate injection - Tier 1; PA; SP
 LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL
 LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL
 LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL
 LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL
 LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL
 LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP
 LUTRATE DEPOT - Tier 2; SP; QL
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP
octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL
octreotide acetate injection solution 200 mcg/ml - Tier 1; SP
octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; SP
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; SP; QL
 ORLISSA - Tier 2; PA; QL
 SIGNIFOR - Tier 2; PA; SP; QL
 SOMAVERT - 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-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL

ADALIMUMAB-ADAZ (brand for adalimumab-adaz) - Tier 2; PA; SP; QL

ADALIMUMAB-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

ADALIMUMAB-RYVK (1 PEN) (brand for adalimumab-ryvk (1 pen)) - Tier 2; PA; SP; QL

ADALIMUMAB-RYVK (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL

AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; SP; QL

AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML - Tier 2; PA; SP; QL

AMJEVITA-PED 15KG TO <30KG - 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

AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA||Continued use of two or more drugs in this class may require prior authorization; 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 oral capsule (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
HYRIMOZ (brand for adalimumab-adaz) - Tier 2; PA; SP; QL
HYRIMOZ-CROHNSIUC STARTER (brand for adalimumab-adaz) - Tier 2; PA; SP; QL
HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; SP; QL
HYRIMOZ-PED>=40KG CROHN START - Tier 2; PA; SP; QL
HYRIMOZ-PLAQ PSOR/UEVIT START - Tier 2; PA; SP; QL
HYRIMOZ-PLAQUE PSORIASIS START - Tier 2; PA; SP; QL
KINERET - Tier 2; PA; SP; QL
methotrexate sodium - Tier 1
methotrexate sodium (pf) - Tier 1
mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL
mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL
mycophenolic acid (generic for MYFORTIC) - Tier 1; QL
OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL
SIMLANDI (1 PEN) (brand for adalimumab-ryvk (1 pen)) - Tier 2; 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
<p><i>SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL</i></p> <p><i>SIMLANDI (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL</i></p> <p><i>sirolimus oral solution - Tier 1; QL</i></p> <p><i>sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL</i></p> <p><i>sirolimus oral tablet 2 mg - Tier 1</i></p> <p><i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i></p> <p><i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i></p> <p><i>YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL</i></p>	
<p>Immunizing Agents, Passive - Immune System Drugs</p>	
<p>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</p>	
<p><i>HYPERTET - Tier 2; QL</i></p>	
<p>Immunomodulators - Immune System Drugs</p>	
<p>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</p>	
<p><i>ACTIMMUNE - Tier 2; PA; SP</i></p> <p><i>ILARIS - Tier 2; PA; SP; QL</i></p> <p><i>leflunomide oral (generic for ARAVA) - Tier 1; QL</i></p> <p><i>OTEZLA ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL</i></p> <p><i>OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL</i></p> <p><i>OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG - Tier 2; PA; SP; QL</i></p> <p><i>TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL</i></p> <p><i>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL</i></p>	<p><i>ARAVA (brand for leflunomide) - Tier 2; PA; QL</i></p> <p><i>RIDAURA (brand for auranofin) - 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

Insulins - Diabetic Drugs

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

BD BLUNT FILL NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL
 HUMULIN 70/30 VIAL - Tier 2; QL
 HUMULIN N VIAL - Tier 2; QL
 HUMULIN R VIAL - Tier 2; QL
 INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML - Tier 2; QL
 INSULIN LISPRO - Tier 2; QL
 INSULIN LISPRO JUNIOR KWIKPEN - Tier 2; ST; QL
INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL
 LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML - Tier 2; QL
 LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML - Tier 2; QL

ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
 AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT - Tier 2; PA; QL
 APIDRA VIAL - Tier 2; PA; QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
 HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL
 HUMALOG MIX 75/25 - Tier 2; PA; QL
HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL
 HUMALOG SUBCUTANEOUS - Tier 2; PA; QL
INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL
 INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML - 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>LANTUS U-100 VIAL - Tier 2; QL MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL 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 UNITIML (brand for insulin aspart flexpen) - Tier 2; QL NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNITIML (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</p>	<p>INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; 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 TRESIBA - Tier 2; PA; QL TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</p>

Irritable Bowel Syndrome Agents - Bowel Treatment Drugs

Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<p>lubiprostone oral capsule 24 mcg, 8 mcg (generic for AMITIZA) - Tier 1; DX2RX; ST; QL lubiprostone oral capsule 24 mcg, 8 mcg (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</p>	<p>AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; ST; QL LINZESS - Tier 2; PA; QL LOTRONEX (brand for alosetron hcl) - Tier 2; PA VIBERZI - 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****Laxatives - Bowel Treatment Drugs****Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions**

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

daily fiber oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1

daily fiber oral powder 43 % (generic for REGULOID) - Tier 1

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

EVAC (brand for cvs natural fiber supplement) - Tier 2

fiber laxative (generic for FIBERCON) - Tier 1

fiber laxative + calcium (generic for FIBERCON) - Tier 1

fiber laxative oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1

fiber oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1

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

fiber oral powder 43 % (generic for REGULOID) - Tier 1

fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1

fiber therapy oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1

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

Preferred Agents

fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
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 heavy oral (generic for FLEET LAXATIVE MINERAL 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

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>polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>reguloid oral powder 43 % (generic for REGULOID) - Tier 1</p> <p>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>sorbitol oral - Tier 1</p>	

Laxatives - Drugs to treat Constipation

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

<p>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</p> <p>bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL</p> <p>BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL</p> <p>citroma (generic for CITROMA) - Tier 1; QL</p> <p>CITRUCCEL (brand for cvs fiber therapy) - Tier 2</p> <p>c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>COLACE (brand for cvs stool softener) - Tier 2; QL</p> <p>constulose - Tier 1; QL</p> <p>docusate calcium - Tier 1</p> <p>docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL</p> <p>docusate sodium oral (generic for COLACE) - Tier 1; QL</p> <p>docusate sodium/senna (generic for SENOKOT S) - Tier 1</p> <p>DOCUZEN (brand for cvs senna plus) - Tier 2</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

dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
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 MINI ENEMA - Tier 2; QL
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
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
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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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 CITROMA) - 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
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

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

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

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-SENNA) - Tier 1; QL
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

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
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
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

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

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

Antibacterials - Drugs to Treat Bacterial Infections	
--	--

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

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

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

<p><i>cromolyn sodium inhalation - Tier 1; QL</i></p> <p><i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i></p> <p><i>NASALCROM (brand for cromolyn sodium) - 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
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; PA</i> <i>risedronate sodium oral tablet 150 mg (generic for ACTONEL) - Tier 1</i> <i>risedronate sodium oral tablet 30 mg, 5 mg - Tier 1; QL</i> <i>risedronate sodium oral tablet 35 mg (generic for ACTONEL) - Tier 1;</i> <i>QL</i> TYMLOS - Tier 2; PA; SP; QL	<i>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA</i> <i>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL</i> <i>ATELVIA (brand for risedronate sodium) - Tier 2; PA</i> <i>BINOSTO - Tier 2; PA; QL</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i>
Miscellaneous Therapeutic Agents	
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous (generic for BONSITY) - Tier 1; PA; SP; QL</i> TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS - Tier 2; PA; SP; QL	
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; AL</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

Miscellaneous Therapeutic Agents

acne control cleanser external liquid (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1
adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1
advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL
ALCOHOL SWABS PAD 70 % (brand for alcohol prep) - Tier 2; QL
AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
BD PEN NEEDLE MINI ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for careone insulin syringe) - Tier 2; QL
BREATHE COMFORT HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL
CAREPOINT POLY HUB NEEDLE 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
CAYA - Tier 2; QL
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFER (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

INBRIJA - 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**

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; QL

DUREX TROPICAL (brand for true cover) - Tier 2; 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 careone insulin syringe) - Tier 2; QL

EMBECTA INSULIN SYR ULTRAFINE (brand for aq 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

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

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
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; QL
TROJAN MAGNUM (brand for true cover) - Tier 2; QL
TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL
TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL
TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL
QL
TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL
TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL
TRUE COVER (brand for true cover) - Tier 2; QL
ULTRASONIC COOL MIST HUMIDIF (brand for cool mist humidifier) - Tier 2; QL
VAPORIZER WARM STEAM - Tier 2; QL
WARM MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL
QL
WARM STEAM VAPORIZER - Tier 2; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p>wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1</p> <p>wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1</p> <p>WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL</p>	

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer	
<p>ALECENSA - Tier 2; PA; SP; QL</p> <p>ALUNBRIG - Tier 2; PA; SP; QL</p> <p>BOSULIF - Tier 2; PA; SP; QL</p> <p>BRUKINSA - Tier 2; PA; SP; QL</p> <p>CABOMETYX - Tier 2; PA; SP; QL</p> <p>CALQUENCE - Tier 2; SP; QL</p> <p>CAPRELSA - Tier 2; PA; SP; QL</p> <p>COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COTELLIC - Tier 2; PA; SP; QL</p> <p><i>dasatinib (generic for PHYRAGO) - Tier 1; PA; SP; QL</i></p> <p>DAURISMO - Tier 2; PA; SP; QL</p> <p>ERIVEDGE - Tier 2; PA; SP; QL</p> <p><i>erlotinib hcl - Tier 1; SP; QL</i></p> <p><i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for AFINITOR) - Tier 1; 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

everolimus oral tablet 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP
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 ORAL CAPSULE - Tier 2; PA; SP; QL
 IMBRUVICA ORAL SUSPENSION - Tier 2; SP; QL
 IMBRUVICA ORAL TABLET - 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 ORAL SOLUTION RECONSTITUTED - Tier 2; SP; QL
 MEKINIST ORAL TABLET - 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

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>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; QL</i></p> <p><i>sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP</i></p> <p>TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; QL</p> <p>TAFINLAR ORAL TABLET SOLUBLE - Tier 2; SP; QL</p> <p>TIBSOVO - Tier 2; PA; SP; QL</p> <p>TURALIO - Tier 2; PA; SP; QL; AL</p> <p>VENCLEXTA - Tier 2; PA; SP; QL</p> <p>VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL</p> <p>XALKORI - Tier 2; PA; SP; QL</p> <p>ZEJULA - Tier 2; PA; SP; QL; AL</p> <p>ZELBORAF - Tier 2; PA; SP; QL</p> <p>ZYDELIG ORAL TABLET 100 MG - Tier 2; PA; SP; QL</p>	
<p>Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs</p>	
<p>Antiparkinson Agents - Drugs to Treat Parkinson's Disease</p>	
<p><i>selegiline hcl oral - Tier 1; QL</i></p>	<p><i>AZILECT (brand for rasagiline mesylate) - Tier 2; PA</i></p> <p><i>XADAGO - Tier 2; PA; QL</i></p>
<p>Monoamine Oxidase Inhibitors - Antidepressants</p>	
<p>Antidepressants - Drugs to Treat Depression</p>	
<p><i>tranylcypromine sulfate (generic for PARNATE) - 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
------------------	----------------------

Mood Stabilizers - Mood Disorder Drugs	
--	--

Bipolar Agents - Drugs to Treat Mood Disorders	
--	--

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

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></p> <p><i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; QL</i></p> <p><i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; SP; QL</i></p> <p><i> fingolimod hcl (generic for GILENYA) - Tier 1; SP; QL</i></p> <p><i>GILENYA ORAL CAPSULE 0.25 MG - Tier 2; SP; QL</i></p> <p><i>glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i></p> <p><i>glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i></p> <p><i>MAYZENT - Tier 2; PA; SP; QL</i></p> <p><i>MAYZENT STARTER PACK - Tier 2; PA; SP; QL</i></p> <p><i>PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL</i></p> <p><i>PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL</i></p> <p><i>teriflunomide (generic for AUBAGIO) - Tier 1; 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
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 oral tablet 220 mg (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>	

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 low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL
aspirin rectal suppository 300 mg - Tier 1
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
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

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

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
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
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

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>salsalate oral - Tier 1; QL</i> <i>ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL</i> <i>sulindac oral - Tier 1; QL</i>	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i> <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i> <i>QL</i> <i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>altalube (generic for ALTALUBE) - Tier 1; QL</i> <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i> <i>artificial tears pf (generic for BION TEARS PF) - Tier 1</i> <i>astringent eye drops (generic for VISINE A.C.) - Tier 1; QL</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitracin-polymyxin b - Tier 1; QL</i> <i>BIOLLE TEARS (brand for carboxymethylcellulose sod pf) - Tier 2</i> <i>BION TEARS PF (brand for artificial tears pf) - Tier 2</i> <i>carboxymethylcellulose sod pf ophthalmic solution (generic for BIOLLE TEARS) - Tier 1</i> <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i>	<i>RHOPRESSA - Tier 2; PA; QL</i> <i>ROCKLATAN - 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

cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL
cyclosporine ophthalmic (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

Non-Preferred Agents

Preferred Agents

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
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 eyelovernight (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
phenylephrine hcl ophthalmic (generic for ALTAFRIN) - 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

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

RETAINÉ 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
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	
<i>azelastine hcl ophthalmic - Tier 1; ST; QL</i> <i>cromolyn sodium ophthalmic - Tier 1; QL</i> <i>NAPHCON-A (brand for allergy eye) - Tier 2</i> <i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</i> <i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</i> <i>VISINE (brand for allergy eye) - Tier 2</i>	
Ophthalmic Antibiotics - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>bacitracin ophthalmic - Tier 1; QL</i> <i>ciprofloxacin hcl ophthalmic - Tier 1; QL</i> <i>erythromycin ophthalmic - Tier 1; QL</i> <i>gentamicin sulfate ophthalmic - Tier 1; QL</i> <i>moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL</i> <i>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</i> <i>sulfacetamide sodium ophthalmic - Tier 1; QL</i> <i>tobramycin ophthalmic - 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
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<p> <i>acetazolamide er - Tier 1; QL</i> <i>acetazolamide oral - Tier 1; QL</i> <i>apraclonidine hcl - Tier 1; QL</i> <i>betaxolol hcl ophthalmic - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> <i>carteolol hcl - Tier 1</i> DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>levobunolol hcl - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % - Tier 1</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i> </p>	<p> <i>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>AZOPT (brand for brinzolamide) - Tier 2; PA</i> <i>BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL</i> <i>BETOPTIC-S - Tier 2; PA; QL</i> <i>COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL</i> <i>COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL</i> <i>COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA</i> <i>IOPIDINE - Tier 2; PA</i> <i>ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL</i> <i>SIMBRINZA - Tier 2; PA; QL</i> <i>timolol maleate (once-daily) (generic for ISTALOL) - Tier 1; PA; QL</i> <i>TIMOPTIC OCUDOSE (brand for timolol maleate pf) - 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 Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>bacitra-neomycin-polymyxin-hc - Tier 1; QL</i> <i>dexamethasone sodium phosphate ophthalmic - Tier 1</i> <i>diclofenac sodium ophthalmic - Tier 1; QL</i> <i>fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL</i> <i>flurbiprofen sodium - Tier 1; QL</i> <i>ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1</i> <i>ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth (generic for MAXITROL) - Tier 1; QL</i> <i>prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL</i> PREDNISOLONE ACETATE P-F - Tier 2; QL <i>prednisolone sodium phosphate ophthalmic - Tier 1</i> <i>sulfacetamide-prednisolone - Tier 1</i>	
Ophthalmic Antivirals - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>trifluridine - Tier 1; QL</i>	
Ophthalmic Prostaglandin and Prostanamide Analogs - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	<i>bimatoprost ophthalmic solution 0.03 % - Tier 1; PA; QL</i> <i>LUMIGAN (brand for bimatoprost) - Tier 2; PA; QL</i> <i>TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL</i> <i>travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL</i> <i>VYZULTA - Tier 2; PA; QL</i> <i>XALATAN (brand for latanoprost) - Tier 2; PA; QL</i> <i>ZIOPTAN (brand for tafluprost (pf)) - 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
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<p><i>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</i> <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</i> <i>methadone hcl oral tablet - Tier 1; PA; QL</i> <i>morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL</i></p>	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<p><i>acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL</i> <i>acetaminophen-codeine oral tablet - Tier 1; QL</i> <i>ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i> <i>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</i> <i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i> <i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL</i> <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL</i> <i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</i> <i>hydromorphone hcl rectal - Tier 1; QL</i> <i>morphine sulfate (concentrate) oral solution 100 mg/5ml - 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
<p><i>morphine sulfate oral - Tier 1; QL</i> <i>morphine sulfate rectal - Tier 1; QL</i> <i>oxycodone hcl oral concentrate - Tier 1; QL</i> <i>oxycodone hcl oral solution - Tier 1; QL</i> <i>oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL</i> <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i> <i>pentazocine-naloxone hcl - Tier 1; QL</i> <i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i></p>	
<p>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants</p>	
<p>Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence</p>	
<p><i>buprenorphine hcl sublingual - Tier 1; DX2RX; QL</i> <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg (generic for SUBOXONE) - Tier 1; QL</i> <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg (generic for SUBOXONE) - Tier 1; DX2RX; QL</i> <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; DX2RX; QL</i> <i>naltrexone hcl oral - Tier 1</i></p>	
<p>Opioid Reversal Agents - Antidotes/Deterrents/Protectants</p>	
<p>Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence</p>	
<p><i>naloxone hcl (generic for NARCAN) - Tier 1; QL</i> <i>naloxone hcl injection solution - Tier 1; QL</i> <i>naloxone hcl injection solution cartridge - Tier 1; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i> <i>naloxone hcl solution prefilled syringe 2 mg/2ml injection - Tier 1; QL</i> <i>NARCAN (brand for ft naloxone hcl) - Tier 2; QL</i> <i>prebiotic fiber (generic for NARCAN) - Tier 1; QL</i> <i>REXTOVY - 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
Otic Agents - Drugs for the Ear	
Otic Agents - Drugs to Treat Ear Conditions	
<i>acetic acid otic - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL</i> <i>hydrocortisone-acetic acid - Tier 1; QL</i> <i>neomycin-polymyxin-hc otic - Tier 1; QL</i>	
Otic Agents - Drugs to Treat Ear Conditions	
<i>ofloxacin otic - Tier 1; QL</i>	
Parasympathomimetics - Myasthenia Gravis Drugs	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	
<i>pyridostigmine bromide er oral tablet extended release (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i>	<i>MESTINON (brand for pyridostigmine bromide) - Tier 2; PA; QL</i> <i>pyridostigmine bromide oral tablet 30 mg - Tier 1; PA; QL</i>
Pediculicides/Scabicides - Scabies and Lice Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<i>lice killing external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i> <i>lice killing max str external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i> <i>malathion (generic for OVIDE) - Tier 1; QL</i> <i>permethrin external - Tier 1; QL</i> <i>spinosad (generic for NATROBA) - Tier 1; QL</i>	

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>	<i>AURYXIA (brand for ferric citrate) - Tier 2; PA; QL</i> <i>FOSRENOL ORAL TABLET CHEWABLE 1000 MG (brand for lanthanum carbonate) - Tier 2; PA; QL</i> <i>FOSRENOL ORAL TABLET CHEWABLE 500 MG, 750 MG (brand for lanthanum carbonate) - Tier 2; PA</i> <i>RENVELA (brand for sevelamer carbonate) - Tier 2; PA; QL</i> <i>VELPHORO - Tier 2; PA; 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> <i>THEO-24 - Tier 2</i> <i>theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i> <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i> <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i>	<i>DALIRESP (brand for roflumilast) - Tier 2; DX2RX; QL</i> <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg - Tier 1; PA; QL</i>
Platelet Modifying Agents - Platelet Modifying Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
<i>CABLIVI - Tier 2; PA; SP; QL</i> <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i> <i>prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL</i> <i>ticagrelor (generic for BRILINTA) - Tier 1; DX2RX; QL</i>	<i>BRILINTA ORAL TABLET 90 MG (brand for ticagrelor) - Tier 2; DX2RX; QL</i> <i>EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL</i> <i>PLAVIX (brand for clopidogrel bisulfate) - 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
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ELLA - Tier 2; QL	
Progestins	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
OPILL - Tier 2; QL	
Progestins - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>camila (generic for CAMILA) - Tier 1; QL; GE</i> <i>deblitane (generic for CAMILA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; 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; 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; QL; GE</i> <i>lyleq (generic for CAMILA) - Tier 1; QL; GE</i> <i>lyza (generic for CAMILA) - Tier 1; QL; GE</i> <i>medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE</i>	<i>PROMETRIUM (brand for progesterone) - Tier 2; DX2RX; QL</i> <i>PROVERA (brand for medroxyprogesterone acetate) - 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
------------------	----------------------

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; QL; GE
my way (generic for AFTERA) - Tier 1; QL; GE
new day (generic for AFTERA) - Tier 1; QL; GE
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; QL; GE
option 2 (generic for AFTERA) - Tier 1; QL; GE
orquidea (generic for CAMILA) - Tier 1; QL; GE
PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; 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; QL; GE
take action (generic for AFTERA) - Tier 1; QL; GE

Protectants - Ulcer and Stomach Acid Drugs

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

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

CARAFATE (brand for sucralfate) - Tier 2; PA; QL
CYTOTEC (brand for misoprostol) - 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
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></p> <p><i>esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; QL</i></p> <p><i>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL</i></p> <p><i>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i></p> <p><i>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</i></p> <p><i>omeprazole oral capsule delayed release - Tier 1; QL</i></p> <p><i>pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL</i></p> <p><i>PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</i></p>	<p><i>ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL</i></p> <p><i>DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL</i></p> <p><i>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL</i></p> <p><i>lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members >= 2 years of age will require PA; QL; AL</i></p> <p><i>NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL</i></p> <p><i>NEXIUM ORAL PACKET (brand for esomeprazole magnesium) - Tier 2; PA; Members >= 2 years of age will require PA; QL; AL</i></p> <p><i>pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL</i></p> <p><i>PREVACID (brand for lansoprazole) - Tier 2; PA; QL</i></p> <p><i>PRILOSEC - Tier 2; PA; QL</i></p> <p><i>PROTONIX ORAL (brand for pantoprazole sodium) - Tier 2; PA; QL</i></p> <p><i>rabeprazole sodium oral tablet delayed release (generic for ACIPHEX) - Tier 1; 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
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>	
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p>OFEV - Tier 2; PA; SP; QL <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i></p>	
Quinolones - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<p>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral tablet - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> <i>ofloxacin oral - Tier 1; QL</i></p>	

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

12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL
 12 hour decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
 12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
 4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2
 acetylcysteine inhalation solution 10 % - Tier 1; QL
 acetylcysteine inhalation solution 20 % - Tier 1
 ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL
 altarussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
 altarussin dm - Tier 1; QL; AL
 ANORO ELLIPTA (brand for umeclidinium-vilanterol) - Tier 2; QL
 APRODINE (brand for cold & allergy d max strength) - Tier 2; AL
 BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL

ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 BREZTRI AEROSPHERE - Tier 2; PA; QL
 DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT - Tier 2; PA; QL
 SYMBICORT (brand for budesonide-formoterol fumarate) - 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

breyna (generic for BREYNA) - Tier 1; PA; QL
BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL
budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; PA; 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 & cough childrens (generic for ENDACOF-DM) - Tier 1; QL; AL
cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold/cough (generic for 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

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**

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
FASENRA PEN - Tier 2; PA; SP; 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 (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2
ibuprofen cold & sinus (generic for ADVIL COLDISINUS) - Tier 1; 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

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
maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - 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 st er) - 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 CONICG 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

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 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
mucus er maximum strength (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 maximum strength (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12hr maximum strength (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 maximum strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d maximum 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 (generic for MUCINEX D) - Tier 1; AL
mucus relief dm maximum strength oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

Non-Preferred Agents

Preferred Agents

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

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 (generic for 4-WAY FAST ACTING) - Tier 1

Non-Preferred Agents

Preferred Agents

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
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

Non-Preferred Agents

Preferred Agents

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

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

Non-Preferred Agents

Preferred Agents

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
tussin mucus+chest congest sf (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
tussin mucus+chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL
UMECLIDINIUM-VILANTEROL (brand for umeclidinium-vilanterol) - Tier 2; QL
wixela inhub (generic for WIXELA INHUB) - Tier 1; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
XPECT (brand for chest congestion relief) - Tier 2

Non-Preferred Agents

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

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

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

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

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

altamist spray (generic for AYR) - Tier 1

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

AYR (brand for altamist spray) - Tier 2

AYR SALINE NASAL DROPS - Tier 2

BABY AYR SALINE (brand for altamist spray) - Tier 2

benzonatate - Tier 1; QL; AL

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

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

cough/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

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

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-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
OCEAN FOR KIDS (brand for altamist spray) - Tier 2
OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2
oxymetazoline hcl nasal (generic for GILTUSS SEVERE SINUS) - Tier 1
promethazine-dm - Tier 1; QL; AL
pseudoephedrine-bromphen-dm - Tier 1; QL; AL
saline mist spray (generic for AYR) - Tier 1
saline nasal spray (generic for AYR) - Tier 1
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2</i> <i>SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2</i> <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</i> <i>tretinoin oral - Tier 1; SP</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>EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL</i> <i>OSPHENA - Tier 2; PA; QL; GE</i></p>
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
<p><i>eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL</i> <i>frovatriptan succinate - Tier 1; QL</i> IMITREX STATDOSE REFILL - Tier 2; QL IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML - Tier 2; QL <i>naratriptan hcl - Tier 1; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i> <i>zolmitriptan oral (generic for ZOMIG) - 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
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	
Skeletal Muscle Relaxants - Drugs to Treat Muscle Tension and Spasm	
<i>baclofen oral tablet 10 mg, 20 mg - Tier 1; QL</i> <i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i> <i>orphenadrine citrate er - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i>	
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<i>baclofen oral tablet 5 mg - Tier 1; QL</i>	
Sleep Disorders, Other - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i> <i>ramelteon (generic for ROZEREM) - 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**

Smoking Cessation Agents - Deterrents

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

bupropion hcl er (smoking det) - Tier 1
habitrol (generic for HABITROL) - Tier 1; QL
NICODERM CQ (brand for cvs nicotine) - Tier 2; QL
NICORETTE (brand for cvs nicotine) - Tier 2; QL
NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL
NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL
nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine mini (generic for KLS QUIT2) - Tier 1; QL
nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL

Preferred Agents

nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL
nicotine polacrilex mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine polacrilex mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine polacrilex mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine polacrilex (generic for KLS QUIT4) - Tier 1; QL
nicotine step 1 (generic for HABITROL) - Tier 1; QL
nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL
nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL
nicotine transdermal system (generic for HABITROL) - Tier 1; QL
NICOTROL NS - Tier 2; QL
quit2 (generic for KLS QUIT2) - Tier 1; QL
quit4 (generic for KLS QUIT4) - Tier 1; QL
THRIVE (brand for cvs nicotine) - Tier 2; QL
varenicline tartrate (generic for CHANTIX) - Tier 1; QL
varenicline tartrate (starter) (generic for CHANTIX STARTING MONTH PAK) - Tier 1; QL
varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

Sodium Channel Agents - Seizure Control Drugs

Anticonvulsants - Drugs to Treat Seizures

carbamazepine er (generic for CARBATROL) - Tier 1; QL
carbamazepine oral suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL
carbamazepine oral tablet (generic for TEGRETOL) - Tier 1; QL
carbamazepine oral tablet chewable 100 mg - Tier 1; QL
DILANTIN ORAL CAPSULE 30 MG - Tier 2
lacosamide oral solution (generic for VIMPAT) - Tier 1; PA; QL; AL
lacosamide oral tablet (generic for VIMPAT) - Tier 1; QL; AL
oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL
oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL
phenytek (generic for PHENYTEK) - Tier 1; QL
phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL
phenytoin oral suspension 125 mg/5ml (generic for DILANTIN-125) - Tier 1; QL
phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL
phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL
rufinamide oral suspension 40 mg/ml (generic for BANZEL) - Tier 1; DX2RX; QL
rufinamide oral tablet (generic for BANZEL) - Tier 1; DX2RX; QL

APTIOM (brand for eslicarbazepine acetate) - Tier 2; PA; QL
BANZEL (brand for rufinamide) - Tier 2; DX2RX; QL
CARBATROL (brand for carbamazepine er) - Tier 2; PA; QL
DILANTIN INFATABS (brand for phenytoin) - Tier 2; PA; QL
DILANTIN ORAL CAPSULE 100 MG (brand for phenytoin sodium extended) - Tier 2; PA; QL
OXTELLAR XR (brand for oxcarbazepine er) - Tier 2; PA; QL
phenytoin sodium extended oral capsule 100 mg (generic for DILANTIN) - Tier 1; PA; QL
TEGRETOL (brand for carbamazepine) - Tier 2; PA; QL
TEGRETOL-XR (brand for carbamazepine er) - Tier 2; PA; QL
TRILEPTAL ORAL SUSPENSION (brand for oxcarbazepine) - Tier 2; PA; Maximum age of 9 years for solution; QL; AL
TRILEPTAL ORAL TABLET (brand for oxcarbazepine) - Tier 2; PA; QL
VIMPAT ORAL SOLUTION (brand for lacosamide) - Tier 2; PA; QL; AL
VIMPAT ORAL TABLET (brand for lacosamide) - 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

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants

Antidepressants - Drugs to Treat Depression

citalopram hydrobromide oral solution 10 mg/5ml - Tier 1; QL
citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL
desvenlafaxine succinate er (generic for PRISTIQ) - Tier 1; QL
escitalopram oxalate oral solution - Tier 1; QL
escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL
fluoxetine hcl oral capsule - Tier 1; QL
fluoxetine hcl oral solution - Tier 1; QL
fluoxetine hcl oral tablet - Tier 1; QL
fluvoxamine maleate - Tier 1; QL
paroxetine hcl er (generic for PAXIL CR) - Tier 1; QL
paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL
sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL
sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL
venlafaxine hcl - Tier 1; QL
venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 75 mg - Tier 1
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg - Tier 1; QL
vilazodone hcl (generic for VIIBRYD) - Tier 1; QL

CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL
EFFEXOR XR (brand for venlafaxine hcl er) - Tier 2; PA; QL
FETZIMA - Tier 2; PA; QL
fluvoxamine maleate er - Tier 1; PA; QL
LEXAPRO (brand for escitalopram oxalate) - Tier 2; PA; QL
paroxetine mesylate - Tier 1; PA; QL
PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL
PAXIL CR (brand for paroxetine hcl er) - Tier 2; PA; QL
PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL
TRINTELLIX - Tier 2; PA; QL
VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL
ZOLOFT (brand for sertraline hcl) - 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
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>	<i>AZULFIDINE (brand for sulfasalazine) - Tier 2; PA; QL</i> <i>AZULFIDINE EN-TABS (brand for sulfasalazine) - Tier 2; PA; QL</i>
Tetracyclines - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<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> <i>NUZYRA ORAL - Tier 2; PA; QL</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 0.4-25 mg (generic for ONE A DAY PRENATAL) - 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
Treatment Adjuncts - Supportive Chemotherapy Drugs	
Antineoplastics - Drugs to Treat Cancer	
<i>mesna oral (generic for MESNEX) - Tier 1; SP</i>	
Treatment-Resistant - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
<i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL</i>	
Tricyclics - Antidepressants	
Antidepressants - Drugs to Treat Depression	
<i>amitriptyline hcl oral - Tier 1; QL</i> <i>amoxapine - Tier 1; QL</i> <i>clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL</i> <i>desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL</i> <i>doxepin hcl oral capsule - Tier 1; QL</i> <i>doxepin hcl oral concentrate - Tier 1; QL</i> <i>imipramine hcl oral - Tier 1; QL</i> <i>nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL</i> <i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1</i> <i>perphenazine-amitriptyline oral tablet 2-25 mg - 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**

Vaccines

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

ABRYSVO - Tier 2; QL
ACTHIB - Tier 2; QL
ADACEL - Tier 2; QL
AFLURIA - Tier 2; QL
AFLURIA PRESERVATIVE FREE - Tier 2; QL
AREXVY - 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
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
INFANRIX - Tier 2; QL
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
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
RECOMBIVAX HB - Tier 2; QL
ROTARIX - Tier 2; QL; AL
ROTATEQ - Tier 2; QL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED - Tier 2; QL; AL
SPIKEVAX - Tier 2; QL
SPIKEVAX 6M-11Y - Tier 2; QL
TENIVAC - Tier 2; QL
TRUMENBA - 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
TWINRIX - Tier 2; QL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXELIS - Tier 2; QL VAXNEUVANCE - Tier 2; QL	
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> NITRO-BID - Tier 2; QL <i>nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i>	<i>ISORDIL TITRADOSE ORAL TABLET 40 MG (brand for isosorbide dinitrate) - Tier 2; PA; QL</i> <i>NITRO-DUR (brand for nitroglycerin) - Tier 2; PA; QL</i> <i>nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (generic for NITRO-DUR) - Tier 1; 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

Vitamins

Electrolytes/Minerals/Metals/Vitamins

a-25 - Tier 1; QL
ALIVE KIDS PREMIUM (brand for cvs gummy dinos) - Tier 2; QL
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
CENTRUM KIDS MULTIGUMMIES (brand for cvs gummy dinos) - Tier 2; QL
CENTRUM MENOPAUSE MINDIMOOD (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

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

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
FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; QL
folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL
folic acid oral tablet 400 mcg - Tier 1
full spectrum b/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

Non-Preferred Agents

Preferred Agents

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/fluoride/iron - 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 b/vitamin c) - 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, 250 mg, 50 mg - Tier 1
NIVA-PLUS (brand for prenatal) - Tier 2; QL
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 oral - Tier 1; QL
pnv 27-calfalfa - Tier 1; QL
pnv-dha - Tier 1
PRENATABS RX (brand for thrive rx) - Tier 2; QL
prenatal 19 - Tier 1; QL
prenatal formula - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

prenatal multi+dha - 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 vitamins oral tablet 28-0.8 mg - Tier 1; QL
prenatal/folic acid - Tier 1; QL
prenatal/iron - Tier 1; QL
pyridoxine hcl oral - Tier 1; 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
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 oral - Tier 1; QL
thiamine mononitrate oral - Tier 1; QL
THRIVITE RX (brand for thrive rx) - Tier 2; QL
TRINATAL RX 1 - Tier 2; QL
triphrocaps (generic for MYNEPHRON) - Tier 1
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

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**

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
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
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 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-b complex - Tier 1
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

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.....	30	ACCU-CHEK AVIVA DEVICE.....	62	acetazolamide oral.....	137
12 hour cough relief.....	147	ACCU-CHEK AVIVA PLUS TEST STRIPS..	62	acetic acid otic.....	141
12 hour decongestant nasal.....	156	ACCU-CHEK GUIDE.....	62	acetylcysteine inhalation solution 10 %.....	147
12 hour decongestant oral.....	147	ACCU-CHEK GUIDE CONTROL.....	62	acetylcysteine inhalation solution 20 %.....	147
12 hour nasal decongestant.....	147	ACCU-CHEK GUIDE KIT W/DEVICE.....	62	acid controller.....	101
12 hour nasal relief spray.....	156	ACCU-CHEK GUIDE TEST STRIPS.....	62	ACID GONE ORAL SUSPENSION.....	89
12 hour nasal spray.....	156	ACCU-CHEK SMARTVIEW.....	62	acid gone oral tablet chewable.....	89
12hr allergy relief.....	33	ACCU-CHEK SMARTVIEW CONTROL.....	62	acid reducer oral capsule delayed release	
24 hour nasal allergy nasal aerosol 55		ACCUTREND GLUCOSE CONTROL.....	62	15 mg.....	145
mcg/act.....	42	acebutolol hcl oral.....	51	acid reducer oral tablet 10 mg.....	101
24hr allergy relief.....	33	acetaminophen 8 hour.....	9	acid reducer oral tablet 200 mg.....	101
3 day vaginal.....	26	acetaminophen 8 hours.....	9	acidophilus lactobacillus oral.....	89
4-WAY FAST ACTING.....	147	acetaminophen 8hr arth pain.....	9	acidophilus oral capsule.....	89
7 day vaginal.....	26	acetaminophen 8hr musc ache.....	9	acidophilus probiotic oral capsule 10 mg.....	89
8 hour arthritis pain.....	9	acetaminophen childrens.....	9	acidophilus probiotic oral tablet , 0.5 mg.....	89
8 hour arthritis relief.....	9	acetaminophen er.....	10	ACIPHEX.....	145
8 hour pain relief oral tablet extended		acetaminophen ex st oral liquid 500		acitretin.....	59
release 650 mg.....	9	mg/15ml.....	10	acne control cleanser external cream.....	59
8 hour pain reliever.....	9	acetaminophen ex st oral tablet 500 mg.....	10	acne control cleanser external liquid.....	122
8 hr arthritis pain relief.....	9	acetaminophen ex str.....	10	acne treatment external cream 10 %.....	59
8hr arthritis pain relief.....	9	acetaminophen extra strength oral liquid.....	10	ACTHIB.....	166
8hr muscle aches & pain.....	9	acetaminophen extra strength oral tablet.....	10	ACTIMMUNE.....	110
8hr muscle aches & pain relief.....	9	acetaminophen infants.....	10	ACTIVELLA.....	81
a-25.....	169	acetaminophen oral liquid 160 mg/5ml.....	10	ACTONEL ORAL TABLET 150 MG.....	121
abacavir sulfate.....	40	acetaminophen oral solution 160 mg/5ml,		ACTONEL ORAL TABLET 35 MG.....	121
abacavir sulfate-lamivudine.....	40	325 mg/10.15ml, 650 mg/20.3ml.....	10	ACTOPLUS MET.....	23
ABATINEX.....	89	acetaminophen oral suspension 160		ACTOS.....	23
abigale.....	81	mg/5ml, 650 mg/20.3ml.....	10	acyclovir external ointment.....	30
abigale lo.....	81	acetaminophen oral tablet 325 mg.....	10	acyclovir oral capsule.....	30
ABILIFY ASIMTUFII.....	6	acetaminophen oral tablet 500 mg.....	10	acyclovir oral suspension 200 mg/5ml.....	30
ABILIFY MAINTENA.....	6	acetaminophen oral tablet chewable 160		acyclovir oral tablet.....	30
abiraterone acetate oral tablet 250 mg.....	18	mg.....	10	ADACEL.....	166
abirtega.....	18	acetaminophen rectal suppository 120 mg..	10	ADALIMUMAB-AATY (2 SYRINGE)	
ABREVA.....	62	acetaminophen rectal suppository 650 mg..	10	SUBCUTANEOUS PREFILLED SYRINGE	
ABRYSVO.....	166	acetaminophen-codeine oral solution 120-		KIT 40 MG/0.4ML.....	108
acamprosate calcium.....	7	12 mg/5ml.....	139	ADALIMUMAB-ADAZ.....	108
acarbose oral.....	23	acetaminophen-codeine oral tablet.....	139	ADALIMUMAB-ADB (2 PEN).....	108
ACCOLATE.....	43	acetazolamide er.....	137	ADALIMUMAB-ADB (2 SYRINGE).....	108

ADALIMUMAB-BWWD.....	108	ALBUTEROL SULFATE NEBULIZATION	<i>allergy childrens oral solution</i>	34
ADALIMUMAB-FKJP (2 PEN).....	108	SOLUTION (5 MG/ML) 0.5% INHALATION.	<i>allergy d-12 hour</i>	30
ADALIMUMAB-FKJP (2 SYRINGE).....	108	<i>albuterol sulfate oral syrup 2 mg/5ml</i>	<i>allergy medicine oral tablet 25 mg</i>	34
ADALIMUMAB-RYVK (1 PEN).....	108	<i>alclometasone dipropionate external</i>	<i>allergy nasal mist no drip</i>	156
ADALIMUMAB-RYVK (2 SYRINGE).....	108	<i>ointment</i>	<i>allergy oral capsule 25 mg</i>	34
ADBRY.....	59	ALCOHOL PREP PADS PAD , 70 %.....	<i>allergy oral tablet 25 mg</i>	34
<i>addaprin</i>	129	ALCOHOL SWABS PAD 70 %.....	<i>allergy rel child (loratadine)</i>	34
ADEMPAS.....	146	ALDACTONE.....	<i>allergy relief (cetirizine) oral tablet 10 mg</i>	34
ADMELOG SOLOSTAR.....	111	ALECENSA.....	<i>allergy relief (loratadine) oral tablet</i>	34
<i>adult 50+ probiotic</i>	89	<i>alendronate sodium</i>	<i>allergy relief 12 hour</i>	34
<i>adult probiotic</i>	89	ALEVE ALL DAY STRONG.....	<i>allergy relief 24 hour</i>	34
<i>adv acne spot treatment</i>	122	<i>alfuzosin hcl er</i>	<i>allergy relief adult</i>	34
ADVAIR HFA.....	147	<i>aliskiren fumarate</i>	<i>allergy relief cetirizine</i>	34
<i>advanced acne spot treat</i>	122	ALIVE KIDS PREMIUM.....	<i>allergy relief child</i>	34
<i>advanced antacid</i>	89	<i>all day allergy 24 hour</i>	<i>allergy relief childrens oral liquid 12.5</i>	
<i>advanced healing external ointment</i>	59	<i>all day allergy d</i>	<i>mg/5ml</i>	34
ADVIL COLD/SINUS.....	147	<i>all day allergy oral tablet 10 mg</i>	<i>allergy relief childrens oral tablet chewable</i>	
ADVIL JUNIOR STRENGTH.....	129	<i>all day allergy relief oral tablet 10 mg</i>	<i>12.5 mg</i>	34
ADVIL ORAL TABLET.....	129	<i>all day allergy-d oral tablet extended</i>	<i>allergy relief d oral tablet extended release</i>	
<i>afirmelle</i>	81	<i>release 12 hour 5-120 mg</i>	<i>12 hour 5-120 mg</i>	31
AFLURIA.....	166	<i>all day pain relief oral tablet 220 mg</i>	<i>allergy relief d oral tablet extended release</i>	
AFLURIA PRESERVATIVE FREE.....	166	<i>all day relief</i>	<i>24 hour 10-240 mg</i>	31
AFREZZA INHALATION POWDER 12		ALLEGRA ALLERGY.....	<i>allergy relief d-12</i>	31
UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT &		ALLEGRA HIVES 24HR.....	<i>allergy relief d-24</i>	31
90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ...	111	ALLER-BEN.....	<i>allergy relief max st</i>	34
<i>aftera</i>	143	<i>allerclear</i>	<i>allergy relief nasal decong</i>	31
AIMOVIG.....	54	<i>allerclear d-12hr</i>	<i>allergy relief oral capsule 25 mg</i>	34
AJOVY.....	54	<i>allerclear d-24hr</i>	<i>allergy relief oral liquid 25 mg/10ml</i>	35
<i>ala-cort</i>	102	<i>aller-ease oral tablet 180 mg</i>	<i>allergy relief oral tablet 10 mg</i>	35
ALAVERT.....	33	<i>aller-fex</i>	<i>allergy relief oral tablet 180 mg</i>	35
<i>albendazole oral</i>	18	<i>allerg rel child (lorat)</i>	<i>allergy relief oral tablet 25 mg</i>	35
<i>albuterol sulfate hfa</i>	53	<i>allerg relief child (lorat)</i>	<i>allergy relief oral tablet 60 mg</i>	35
<i>albuterol sulfate inhalation nebulization</i>		<i>allergy & congestion oral tablet extended</i>	<i>allergy relief oral tablet chewable 12.5 mg</i> ... 35	
<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>		<i>release 24 hour 10-240 mg</i>	<i>allergy relief oral tablet dispersible 10 mg</i> 35	
<i>mg/0.5ml</i>	53	<i>allergy & congestion relief</i>	<i>allergy relief oral tablet extended release</i>	
<i>albuterol sulfate inhalation nebulization</i>		<i>allergy & hives relief</i>	<i>12 hour 5-120 mg</i>	31
<i>solution 0.63 mg/3ml, 1.25 mg/3ml</i>	53	<i>allergy (cetirizine)</i>	<i>allergy relief(cetirizine)</i>	35
<i>albuterol sulfate nebulization solution (5</i>		<i>allergy 24hour indoor/outdoor</i>	<i>allergy relief indoor/outdoor oral tablet 180</i>	
<i>mg/ml) 0.5% inhalation</i>	53	<i>allergy childrens oral liquid</i>	<i>mg</i>	35

<i>allergy relief/nasal decongest</i>	31	<i>amantadine hcl oral solution 50 mg/5ml</i>	45	<i>antacid & antigas oral suspension 1200-</i>	
<i>allergy relief-d oral tablet extended release</i>		<i>ambrisentan</i>	146	<i>1200-120 mg/30ml</i>	90
<i>12 hour 5-120 mg</i>	31	<i>amethyst</i>	81	<i>antacid & anti-gas oral suspension 200-</i>	
<i>allergy relief-d oral tablet extended release</i>		<i>amiloride hcl oral</i>	66	<i>200-20 mg/5ml</i>	90
<i>24 hour 10-240 mg</i>	31	<i>amiloride-hydrochlorothiazide</i>	55	<i>antacid & antigas oral suspension 2400-</i>	
<i>allergy relief-d12</i>	31	<i>aminocaproic acid oral</i>	100	<i>2400-240 mg/30ml</i>	90
<i>allergy spray 24 hour nasal aerosol</i>	42	<i>aminofen</i>	10	<i>antacid & anti-gas oral suspension 400-</i>	
<i>allergy/congestion relief oral tablet</i>		<i>amiodarone hcl oral tablet 200 mg</i>	19	<i>400-40 mg/5ml</i>	90
<i>extended release 24 hour 10-240 mg</i>	31	<i>amiodarone hcl oral tablet 400 mg</i>	19	<i>antacid & gas relief</i>	90
<i>allergy-d 12hr</i>	31	AMITIZA.....	112	<i>antacid advanced</i>	90
<i>allergy-d 24hr</i>	31	<i>amitriptyline hcl oral</i>	165	<i>antacid anti-gas</i>	90
<i>aller-tec</i>	35	AMJEVITA SUBCUTANEOUS SOLUTION		<i>antacid anti-gas max strength</i>	90
<i>aller-tec d</i>	31	AUTO-INJECTOR 40 MG/0.4ML, 80		<i>antacid calcium</i>	90
<i>allopurinol oral tablet 100 mg, 300 mg</i>	29	MG/0.8ML.....	108	<i>antacid calcium rich</i>	90
<i>almacone double strength</i>	89	AMJEVITA SUBCUTANEOUS SOLUTION		<i>antacid extra str</i>	90
ALOGLIPTIN BENZOATE.....	23	AUTO-INJECTOR 40 MG/0.8ML.....	108	<i>antacid extra strength oral suspension</i>	90
ALOGLIPTIN-METFORMIN HCL.....	23	AMJEVITA SUBCUTANEOUS SOLUTION		<i>antacid extra strength oral tablet chewable</i>	
ALOGLIPTIN-PIOGLITAZONE.....	23	PREFILLED SYRINGE 40 MG/0.4ML.....	109	<i>160-105 mg</i>	90
ALORA.....	81	AMJEVITA-PED 15KG TO <30KG		<i>antacid extra strength oral tablet chewable</i>	
ALPHAGAN P.....	137	<i>amlodipine besylate oral</i>	54	<i>750 mg</i>	90
<i>alprazolam oral tablet</i>	50	<i>amlodipine besylate-benazepril hcl</i>	55	<i>antacid fast relief</i>	90
<i>altachlore ophthalmic ointment</i>	132	<i>amlodipine besylate-valsartan</i>	55	<i>antacid i</i>	90
<i>altachlore ophthalmic solution</i>	132	<i>amlodipine-olmesartan</i>	55	<i>antacid iii</i>	90
<i>altafrin</i>	132	<i>ammonium lactate external</i>	59	<i>antacid kids</i>	90
<i>altalube</i>	132	<i>amnestem</i>	59	<i>antacid liquid</i>	91
<i>altamist spray</i>	156	<i>amoxapine</i>	165	<i>antacid m</i>	91
<i>altarussin</i>	147	<i>amoxicillin</i>	52	<i>antacid maximum</i>	91
<i>altarussin dm</i>	147	<i>amoxicillin-potassium clavulanate</i>	52	<i>antacid maximum strength oral suspension</i>	
<i>altavera</i>	81	<i>amphetamine-dextroamphetamine</i>	48	<i>400-400-40 mg/5ml, 800-800-80 mg/10ml</i> ... 91	
<i>alum & mag hydroxide-simeth</i>	89	<i>amphetamine-dextroamphetamine er</i>	48	<i>antacid maximum strength oral tablet</i>	
ALUNBRIG.....	125	<i>ampicillin</i>	52	<i>chewable 1000 mg</i>	91
ALVESCO INHALATION AEROSOL		<i>anagrelide hcl</i>	52	<i>antacid oral suspension 200-200-20</i>	
SOLUTION 160 MCG/ACT.....	42	<i>anastrozole oral</i>	47	<i>mg/5ml, 400-400-40 mg/10ml</i>	91
ALVESCO INHALATION AEROSOL		ANECREAM EXTERNAL CREAM.....	119	<i>antacid oral tablet chewable 1000 mg</i>	91
SOLUTION 80 MCG/ACT.....	42	<i>anefrin spray</i>	156	<i>antacid oral tablet chewable 160-105 mg</i>	91
<i>alyacen 1/35</i>	81	ANGELIQ.....	81	<i>antacid oral tablet chewable 500 mg</i>	91
<i>alyacen 7/7/7</i>	81	ANORO ELLIPTA.....	147	<i>antacid oral tablet chewable 750 mg</i>	91
<i>alyq</i>	146	<i>antacid & antigas</i>	89	<i>antacid plus antigas</i>	91
<i>amantadine hcl oral capsule</i>	45	<i>antacid & anti-gas max str</i>	90		

<i>antacid regular strength oral suspension</i>	APTIOM.....	162	ASMANEX (14 METERED DOSES).....	42
<i>200-200-20 mg/5ml.....</i>	APTIVUS.....	41	ASMANEX (30 METERED DOSES).....	42
<i>antacid regular strength oral tablet</i>	<i>aqueous vitamin d.....</i>	74	ASMANEX (60 METERED DOSES).....	42
<i>chewable 500 mg.....</i>	<i>aranelle.....</i>	81	ASMANEX HFA.....	42
<i>antacid ultra strength.....</i>	ARANESP (ALBUMIN FREE) INJECTION		ASPERFLEX LIDOCAINE EXTERNAL	
<i>antacid ultra strength oral tablet chewable</i>	SOLUTION.....	52	CREAM.....	119
<i>1000 mg.....</i>	ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin childrens.....</i>	129
<i>antacid/antigas.....</i>	SOLUTION PREFILLED SYRINGE 10		<i>aspirin ec adult low dose.....</i>	129
<i>antacid/anti-gas oral suspension 200-200-</i>	MCG/0.4ML.....	52	<i>aspirin ec oral tablet 325 mg.....</i>	129
<i>20 mg/5ml.....</i>	ARANESP (ALBUMIN FREE) INJECTION		<i>aspirin ec oral tablet delayed release 325</i>	
<i>antacid/anti-gas oral suspension 400-400-</i>	SOLUTION PREFILLED SYRINGE 100		<i>mg.....</i>	129
<i>40 mg/5ml.....</i>	MCG/0.5ML, 150 MCG/0.3ML, 200		<i>aspirin ec oral tablet delayed release 81</i>	
<i>antibiotic.....</i>	MCG/0.4ML, 25 MCG/0.42ML, 300		<i>mg.....</i>	129
<i>antibiotic external ointment 3.5-400-5000 ...</i>	MCG/0.6ML, 40 MCG/0.4ML, 500		<i>aspirin low dose.....</i>	129
<i>anti-diarr/ant-gas.....</i>	MCG/ML, 60 MCG/0.3ML.....	52	<i>aspirin oral tablet 325 mg.....</i>	130
<i>anti-diarrheal anti-gas oral tablet 2-125 mg.</i>	ARAVA.....	110	<i>aspirin oral tablet chewable 81 mg.....</i>	130
<i>anti-diarrheal oral tablet 2 mg.....</i>	AREXVY.....	166	<i>aspirin oral tablet delayed release 325 mg</i>	130
<i>anti-diarrheal/anti-gas.....</i>	ARICEPT ORAL TABLET 10 MG, 5 MG.....	56	<i>aspirin oral tablet delayed release 81 mg..</i>	130
<i>antifungal (tolnaftate) external cream 1 %... 26</i>	ARICEPT ORAL TABLET 23 MG.....	56	ASPIRIN ORAL TABLET DELAYED	
<i>anti-fungal external aerosol 2 %.....</i>	ARIMIDEX.....	47	RELEASE 81 MG.....	130
<i>antifungal external cream 1 %.....</i>	<i>aripiprazole oral tablet.....</i>	6	<i>aspirin rectal suppository 300 mg.....</i>	130
<i>antifungal external cream 2 %.....</i>	ARISTADA.....	6	<i>aspirin regimen.....</i>	130
<i>antifungal external powder 2 %.....</i>	<i>armodafinil.....</i>	159	<i>aspirin-acetaminophen-caffeine.....</i>	11
<i>anti-gas oral capsule 180 mg.....</i>	ARMOUR THYROID.....	106	ASSURE CONTROL SOLUTION 2/3.....	62
<i>anti-hist allergy.....</i>	ARNUITY ELLIPTA.....	42	<i>astrigent.....</i>	59
<i>anti-itch aloe.....</i>	AROMASIN.....	47	<i>astrigent eye drops.....</i>	132
<i>anti-itch intensive heal.....</i>	<i>arthritis pain oral tablet extended release</i>		<i>astrigent solution.....</i>	59
<i>anti-itch maximum strength external cream</i>	<i>650 mg.....</i>	10	ATACAND.....	17
<i>1 %.....</i>	<i>arthritis pain relief oral tablet extended</i>		ATACAND HCT.....	55
<i>anti-nausea.....</i>	<i>release 650 mg.....</i>	10	<i>atazanavir sulfate.....</i>	41
<i>anti-nausea relief.....</i>	<i>arthritis pain reliever oral.....</i>	11	ATELVIA.....	121
APIDRA VIAL.....	<i>arthritis pain relieving.....</i>	11	<i>atenolol oral.....</i>	51
<i>apra.....</i>	<i>artificial tears ophthalmic solution</i>	132	<i>atenolol-chlorthalidone.....</i>	55
<i>apraclonidine hcl.....</i>	<i>artificial tears pf.....</i>	132	<i>athletes foot (terbinafine).....</i>	26
<i>aprepitant.....</i>	<i>ascomp-codeine.....</i>	139	<i>athletes foot (tolnaftate) external aerosol</i>	
APRETUDE.....	<i>ascorbic acid oral liquid.....</i>	74	<i>powder 1 %.....</i>	26
<i>apri.....</i>	<i>ascorbic acid oral tablet 500 mg.....</i>	74	<i>athletes foot (tolnaftate) external cream 1</i>	
APRISO.....	<i>ashlyna.....</i>	81	<i>%.....</i>	26
APRODINE.....	ASMANEX (120 METERED DOSES).....	42	<i>athletes foot external aerosol powder 2 %... 26</i>	

<i>athletes foot external cream 1 %</i>	26	AZOR.....	55	BD PEN NEEDLE MICRO ULTRAFINE.....	63
<i>athletes foot external powder 2 %</i>	27	AZULFIDINE.....	164	BD PEN NEEDLE MINI ULTRAFINE.....	122
<i>athletes foot powder spray</i>	27	AZULFIDINE EN-TABS.....	164	BD ULTRA-FINE INSULIN SYRINGES.....	63
<i>athletes foot relief</i>	27	<i>azurette</i>	82	BD ULTRA-FINE INSULIN SYRINGES	
<i>athletes foot spray external aerosol 2 %</i>	27	<i>b complex</i>	169	31G X 5/16" 0.3 ML.....	122
<i>atomoxetine hcl</i>	49	<i>b complex vitamins</i>	169	<i>beauty 360 pure glycerin</i>	62
<i>atorvastatin calcium oral</i>	68	<i>b complex-b12</i>	169	<i>beauty 360 soothing bath</i>	59
<i>atovaquone</i>	45	<i>b-1</i>	169	BENADRYL ALLERGY CHILDRENS	
<i>atovaquone-proguanil hcl</i>	45	<i>b-12 oral tablet extended release</i>	169	ORAL LIQUID.....	35
<i>atropine sulfate ophthalmic solution 1 %</i>	132	<i>b-12 slow release</i>	169	BENADRYL ALLERGY CHILDRENS	
ATROVENT HFA.....	53	<i>b6</i>	169	ORAL TABLET CHEWABLE.....	35
ATTRUBY.....	98	BABY AYR SALINE.....	156	BENADRYL ALLERGY ORAL TABLET.....	35
<i>aubra eq</i>	81	<i>baby basics diaper rash</i>	59	BENADRYL ALLERGY ULTRATABS.....	35
AUM ALCOHOL PREP PADS.....	122	<i>bac (butalbital-acetamin-caff)</i>	11	<i>benazepril hcl oral</i>	17
<i>aurovela 1.5/30</i>	81	<i>bacitracin external</i>	20	<i>benazepril-hydrochlorothiazide</i>	55
<i>aurovela 1/20</i>	81	<i>bacitracin ophthalmic</i>	136	BENICAR.....	17
<i>aurovela 24 fe</i>	81	<i>bacitracin zinc external</i>	20	BENICAR HCT.....	55
<i>aurovela fe 1.5/30</i>	81	<i>bacitracin zinc-aloe</i>	20	BENZAC AC WASH.....	59
<i>aurovela fe 1/20</i>	81	<i>bacitracin-polymyxin b</i>	132	BENZNIDAZOLE.....	18
AURYXIA.....	142	<i>bacitra-neomycin-polymyxin-hc</i>	138	<i>benzonatate</i>	156
AUSTEDO.....	56	<i>baclofen oral tablet 10 mg, 20 mg</i>	159	<i>benzoyl peroxide external gel 2.5 %</i>	59
AVALIDE.....	55	<i>baclofen oral tablet 5 mg</i>	159	<i>benztropine mesylate oral</i>	21
AVAPRO.....	17	BALCOLTRA.....	82	BETADINE EXTERNAL SOLUTION 10 %...20	
AVAR-E EMOLLIENT.....	59	<i>balsalazide disodium</i>	8	<i>betamethasone dipropionate aug</i>	102
AVEDANA GLYCERIN (ADULT).....	115	BALVERSA.....	80	<i>betamethasone dipropionate external lotion</i>	
<i>aviane</i>	81	<i>balziva</i>	82	.....	102
AVODART.....	50	<i>banophen oral tablet</i>	35	<i>betamethasone dipropionate external</i>	
AYR.....	156	BANZEL.....	162	<i>ointment</i>	102
AYR SALINE NASAL DROPS.....	156	BAQSIMI ONE PACK.....	100	<i>betamethasone valerate external cream</i>	102
<i>ayuna</i>	82	BAQSIMI TWO PACK.....	100	<i>betamethasone valerate external lotion</i>	102
<i>azathioprine oral tablet 50 mg</i>	109	BARACLUDE ORAL SOLUTION.....	29	<i>betamethasone valerate external ointment</i>	102
<i>azelaic acid external</i>	59	BAYER ASPIRIN.....	130	BETAPACE.....	19
<i>azelastine hcl nasal</i>	35	BAYER LOW DOSE ORAL TABLET		BETAPACE AF.....	19
<i>azelastine hcl ophthalmic</i>	136	CHEWABLE.....	130	<i>betatemp childrens</i>	11
AZILECT.....	127	<i>baza antifungal</i>	27	<i>betaxolol hcl ophthalmic</i>	137
<i>azithromycin oral</i>	120	<i>b-complex/b-12 oral</i>	169	<i>betaxolol hcl oral</i>	51
<i>azo</i>	98	BD AUTOSHIELD DUO PEN NEEDLES.....	63	<i>bethanechol chloride oral</i>	98
AZO VAGINAL HEALTH PROBIOTIC.....	92	BD BLUNT FILL NEEDLE.....	111	BETIMOL.....	137
AZOPT.....	137	BD ECLIPSE NEEDLE 25G X 5/8".....	122	BETOPTIC-S.....	137

<i>bexarotene</i>	158	BREATHE COMFORT HUMIDIFIER.....	122	<i>butalbital-apap-caffeine oral capsule 50-</i>	
BEXSERO.....	166	BREO ELLIPTA INHALATION AEROSOL		<i>325-40 mg</i>	11
BEYAZ.....	82	POWDER BREATH ACTIVATED 100-25		<i>butalbital-apap-caffeine oral tablet</i>	11
<i>bicalutamide</i>	18	MCG/ACT, 200-25 MCG/ACT.....	147	<i>butalbital-asa-caff-codeine</i>	139
BIDIL.....	55	<i>breyana</i>	147	<i>butalbital-aspirin-caffeine</i>	11
BIJUVA ORAL CAPSULE 1-100 MG.....	82	BREZTRI AEROSPHERE.....	148	<i>butorphanol tartrate nasal</i>	139
BIKTARVY.....	38	<i>briellyn</i>	82	BYSTOLIC.....	51
BILTRICIDE.....	18	BRILINTA ORAL TABLET 90 MG.....	142	<i>c 500/rose hips</i>	74
<i>bimatoprost ophthalmic solution 0.03 %</i>	138	<i>brimonidine tartrate ophthalmic solution</i>		CABENUVA INTRAMUSCULAR	
BINOSTO.....	121	<i>0.15 %</i>	137	SUSPENSION EXTENDED RELEASE 400	
BIOGAIA GASTRUS ORAL CAPSULE.....	92	<i>brimonidine tartrate ophthalmic solution 0.2</i>		& 600 MG/2ML.....	38
BIOLLE TEARS.....	132	%.....	137	CABENUVA INTRAMUSCULAR	
BION TEARS PF.....	132	BRIVIACT ORAL.....	22	SUSPENSION EXTENDED RELEASE 600	
BIOTINEX.....	92	<i>bromocriptine mesylate oral</i>	67	& 900 MG/3ML.....	38
<i>bisacodyl ec</i>	115	BRUKINSA.....	125	<i>cabergoline</i>	107
<i>bisacodyl laxative</i>	115	BUCKLEYS CHEST CONGESTION.....	148	CABLIVI.....	142
<i>bisacodyl oral tablet delayed release 5 mg</i>	115	<i>budesonide inhalation</i>	42	CABOMETYX.....	125
<i>bisacodyl rectal</i>	115	<i>budesonide oral</i>	98	CADUET.....	55
<i>bisoprolol fumarate oral</i>	51	<i>budesonide-formoterol fumarate</i>	148	<i>caffeine citrate oral</i>	56
<i>bisoprolol-hydrochlorothiazide</i>	55	<i>bumetanide oral</i>	66	<i>cal mag zinc +d3</i>	69
BLACK-DRAUGHT LAX-SENNA.....	115	BUMEX.....	66	<i>calamine external</i>	59
<i>blisovi 24 fe</i>	82	<i>buprenorphine</i>	139	<i>calamine external lotion</i>	59
<i>blisovi fe 1.5/30</i>	82	<i>buprenorphine hcl sublingual</i>	140	<i>calamine-zinc oxide external lotion</i>	59
<i>blisovi fe 1/20</i>	82	<i>buprenorphine hcl-naloxone hcl sublingual</i>		<i>calcipotriene external cream</i>	59
BONINE.....	24	<i>film 12-3 mg, 4-1 mg</i>	140	<i>calcipotriene external ointment</i>	59
BOOSTRIX.....	166	<i>buprenorphine hcl-naloxone hcl sublingual</i>		<i>calcipotriene external solution</i>	59
<i>boro-packs</i>	59	<i>film 2-0.5 mg, 8-2 mg</i>	140	<i>calcitonin (salmon) nasal</i>	121
<i>bosentan</i>	146	<i>buprenorphine hcl-naloxone hcl sublingual</i>		<i>calcitriol oral capsule</i>	121
BOSULIF.....	125	<i>tablet sublingual</i>	140	<i>calcitriol oral solution</i>	121
BOUDREAUXS BUTT PASTE EXTERNAL		<i>bupropion hcl er (smoking det)</i>	160	<i>calcium + vitamin d3 oral tablet 600-10 mg-</i>	
OINTMENT 40 %.....	59	<i>bupropion hcl er (sr)</i>	23	<i>mcg</i>	69
<i>bp 10-1</i>	59	<i>bupropion hcl er (xl) oral tablet extended</i>		<i>calcium 600</i>	69
<i>bp wash external liquid 2.5 %</i>	59	<i>release 24 hour 150 mg, 300 mg</i>	23	<i>calcium 600+d oral tablet 600-10 mg-mcg</i> ...	69
<i>b-plex plus</i>	169	<i>bupropion hcl oral</i>	23	<i>calcium 600+d oral tablet 600-5 mg-mcg</i>	74
BPROTECTED PEDIA D-VITE.....	74	<i>buspirone hcl oral</i>	47	<i>calcium acetate (phos binder)</i>	142
BPROTECTED PEDIA IRON.....	69	<i>butalbital-acetaminophen oral tablet 50-</i>		<i>calcium acetate oral tablet 667 mg</i>	142
BPROTECTED PEDIA POLY-VITE.....	74	<i>325 mg</i>	11	<i>calcium antacid</i>	92
BPROTECTED VITAMIN C.....	74	<i>butalbital-apap-caff-cod oral capsule 50-</i>		<i>calcium antacid extra strength</i>	92
BRAIN BUILDER KIDS.....	74	<i>325-40-30 mg</i>	139		

<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	69	<i>cal-gest antacid</i>	92	CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG, 420 MG.....	54
<i>calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg</i>	69	CALQUENCE.....	125	CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG..	54
<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>	69	<i>camila</i>	143	CARDURA.....	8
<i>calcium carbonate</i>	69	<i>camrese</i>	82	CARDURA XL.....	50
<i>calcium carbonate antacid oral suspension</i>	92	<i>camrese lo</i>	82	CAREPOINT POLY HUB NEEDLE 18G X 1".....	111
<i>calcium carbonate antacid oral tablet</i>	92	CANASA.....	8	CAREPOINT POLY HUB NEEDLE 25G X 5/8".....	122
<i>calcium carbonate antacid oral tablet chewable</i>	92	<i>candesartan cilexetil</i>	17	CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8".....	122
<i>calcium carbonate oral tablet 1500 (600 ca) mg</i>	69	<i>capecitabine</i>	44	CARESENS CONTROL SOLUTION A/B.....	63
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	69	CAPLYTA ORAL CAPSULE 42 MG.....	6	CARESENS S CONTROL SOLN A/B.....	63
<i>calcium citrate + d3 maximum</i>	69	CAPRELSA.....	125	CARETOUCH CONTROL SOL LEVEL 2... ..	63
<i>calcium citrate +d3</i>	70	<i>capsaicin cream 0.025 % external</i>	11	CARETOUCH HYPODERMIC NEEDLE 25G X 5/8".....	122
<i>calcium citrate +vitamin d3</i>	70	<i>capsaicin external cream 0.1 %</i>	11	<i>carglumic acid</i>	70
<i>calcium citrate oral tablet 950 (200 ca) mg</i> ..	70	<i>capsaicin hp</i>	11	CAROSPIR.....	66
<i>calcium citrate/vit d3</i>	70	<i>capsaicin pain relief</i>	11	<i>carteolol hcl</i>	137
<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	70	CAPSAID ES ARTHRITIS RELIEF.....	11	<i>cartia xt</i>	54
<i>calcium citrate+d3 oral tablet</i>	70	<i>captopril oral</i>	17	<i>carvedilol</i>	51
<i>calcium citrate+d3 w/magne</i>	70	<i>captopril-hydrochlorothiazide</i>	55	CATAPRES-TTS-1.....	7
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	70	CAPVAXIVE.....	166	CATAPRES-TTS-2.....	7
<i>calcium fast dissolution</i>	70	<i>capzix</i>	11	CAYA.....	122
<i>calcium high potency</i>	70	CARAFATE.....	144	CAYSTON.....	57
<i>calcium high potency/vitamin d</i>	70	<i>carbamazepine er</i>	162	<i>cefaclor oral capsule</i>	51
<i>calcium oral tablet 1500 (600 ca) mg</i>	70	<i>carbamazepine oral suspension 100 mg/5ml</i>	162	<i>cefadroxil</i>	51
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	70	<i>carbamazepine oral tablet</i>	162	<i>cefdinir</i>	51
<i>calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>	70	<i>carbamazepine oral tablet chewable 100 mg</i>	162	<i>cefixime oral capsule</i>	51
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i>	74	CARBATROL.....	162	<i>cefpodoxime proxetil oral tablet</i>	51
<i>calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg</i>	70	<i>carbidopa oral</i>	67	<i>cefprozil</i>	51
<i>calcium-vitamin d3 oral tablet</i>	70	<i>carbidopa-levodopa er oral tablet extended release</i>	67	<i>cefuroxime axetil</i>	51
		<i>carbidopa-levodopa oral tablet</i>	67	<i>celecoxib oral</i>	130
		<i>carboxymethylcellulose sod pf ophthalmic solution</i>	132	CELEXA.....	163
		<i>carboxymethylcellulose sodium ophthalmic solution</i>	132	CELONTIN.....	55
		CARDIZEM.....	54	CENTRUM FLAVOR BURST KIDS.....	169
		CARDIZEM CD.....	54	CENTRUM KIDS.....	169

CENTRUM KIDS MULTIGUMMIES.....	169	<i>childrens multi plus immune</i>	74	CITRUCEL.....	115
CENTRUM MENOPAUSE MIND/MOOD...	169	<i>childrens non-aspirin</i>	11	<i>claravis</i>	59
CENTRUM SPECIALIST PRENATAL.....	169	<i>children's pain/fever</i>	11	<i>clarithromycin er</i>	120
<i>cephalexin oral capsule 250 mg, 500 mg</i>	51	<i>childrens soothe</i>	92	<i>clarithromycin oral</i>	120
<i>cephalexin oral suspension reconstituted</i>	51	<i>childrens vitamins/extra c</i>	74	CLARITIN-D 12 HOUR.....	32
<i>cerovite jr</i>	169	<i>childrens vitamins/iron</i>	74	CLARITIN-D 24 HOUR.....	32
<i>cetirizine allergy relief</i>	35	<i>childrens/extra c</i>	74	<i>classic prenatal</i>	169
<i>cetirizine hcl oral solution</i>	35	<i>childs non-aspirin</i>	11	<i>c-lax laxative</i>	115
<i>cetirizine hcl oral tablet</i>	35	<i>chlordiazepoxide hcl</i>	50	CLEARASIL RAPID RESCUE DEEP	
<i>cetirizine-pseudoephedrine er</i>	31	<i>chlorhexidine gluconate mouth/throat</i>	58	EXTERNAL LIQUID.....	122
<i>charlotte 24 fe</i>	82	<i>chloroquine phosphate oral</i>	45	<i>clearlax oral powder 17 gm/scoop</i>	113
<i>chateal eq</i>	82	<i>chlorpromazine hcl oral tablet</i>	6	<i>clearskin</i>	60
CHEMET.....	80	<i>chlorthalidone</i>	66	<i>clemastine fumarate oral tablet</i>	36
CHEMSTRIP 10 MD.....	63	<i>chlorzoxazone oral tablet 500 mg</i>	159	CLIMARA.....	82
CHEMSTRIP 10/SG.....	63	CHOLBAM.....	97	CLIMARA PRO.....	82
CHEMSTRIP 2 GP.....	63	<i>cholecalciferol oral</i>	74	<i>clindamycin hcl oral capsule 150 mg, 300</i>	
CHEMSTRIP 5 OB.....	63	<i>cholestyramine light oral powder</i>	68	<i>mg</i>	20
CHEMSTRIP 7.....	63	<i>cholestyramine oral packet</i>	68	<i>clindamycin palmitate hcl</i>	20
CHEMSTRIP 9.....	63	<i>cholestyramine oral powder</i>	68	<i>clindamycin phos (once-daily)</i>	60
CHEMSTRIP K.....	63	CHORIONIC GONADOTROPIN		<i>clindamycin phos (twice-daily)</i>	60
CHEMSTRIP UGK.....	63	INTRAMUSCULAR.....	105	<i>clindamycin phosphate external lotion</i>	60
<i>chest congestion relief dm oral syrup</i>	148	<i>ciclodan</i>	27	<i>clindamycin phosphate external solution</i>	60
<i>chest congestion relief oral liquid</i>	148	<i>ciclopirox external solution</i>	27	<i>clindamycin phosphate external swab</i>	60
<i>chest congestion relief oral tablet</i>	148	<i>cilostazol</i>	142	<i>clindamycin phosphate vaginal</i>	20
<i>chewable c with rose hips</i>	74	CIMDUO.....	40	<i>clobazam oral suspension 2.5 mg/ml</i>	88
<i>chewable childrens vitamin</i>	169	<i>cimetidine hcl</i>	101	<i>clobazam oral tablet</i>	88
<i>chewy not chalky flavor</i>	92	<i>cimetidine oral tablet 200 mg</i>	101	<i>clobetasol prop emollient base</i>	102
<i>childrens allergy oral liquid 12.5 mg/5ml</i>	36	<i>cimetidine oral tablet 300 mg, 400 mg, 800</i>		<i>clobetasol propionate e</i>	102
<i>childrens animal shapes</i>	169	<i>mg</i>	101	<i>clobetasol propionate external cream 0.05</i>	
<i>childrens apap</i>	11	<i>cinacalcet hcl</i>	121	%.....	102
<i>childrens aspirin oral tablet chewable 81</i>		CIPRO ORAL SUSPENSION		<i>clobetasol propionate external ointment</i>	103
<i>mg</i>	130	RECONSTITUTED.....	146	<i>clobetasol propionate external solution</i>	103
<i>childrens chewable vitamins</i>	74	<i>ciprofloxacin hcl ophthalmic</i>	136	<i>clomipramine hcl oral</i>	165
<i>childrens chewables/ex c</i>	74	<i>ciprofloxacin hcl oral</i>	146	<i>clonazepam oral</i>	50
<i>childrens chewables/iron</i>	74	<i>ciprofloxacin-dexamethasone</i>	141	<i>clonidine hcl er</i>	49
<i>childrens complete oral tablet chewable 18</i>		<i>citalopram hydrobromide oral solution 10</i>		<i>clonidine hcl oral</i>	7
<i>mg</i>	169	<i>mg/5ml</i>	163	<i>clopidogrel bisulfate oral</i>	142
<i>childrens loratadine</i>	36	<i>citalopram hydrobromide oral tablet</i>	163	<i>clorazepate dipotassium</i>	50
<i>childrens multi</i>	169	<i>citroma</i>	115	<i>clotrimazole 3</i>	27

<i>clotrimazole external</i>	27	CONTOUR NEXT EZ KIT W/DEVICE	63	COZAAR.....	17
<i>clotrimazole mouth/throat</i>	27	CONTOUR NEXT GEN MONITOR KIT		CREON.....	97
<i>clotrimazole vaginal</i>	27	W/DEVICE	63	CRESTOR.....	68
<i>clotrimazole-betamethasone</i>	60	CONTOUR NEXT GEN TEST STRIPS.....	63	CRITIC-AID CLEAR AF	27
<i>clozapine oral tablet</i>	165	CONTOUR NEXT ONE KIT W/DEVICE.....	63	<i>cromolyn sodium inhalation</i>	120
<i>codeine sulfate</i>	139	CONTOUR PLUS BLUE KIT W/DEVICE.....	63	<i>cromolyn sodium nasal</i>	120
COLACE.....	115	CONTOUR PLUS CONTROL SOLUTION...63		<i>cromolyn sodium ophthalmic</i>	136
<i>colchicine oral capsule</i>	29	CONTOUR PLUS TEST STRIP	63	CRUEX PRESCRIPTION STRENGTH.....	27
<i>colchicine oral tablet</i>	29	CONTOUR TEST STRIPS	64	<i>cryselle</i>	82
<i>colchicine-probenecid</i>	29	COOL MIST HUMIDIFER.....	122	CULTURELLE ADULT ULT BALANCE.....	92
<i>cold & allergy</i>	148	COOL MIST HUMIDIFIER.....	122	CULTURELLE DIGESTIVE DAILY PRO.....	92
<i>cold & allergy d max strength</i>	148	COREG.....	51	CULTURELLE DIGESTIVE HEALTH	
<i>cold & cough childrens</i>	148	COREG CR.....	51	ORAL CAPSULE.....	92
<i>cold & sinus</i>	148	CORLANOR.....	55	CULTURELLE HEALTH (INULIN).....	92
<i>cold & sinus relief oral tablet 30-200 mg</i>	148	<i>corn & callus remover</i>	122	CULTURELLE ULTIMATE STRENGTH.....	93
<i>cold/cough</i>	148	<i>corn and callus remover</i>	122	CULTURELLE WOMENS 4 IN 1.....	93
<i>cold/cough childrens</i>	148	<i>cortisone maximum strength external</i>		CURANOL.....	11
<i>cold/cough dm childrens oral liquid 2.5-1-5</i>		<i>cream</i>	103	CURELIEF	36
<i>mg/5ml</i>	148	COSENTYX SUBCUTANEOUS		<i>cyanocobalamin injection solution 1000</i>	
<i>colesevelam hcl oral packet</i>	68	SOLUTION AUTO-INJECTOR 150 MG/ML.	60	<i>mcg/ml</i>	169
<i>colesevelam hcl oral tablet</i>	68	COSENTYX SUBCUTANEOUS		<i>cyclobenzaprine hcl oral tablet 10 mg, 5</i>	
COLESTID.....	68	SOLUTION PREFILLED SYRINGE 150		<i>mg</i>	159
COMBIGAN.....	137	MG/ML, 75 MG/0.5ML.....	60	<i>cyclopentolate hcl ophthalmic</i>	132
COMBIPATCH.....	82	COSENTYX UNOREADY	60	<i>cyclophosphamide oral capsule</i>	7
COMETRIQ (100 MG DAILY DOSE).....	125	COSOPT	137	CYCLOPHOSPHAMIDE ORAL TABLET.....	7
COMETRIQ (140 MG DAILY DOSE).....	125	COSOPT PF	137	<i>cycloserine oral</i>	47
COMETRIQ (60 MG DAILY DOSE).....	125	COTELLIC.....	125	CYCLOSET	23
<i>comfort gel</i>	92	<i>cough & chest congestion</i>	148	<i>cyclosporine modified</i>	109
<i>comfort gel antacid anti-gas oral</i>		<i>cough & cold</i>	156	<i>cyclosporine ophthalmic</i>	133
<i>suspension 400-400-40 mg/5ml</i>	92	<i>cough & cold hbp</i>	156	<i>cyclosporine oral</i>	109
COMIRNATY.....	166	<i>cough childrens</i>	148	<i>cyproheptadine hcl oral</i>	36
COMIRNATY 5-11 YEARS.....	166	<i>cough dm childrens</i>	148	<i>cyred eq</i>	82
<i>complete allergy medicine</i>	36	<i>cough dm er</i>	148	CYSTAGON.....	97
<i>complete allergy medicine oral capsule</i>	36	<i>cough dm oral suspension extended</i>		CYSTARAN.....	133
<i>complete allergy relief</i>	36	<i>release 30 mg/5ml</i>	148	CYTOMEL.....	106
COMPLETE NATAL DHA.....	169	<i>cough relief childrens</i>	148	CYTOTEC.....	144
COMPLETENATE.....	169	<i>cough/cold hbp</i>	156	<i>d3 high potency oral capsule 25 mcg, 25</i>	
CONDOMS.....	122	COVARYX.....	82	<i>mcg (1000 ut)</i>	74
<i>constulose</i>	115	COVARYX HS.....	82		

<i>d3 high potency oral capsule 250 mcg (10000 ut)</i>	75	DECARA ORAL CAPSULE 625 MCG (25000 UT).....	75	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	103
<i>d3 max st</i>	75	<i>deep sea nasal spray</i>	156	<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	103
<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	75	<i>deferasirox granules</i>	80	<i>dexamethasone sodium phosphate ophthalmic</i>	138
<i>d3 oral capsule 125 mcg (5000 ut)</i>	75	<i>deferasirox oral packet</i>	80	DEXCOM G6 RECEIVER.....	64
<i>d3 oral capsule 25 mcg (1000 ut)</i>	75	<i>deferasirox oral tablet</i>	80	DEXCOM G6 SENSOR.....	64
<i>d3 oral capsule 250 mcg (10000 ut)</i>	75	<i>deferasirox oral tablet soluble</i>	80	DEXCOM G6 TRANSMITTER.....	123
<i>d-3-5</i>	75	DELSTRIGO.....	39	DEXCOM G7 15 DAY SENSOR.....	64
<i>d3-50</i>	75	DELSYM CGH/CHEST CONG DM CHILD	148	DEXCOM G7 RECEIVER.....	64
<i>dabigatran etexilate mesylate</i>	22	DELSYM COUGH CHILDRENS.....	148	DEXCOM G7 SENSOR.....	64
<i>daily acne wash</i>	122	DELSYM COUGH/CHEST CONGEST DM	148	DEXILANT.....	145
<i>daily fiber oral capsule 0.52 gm</i>	113	DELSYM ORAL SUSPENSION		<i>dexmethylphenidate hcl</i>	49
<i>daily fiber oral powder 43 %</i>	113	EXTENDED RELEASE.....	148	<i>dexmethylphenidate hcl er</i>	49
<i>daily multiple vitamins</i>	169	<i>delyla</i>	82	<i>dextroamphetamine sulfate er</i>	48
<i>daily multivitamins/iron</i>	75	DENGVAXIA.....	166	<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	48
<i>daily probiotic supplement</i>	93	DENTA 5000 PLUS.....	58	<i>dextromethorphan polistirex er</i>	149
<i>daily vitamins</i>	169	DENTAGEL.....	58	<i>dextromethorphan-guaifenesin oral syrup</i> ..	149
<i>daily vite</i>	169	DEPAKOTE.....	128	DIALYVITE 800 ORAL TABLET.....	170
<i>daily vites</i>	169	DEPAKOTE ER.....	128	DIALYVITE VITAMIN D 5000.....	75
<i>daily-vite</i>	170	DEPAKOTE SPRINKLES.....	128	<i>diamode</i>	93
<i>dalfampridine er</i>	128	DEPLIN MA.....	75	<i>diaper rash external ointment</i>	60
DALIRESP.....	142	DEPLINPRO MOOD HEALTH.....	75	<i>diazepam oral solution</i>	50
<i>danazol oral</i>	16	DEPO-ESTRADIOL.....	82	<i>diazepam oral tablet</i>	50
<i>dantrolene sodium oral</i>	159	DEPO-TESTOSTERONE SOLUTION 200		<i>diazepam rectal gel 10 mg, 20 mg</i>	88
DAPAGLIFLOZIN PROPANEDIOL.....	23	MG/ML INTRAMUSCULAR.....	16	<i>diazoxide oral</i>	100
<i>dapsone oral</i>	44	DERMELEVE ENHANCED FORMULA.....	60	<i>diclofenac potassium oral tablet 50 mg</i>	130
DAPTACEL.....	166	DESCOVY.....	40	<i>diclofenac sodium er</i>	130
<i>darifenacin hydrobromide er</i>	46	DESENEX.....	27	<i>diclofenac sodium external solution 1.5 %</i> ..	130
<i>darunavir</i>	41	DESGEN DM ORAL LIQUID.....	32	<i>diclofenac sodium ophthalmic</i>	138
<i>dasatinib</i>	125	<i>desipramine hcl oral</i>	165	<i>diclofenac sodium oral</i>	130
<i>dasetta 1/35 (28)</i>	82	<i>desmopressin ace spray refrig</i>	105	<i>dicloxacillin sodium</i>	52
<i>dasetta 7/7/7</i>	82	<i>desmopressin acetate oral</i>	105	<i>dicyclomine hcl oral capsule</i>	46
DAURISMO.....	125	<i>desmopressin acetate spray</i>	105	<i>dicyclomine hcl oral solution 10 mg/5ml</i>	46
DAYHIST ALLERGY 12 HOUR RELIEF.....	36	<i>desogestrel-ethinyl estradiol</i>	82	<i>dicyclomine hcl oral tablet 20 mg</i>	46
<i>daysee</i>	82	<i>destress-iron</i>	75	DIFICID ORAL SUSPENSION	
<i>deblitane</i>	143	<i>desvenlafaxine succinate er</i>	163	RECONSTITUTED.....	120
DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	75	<i>dexamethasone intensol</i>	103		
		<i>dexamethasone oral elixir</i>	103		
		<i>dexamethasone oral solution</i>	103		

<i>digestive probiotic oral capsule</i>	93	<i>divalproex sodium oral tablet delayed release</i>	128	<i>drospirenone-ethinyl estradiol</i>	82
<i>digestive probiotic oral capsule 250 mg</i>	93	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM	82	DROXIA ORAL CAPSULE 200 MG, 300 MG	44
<i>digoxin oral solution</i>	55	DIVIGEL TRANSDERMAL GEL 1 MG/GM ..	82	DROXIA ORAL CAPSULE 400 MG	44
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	55	<i>dm maximum adult</i>	149	<i>dry-eye relief nighttime</i>	133
<i>dihydroergotamine mesylate injection</i>	81	<i>docosanol external</i>	62	dss	115
DILANTIN INFATABS	162	<i>docusate calcium</i>	115	DUAVEE	82
DILANTIN ORAL CAPSULE 100 MG	162	<i>docusate mini</i>	115	DUETACT	23
DILANTIN ORAL CAPSULE 30 MG	162	<i>docusate sodium oral</i>	115	DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	149
<i>diltiazem hcl er beads</i>	54	<i>docusate sodium/senna</i>	115	<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	87
<i>diltiazem hcl er coated beads</i>	54	DOCUZEN	115	DUPIXENT	60
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	54	<i>dofetilide</i>	19	DUREX EXTRA SENSITIVE THIN	123
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	54	<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	56	DUREX TROPICAL	123
<i>diltiazem hcl oral</i>	54	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	137	<i>dutasteride oral</i>	50
<i>dilt-xr</i>	54	<i>dorzolamide hcl solution 2 % ophthalmic</i> ..	137	D-VI-SOL	75
DIMETANE ALLERGY RELIEF	36	<i>dorzolamide hcl-timolol mal</i>	137	<i>d-vite pediatric</i>	75
DIMETANE ALLERGY RELIEF EX ST	36	<i>dotti</i>	82	DYRENIUM	66
DIMETAPP COUGH & ALLERGY CHILD ...	36	<i>double antibiotic</i>	20	e	170
<i>dimethyl fumarate oral</i>	128	DOVATO	38	E.E.S. 400	120
<i>dimethyl fumarate starter pack</i>	128	<i>doxazosin mesylate oral</i>	8	e-400-clear	170
DIOVAN	17	<i>doxepin hcl oral capsule</i>	165	EASIVENT	123
DIOVAN HCT	55	<i>doxepin hcl oral concentrate</i>	165	EASIVENT MASK LARGE	123
DIPENTUM	8	<i>doxycycline hyclate oral capsule</i>	164	EASIVENT MASK MEDIUM	123
<i>diphen</i>	36	<i>doxycycline hyclate oral tablet 100 mg</i>	164	EASIVENT MASK SMALL	123
<i>diphenhydramine hcl childrens</i>	36	<i>doxycycline monohydrate oral capsule 100 mg</i>	164	EASY TOUCH HEALTHPRO HIGH/LOW ...	64
<i>diphenhydramine hcl oral capsule</i>	36	<i>doxycycline monohydrate oral capsule 50 mg</i>	164	EASY-C IMMUNE HEALTH	75
<i>diphenhydramine hcl oral liquid</i>	36	DR SCHOLLS ODOR-X ATHLETE FOOT ...	27	EASYGEL	58
<i>diphenhydramine hcl oral tablet</i>	36	DR SMITHS DIAPER	60	<i>easy-lax plus</i>	116
<i>diphenoxylate-atropine</i>	93	<i>driminate tablet 50 mg oral</i>	24	EASYMAX 15 LEVEL 2 CONTROL	64
<i>dipyridamole oral</i>	142	DRIMINATE TABLET 50 MG ORAL	24	EASYMAX 15 LEVEL 2-3 CONTROL	64
<i>disopyramide phosphate</i>	19	DRISDOL	170	<i>econtra one-step</i>	143
<i>disulfiram oral tablet 250 mg</i>	7	<i>dronabinol</i>	80	ED A-HIST ORAL LIQUID	32
<i>disulfiram oral tablet 500 mg</i>	7	DROPSAFE ALCOHOL PREP	123	<i>ed bron gp</i>	156
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	128	DROPSAFE SICURA 25G X 5/8"	123	<i>ed chlorped jr</i>	36
<i>divalproex sodium oral capsule delayed release sprinkle</i>	128			<i>ed-apap</i>	11
				EDARBI	17
				EDARBYCLOR	55

EDECIN.....	66	EMETROL ORAL SOLUTION.....	24	ERLEADA ORAL TABLET 60 MG.....	18
EDURANT.....	39	EMGALITY.....	54	<i>erlotinib hcl</i>	125
EDURANT PED.....	39	EMGALITY (300 MG DOSE).....	54	<i>errin</i>	143
EEMT.....	82	<i>emtricitabine</i>	40	<i>erythromycin base oral capsule delayed</i>	
<i>efavirenz</i>	39	<i>emtricitabine-tenofovir df</i>	40	<i>release particles</i>	120
<i>efavirenz-emtricitab-tenofo df</i>	39	<i>emtricitab- rilpivir-tenofov df</i>	39	<i>erythromycin base oral tablet</i>	120
<i>efavirenz-lamivudine-tenofovir</i>	39	EMTRIVA ORAL SOLUTION.....	40	<i>erythromycin base oral tablet delayed</i>	
EFFER-K ORAL TABLET		<i>emzahh</i>	143	<i>release 333 mg, 500 mg</i>	120
EFFERVESCENT 10 MEQ, 20 MEQ.....	75	<i>enalapril maleate oral solution</i>	17	<i>erythromycin ethylsuccinate oral</i>	
<i>effe-r-k oral tablet effervescent 25 meq</i>	70	<i>enalapril maleate oral tablet</i>	17	<i>suspension reconstituted</i>	120
EFFEXOR XR.....	163	<i>enalapril-hydrochlorothiazide</i>	55	<i>erythromycin external</i>	60
EFFIENT.....	142	ENBREL.....	109	<i>erythromycin ophthalmic</i>	136
EGRIFTA SV.....	105	ENDACOF-DM.....	149	<i>erythromycin oral tablet delayed release</i>	
<i>electrolyte</i>	70	<i>endocet oral tablet 10-325 mg, 5-325 mg,</i>		<i>333 mg, 500 mg</i>	120
<i>electrolyte adv care</i>	70	<i>7.5-325 mg</i>	139	<i>escitalopram oxalate oral solution</i>	163
<i>electrolyte solution</i>	70	<i>enema</i>	93	<i>escitalopram oxalate oral tablet</i>	163
ELEPSIA XR.....	22	<i>enema disposable</i>	93	<i>esomeprazole magnesium oral capsule</i>	
<i>eletriptan hydrobromide</i>	158	<i>enema mineral oil rectal enema</i>	113	<i>delayed release</i>	145
<i>elinest</i>	82	<i>enema ready-to-use</i>	93	<i>esomeprazole magnesium oral packet</i>	145
ELIQUIS DVT/PE STARTER PACK.....	22	ENEMEEZ MINI.....	116	<i>essential one daily</i>	170
ELIQUIS ORAL TABLET.....	22	ENFAMIL ENFALYTE.....	70	<i>essentials</i>	170
<i>elixophyllin</i>	142	ENFAMIL EXPECTA.....	170	<i>estarylla</i>	82
ELLA.....	143	ENGERIX-B.....	166	<i>estradiol oral</i>	82
<i>eltrombopag olamine</i>	52	<i>enilloring</i>	82	<i>estradiol transdermal patch twice weekly</i>	82
<i>eluryng</i>	82	<i>enoxaparin sodium</i>	22	<i>estradiol transdermal patch weekly</i>	82
EMBECTA AUTOSHIELD DUO.....	123	<i>enskyce</i>	82	<i>estradiol vaginal</i>	82
EMBECTA INS SYR U/F 1/2 UNIT.....	123	<i>entacapone</i>	45	<i>estradiol-norethindrone acet oral tablet 0.5-</i>	
EMBECTA INSULIN SYR ULTRAFINE.....	123	<i>entecavir</i>	29	<i>0.1 mg</i>	82
EMBECTA INSULIN SYRINGE U-500.....	123	<i>enteric aspirin</i>	130	<i>estradiol-norethindrone acet oral tablet 1-</i>	
EMBECTA PEN NEEDLE NANO.....	64	<i>enteric coated aspirin</i>	130	<i>0.5 mg</i>	83
EMBECTA PEN NEEDLE NANO 2 GEN.....	64	ENTRESTO ORAL TABLET.....	55	ESTROGEL.....	83
EMBECTA PEN NEEDLE ULTRAFINE		<i>enulose</i>	116	<i>eszopiclone</i>	87
29G X 12.7MM.....	123	EPANED.....	17	<i>ethambutol hcl oral tablet 100 mg</i>	47
EMBECTA PEN NEEDLE ULTRAFINE		<i>epinephrine injection solution auto-injector</i> ..	53	<i>ethambutol hcl oral tablet 400 mg</i>	47
31G X 5 MM , 31G X 8 MM.....	123	<i>eplerenone</i>	66	<i>ethosuximide oral</i>	55
EMBECTA PEN NEEDLE ULTRAFINE		EPOGEN.....	52	<i>ethynodiol diac-eth estradiol</i>	83
32G X 6 MM.....	64	<i>ergocalciferol oral capsule</i>	170	<i>etodolac</i>	130
EMERGEN-C KIDZ DAILY IMMUNE.....	170	ERIVEDGE.....	125	<i>etonogestrel-ethinyl estradiol</i>	83
EMERGEN-C KIDZ IMMUNE+.....	170	ERLEADA ORAL TABLET 240 MG.....	18	<i>etoposide oral</i>	80

<i>etravirine</i>	39	<i>febuxostat</i>	29	<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	71
EUCRISA.....	60	<i>feirza 1.5/30</i>	83	<i>ferrous sulfate oral tablet delayed release</i> ...	71
EVAC.....	113	<i>feirza 1/20</i>	83	FETZIMA.....	163
EVAMIST.....	83	<i>felbamate oral suspension</i>	99	<i>fever reducing childrens</i>	12
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	109	<i>felbamate oral tablet</i>	99	<i>feverall childrens</i>	12
.....	125	FELBATOL.....	99	FEVERALL INFANTS.....	12
<i>everolimus oral tablet 7.5 mg</i>	125	<i>felodipine er</i>	54	FEVERALL JUNIOR STRENGTH.....	12
<i>everolimus oral tablet soluble</i>	126	FEMARA.....	47	<i>fe-vite iron</i>	71
EVISTA.....	158	FEMRING.....	83	<i>fexofenadine hcl oral</i>	36
EVOTAZ.....	41	<i>fenofibrate micronized oral capsule 130 mg</i>	67	<i>fiber laxative</i>	113
EVOXAC.....	58	<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	67	<i>fiber laxative + calcium</i>	113
EXCEDRIN EXTRA STRENGTH.....	11	<i>fenofibrate micronized oral capsule 43 mg</i> ..	67	<i>fiber laxative oral capsule 0.52 gm</i>	113
EXCEDRIN MIGRAINE.....	11	<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	67	<i>fiber oral capsule 0.52 gm</i>	113
EXCEDRIN MIGRAINE RELIEF.....	12	<i>fenofibrate oral capsule 150 mg, 50 mg</i>	67	<i>fiber oral powder 28.3 %</i>	113
EXELON.....	56	<i>fenofibrate oral tablet</i>	67	<i>fiber oral powder 43 %</i>	113
<i>exemestane</i>	47	FENSOLVI (6 MONTH).....	107	<i>fiber oral tablet 500 mg</i>	116
EXFORGE.....	55	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	139	<i>fiber oral tablet 625 mg</i>	113
EX-LAX MAXIMUM STRENGTH.....	116	<i>ferate</i>	75	<i>fiber therapy oral capsule 0.52 gm</i>	113
EX-LAX ULTRA.....	116	FER-IN-SOL.....	70	<i>fiber therapy oral powder 28.3 %</i>	113
<i>eye drops adv relief</i>	133	<i>ferosul</i>	71	<i>fiber therapy oral tablet 500 mg</i>	116
<i>eye drops advanced relief</i>	133	<i>ferretts</i>	71	<i>fiber therapy oral tablet 625 mg</i>	113
<i>eye drops long lasting</i>	133	<i>ferrex 150 capsule 150 mg oral</i>	71	<i>fiber-caps</i>	114
<i>eye drops ophthalmic solution 0.05 %</i>	123	FERREX 150 CAPSULE 150 MG ORAL.....	71	<i>fiber-lax</i>	114
<i>eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	133	FERRIC X-150.....	71	<i>fidaxomicin</i>	120
<i>eye drops ophthalmic solution 0.05-0.25 %</i>	133	<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	71	<i>finasteride oral tablet 5 mg</i>	50
<i>eye lubricant</i>	133	<i>ferrous gluconate</i>	75	<i>fingolimod hcl</i>	128
EYES ALIVE.....	133	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	75	<i>finzala</i>	83
<i>ezetimibe</i>	68	<i>ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	75	<i>first aid antibiotic external ointment , 3.5-400-5000</i>	20
EZFE 200.....	70	<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	75	<i>first aid antiseptic external solution 10 %</i>	20
<i>falmina</i>	83	<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml</i>	71	FIRVANQ.....	20
<i>famotidine acid reducer oral tablet 10 mg</i> ..	101	<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	71	FLANAX.....	130
<i>famotidine oral suspension reconstituted</i> ...	101			<i>flecainide acetate</i>	19
<i>famotidine oral tablet</i>	101			FLEET ENEMA RECTAL ENEMA , 7-19	
<i>famotidine orig st</i>	101			GM/118ML.....	93
FARESTON.....	25			FLEET LAXATIVE MINERAL OIL.....	114
FASENRA PEN.....	149			FLEET MINI ENEMA.....	116
				FLEET OIL.....	114
				FLEET PEDIATRIC.....	93

FLEET STIMULANT.....	116	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....</i>	149	FREESTYLE LIBRE READER.....	65
FLEET STOOL SOFTENER.....	116	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.....	149	freeze dried acidophilus.....	93
FLINTSTONES + EXTRA IRON.....	170	<i>fluvastatin sodium er.....</i>	68	FRESKARO MAGNESIUM CITRATE.....	116
FLINTSTONES COMPLETE.....	170	<i>fluvastatin sodium oral capsule 20 mg.....</i>	68	<i>frovatriptan succinate.....</i>	158
FLORA VANCE.....	93	<i>fluvastatin sodium oral capsule 40 mg.....</i>	68	<i>fruity c.....</i>	75
<i>floranex tablet oral.....</i>	93	<i>fluvoxamine maleate.....</i>	163	<i>ft 7 day vaginal.....</i>	27
FLORANEX TABLET ORAL.....	93	<i>fluvoxamine maleate er.....</i>	163	<i>ft enema.....</i>	93
FLORAVITA MINI.....	75	FLUZONE HIGH-DOSE.....	167	<i>ft glucose.....</i>	100
FLUAD.....	166	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	167	<i>full spectrum b/vitamin c.....</i>	170
FLUARIX.....	166	FOLAGENT DHA.....	75	<i>fungi-guard.....</i>	27
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	166	FOLAMED DHA.....	75	<i>furosemide oral solution 10 mg/ml.....</i>	66
<i>fluconazole oral.....</i>	27	<i>folic acid oral tablet 1 mg, 800 mcg.....</i>	170	<i>furosemide oral solution 8 mg/ml.....</i>	66
<i>fludrocortisone acetate oral.....</i>	103	<i>folic acid oral tablet 400 mcg.....</i>	170	<i>furosemide oral tablet.....</i>	66
FLULAVAL.....	167	FONDCIRCLE ELECTRONIC PEAK FLO.....	123	<i>fyavolv oral tablet 0.5-2.5 mg-mcg.....</i>	83
<i>fluocinolone acetonide body.....</i>	103	<i>foot & sneaker.....</i>	27	<i>fyavolv oral tablet 1-5 mg-mcg.....</i>	83
<i>fluocinolone acetonide external cream 0.025 %.....</i>	103	<i>for sty relief.....</i>	133	<i>g tussin ac.....</i>	149
<i>fluocinolone acetonide external ointment... ..</i>	103	FOSAMAX.....	121	<i>gabapentin oral capsule.....</i>	88
<i>fluocinolone acetonide external solution....</i>	103	<i>fosamprenavir calcium.....</i>	41	<i>gabapentin oral solution 250 mg/5ml.....</i>	88
<i>fluocinolone acetonide scalp.....</i>	103	<i>fosinopril sodium.....</i>	17	<i>gabapentin oral tablet 600 mg, 800 mg.....</i>	88
<i>fluocinonide emulsified base.....</i>	103	<i>fosinopril sodium-hctz.....</i>	55	<i>galantamine hydrobromide er.....</i>	56
<i>fluocinonide external cream.....</i>	103	FOSRENOL ORAL TABLET CHEWABLE 1000 MG.....	142	<i>galantamine hydrobromide oral solution.....</i>	56
<i>fluocinonide external solution.....</i>	103	FOSRENOL ORAL TABLET CHEWABLE 500 MG, 750 MG.....	142	<i>galantamine hydrobromide oral tablet 12 mg, 8 mg.....</i>	56
<i>fluorometholone.....</i>	138	FREE + PURE DAILY PROBIOTIC.....	93	<i>galantamine hydrobromide oral tablet 4 mg.....</i>	56
<i>fluorouracil external cream 5 %.....</i>	60	FREESTYLE LIBRE 14 DAY READER.....	64	<i>gallifrey.....</i>	143
<i>fluorouracil external solution.....</i>	60	FREESTYLE LIBRE 14 DAY SENSOR.....	64	GARDASIL 9.....	167
<i>fluoxetine hcl oral capsule.....</i>	163	FREESTYLE LIBRE 2 PLUS SENSOR.....	64	<i>gas relief extra st.....</i>	93
<i>fluoxetine hcl oral solution.....</i>	163	FREESTYLE LIBRE 2 READER.....	64	<i>gas relief extra strength oral tablet chewable 125 mg.....</i>	93
<i>fluoxetine hcl oral tablet.....</i>	163	FREESTYLE LIBRE 2 SENSOR.....	64	<i>gas relief infants oral suspension 20 mg/0.3ml.....</i>	93
<i>fluphenazine decanoate injection.....</i>	6	FREESTYLE LIBRE 3 PLUS SENSOR.....	64	<i>gas relief oral capsule 125 mg.....</i>	93
<i>fluphenazine hcl injection.....</i>	6	FREESTYLE LIBRE 3 READER.....	64	<i>gas relief oral tablet chewable 80 mg.....</i>	93
<i>fluphenazine hcl oral.....</i>	6	FREESTYLE LIBRE 3 SENSOR.....	64	<i>gas relief ultra strength.....</i>	93
<i>flurbiprofen sodium.....</i>	138			GAS-X EXTRA STRENGTH ORAL CAPSULE.....	94
FLUTICASONE FUROATE ELLIPTA.....	42			GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE.....	94
<i>fluticasone propionate external cream.....</i>	103			GAS-X ULTRA STRENGTH.....	94
<i>fluticasone propionate external ointment... ..</i>	103				
FLUTICASONE PROPIONATE HFA.....	42				
<i>fluticasone propionate nasal.....</i>	42				

GATTEX.....	94	<i>glatiramer acetate</i>	128	<i>guaifed</i>	149
<i>gavilax oral powder</i>	114	<i>glatopa</i>	128	<i>guaifenesin er oral tablet extended release</i>	
<i>gavilyte-c</i>	116	<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	23	<i>12 hour 1200 mg</i>	149
<i>gavilyte-g</i>	116	<i>glipizide er</i>	23	<i>guaifenesin oral liquid</i>	149
<i>gavilyte-n with flavor pack</i>	116	<i>glipizide oral tablet 10 mg, 5 mg</i>	23	<i>guaifenesin oral tablet 400 mg</i>	149
GAVISCON EXTRA STRENGTH.....	94	GLOPERBA.....	29	<i>guaifenesin-codeine</i>	149
<i>gefitinib</i>	126	<i>glucagon emergency injection solution</i>		<i>guaifenesin-dm oral syrup</i>	149
GELUSIL.....	94	<i>reconstituted 1 mg</i>	100	<i>guanfacine hcl</i>	7
<i>gemfibrozil oral</i>	67	GLUCAGON EMERGENCY INJECTION		<i>guanfacine hcl er</i>	49
<i>generlac</i>	116	SOLUTION RECONSTITUTED 1 MG/ML.	100	<i>gummy dinos</i>	170
<i>gengraf oral capsule</i>	109	GLUCO TO GO.....	100	<i>gummy multivitamin kids</i>	170
<i>gentamicin sulfate external</i>	8	GLUCOSE CONTROL SOLUTIONS.....	64	GVOKE HYPOPEN 1-PACK.....	100
<i>gentamicin sulfate ophthalmic</i>	136	<i>glucose oral tablet chewable 4 gm</i>	100	GVOKE HYPOPEN 2-PACK.....	100
GENTEAL SEVERE.....	133	GLUCOTROL XL.....	23	GVOKE KIT.....	100
GENTEAL TEARS MODERATE PF.....	133	<i>glyburide</i>	23	GVOKE PFS.....	100
GENTEAL TEARS NIGHT-TIME.....	133	<i>glyburide-metformin</i>	23	<i>habitrol</i>	160
GENTEAL TEARS OPHTHALMIC		<i>glycerin (adult) rectal suppository 2 gm</i>	116	HADLIMA.....	109
SOLUTION 0.1-0.2-0.3 %.....	133	<i>glycerin (child)</i>	116	HADLIMA PUSH TOUCH.....	109
GENTEAL TEARS PF.....	133	<i>glycerin (infants & children) rectal</i>		HAEGARDA.....	16
GENTEAL TEARS SEVERE DAY/NIGHT.	133	<i>suppository 1 gm</i>	116	<i>hailey 1.5/30</i>	83
<i>gentle laxative oral suspension</i>	94	<i>glycerin adult rectal suppository 2 gm</i>	116	<i>hailey 24 fe</i>	83
<i>gentle laxative oral tablet delayed release</i> .	116	<i>glycerin child rectal suppository 1 gm</i>	116	<i>hailey fe 1.5/30</i>	83
<i>gentle laxative rectal</i>	116	<i>glycerin child rectal suppository 1.2 gm</i>	116	<i>hailey fe 1/20</i>	83
<i>gentle laxative womens oral tablet delayed</i>		<i>glycerin childrens</i>	117	<i>halobetasol propionate external cream</i>	103
<i>release 5 mg</i>	116	<i>glycerin external</i>	62	<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	83
<i>genuine aspirin</i>	130	<i>glycerin external liquid 99.5 %</i>	62	<i>haloperidol decanoate intramuscular</i>	6
GENVOYA.....	38	<i>glycerol phenylbutyrate</i>	97	<i>haloperidol oral</i>	6
<i>geri-dryl</i>	36	<i>glycolax</i>	114	HAVRIX.....	167
<i>geri-kot</i>	116	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	46	<i>headache formula</i>	12
<i>geri-lanta maximum strength</i>	94	GLYXAMBI.....	23	<i>headache relief</i>	12
<i>geri-lanta oral suspension 200-200-20</i>		GOCOVRI.....	45	<i>headache relief extra str</i>	12
<i>mg/5ml</i>	94	<i>gormel</i>	62	<i>healthy hair/skin/nails</i>	170
<i>geri-mox</i>	94	<i>gormel 10</i>	62	<i>heartburn antacid</i>	94
<i>geri-mox maximum strength</i>	94	GRALISE ORAL TABLET 300 MG, 600		<i>heartburn antacid ex st</i>	94
<i>geri-tussin dm oral syrup</i>	149	MG.....	56	<i>heartburn prevention oral tablet 10 mg</i>	101
<i>geri-tussin oral liquid</i>	149	<i>griseofulvin microsize oral</i>	27	<i>heartburn relief ex st</i>	94
GILENYA ORAL CAPSULE 0.25 MG.....	128	<i>griseofulvin ultramicrosize oral tablet 125</i>		<i>heartburn relief oral tablet 10 mg</i>	101
GILOTRIF.....	126	<i>mg, 250 mg</i>	27	<i>heartburn relief oral tablet 200 mg</i>	101
<i>giltuss severe sinus</i>	156	<i>growing bones & muscles kids</i>	170		

<i>heartburn relief oral tablet chewable 160-105 mg</i>	94	<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	103	HYRIMOZ-PLAQUE PSORIASIS START ..	109
<i>heartland gas relief</i>	94	<i>hydrocortisone external cream 1 %</i>	103	HYZAAR.....	55
<i>heather</i>	143	<i>hydrocortisone external lotion 2.5 %</i>	103	<i>ibandronate sodium oral</i>	121
HEMANGEOL.....	51	<i>hydrocortisone external ointment 0.5 %</i>	103	IBRANCE.....	126
HEMLIBRA.....	100	<i>hydrocortisone external ointment 1 %</i>	104	<i>ibuprofen</i>	130
<i>heparin sodium (porcine)</i>	22	<i>hydrocortisone external ointment 2.5 %</i>	104	<i>ibuprofen childrens oral tablet chewable 100 mg</i>	130
<i>heparin sodium (porcine) +rfid</i>	22	<i>hydrocortisone max st external cream</i>	104	<i>ibuprofen cold & sinus</i>	149
<i>heparin sodium (porcine) pf</i>	22	<i>hydrocortisone max st/12 moist</i>	104	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	149
HEPLISAV-B.....	167	<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	104	<i>ibuprofen ib childrens oral tablet chewable 100 mg</i>	130
<i>her style</i>	143	<i>hydrocortisone plus</i>	104	<i>ibuprofen ib oral tablet 200 mg</i>	131
HIBERIX.....	167	<i>hydrocortisone rectal enema 100 mg/60ml</i> ..	98	<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	131
HORIZANT.....	56	<i>hydrocortisonel/alo</i>	104	<i>ibuprofen junior</i>	131
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	111	<i>hydrocortisonel/alo max str</i>	104	<i>ibuprofen junior strength</i>	131
.....	111	<i>hydrocortisone-acetic acid</i>	141	<i>ibuprofen oral suspension 100 mg/5ml</i>	131
HUMALOG MIX 50/50 KWIKPEN.....	111	<i>hydrolatum</i>	60	<i>ibuprofen oral tablet 200 mg</i>	131
HUMALOG MIX 75/25.....	111	<i>hydromet</i>	149	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	131
HUMALOG MIX 75/25 KWIKPEN.....	111	<i>hydromorphone hcl oral</i>	139	<i>icatibant acetate</i>	16
HUMALOG SUBCUTANEOUS.....	111	<i>hydromorphone hcl rectal</i>	139	<i>iclevia</i>	83
HUMULIN 70/30 VIAL.....	111	<i>hydrophor</i>	60	ICLUSIG.....	126
HUMULIN N VIAL.....	111	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	45	IDHIFA.....	126
HUMULIN R VIAL.....	111	<i>hydroxyurea oral</i>	44	<i>iferex 150</i>	71
HYCAMTIN ORAL.....	80	<i>hydroxyzine hcl oral</i>	47	IHEALTH CONTROL SOLUTION.....	65
<i>hydralazine hcl oral</i>	168	<i>hydroxyzine pamoate oral</i>	24	ILARIS.....	110
<i>hydrochlorothiazide oral capsule</i>	66	<i>hyoscyamine sulfate er</i>	46	<i>imatinib mesylate oral</i>	126
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	66	<i>hyoscyamine sulfate oral</i>	46	IMBRUVICA ORAL CAPSULE.....	126
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	66	<i>hyoscyamine sulfate sl</i>	46	IMBRUVICA ORAL SUSPENSION.....	126
<i>hydrocodone bit-homatrop mbr</i>	149	<i>hyoscyamine sulfate sublingual</i>	46	IMBRUVICA ORAL TABLET.....	126
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	139	<i>hyosyne</i>	46	<i>imipramine hcl oral</i>	165
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	139	HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %.....	149	<i>imiquimod external cream 5 %</i>	60
<i>hydrocortisone (perianal) external cream 2.5 %</i>	98	HYPERTET.....	110	IMITREX STATDOSE REFILL.....	158
<i>hydrocortisone anti-itch</i>	103	HYRIMOZ.....	109	IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML.....	158
<i>hydrocortisone butyrate external ointment</i> ..	103	HYRIMOZ-CROHNS/UC STARTER.....	109	IMODIUM A-D ORAL TABLET.....	94
<i>hydrocortisone butyrate external solution</i> ..	103	HYRIMOZ-PED≤40KG.CROHN.STARTER	109	IMODIUM MULTI-SYMPTOM RELIEF.....	94
		HYRIMOZ-PED>=40KG CROHN START	109		
		HYRIMOZ-PLAQ PSOR/UEIT START	109		

INBRIJA.....	123	INTELENCE ORAL TABLET 25 MG.....	39	<i>itraconazole oral</i>	27
<i>incassia</i>	143	<i>intestinex</i>	94	<i>ivermectin oral tablet 3 mg</i>	18
INCRELEX.....	105	<i>introvale</i>	83	<i>jaimiess</i>	83
INCRUSE ELLIPTA.....	53	INTUNIV.....	49	JAKAFI.....	126
<i>indapamide</i>	66	INVEGA HAFYERA.....	6	JALYN.....	50
INDERAL LA.....	51	INVEGA SUSTENNA.....	6	<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	22
INDERAL XL.....	51	INVEGA TRINZA.....	6	<i>jantoven oral tablet 6 mg</i>	22
<i>indomethacin oral capsule</i>	131	INVOKAMET.....	23	JANUMET.....	23
<i>indoor/outdoor allergy rlf</i>	36	INVOKAMET XR.....	23	JANUMET XR.....	23
INFANRIX.....	167	INVOKANA.....	23	JANUVIA.....	23
<i>infant gas relief</i>	94	IOPIDINE.....	137	JARDIANCE.....	23
INFANTS ADVIL.....	131	<i>ipratropium bromide inhalation</i>	53	<i>jasmiel</i>	83
<i>infants gas relief</i>	94	<i>ipratropium bromide nasal</i>	53	<i>jencycla</i>	143
<i>infants ibuprofen</i>	131	<i>ipratropium-albuterol</i>	150	JENTADUETO.....	23
<i>infants pain & fever</i>	12	<i>irbesartan</i>	17	<i>jinteli</i>	83
<i>infants pain relief drops</i>	12	<i>irbesartan-hydrochlorothiazide</i>	55	<i>jock itch external cream 1 %</i>	27
<i>infants pain/fever</i>	12	<i>iron (ferrous sulfate) oral solution</i>	71	<i>jolessa</i>	83
INFUVITE ADULT.....	170	<i>iron infant/toddler</i>	71	<i>juleber</i>	83
INFUVITE PEDIATRIC.....	75	<i>iron oral tablet 240 (27 fe) mg</i>	75	JULUCA.....	39
INGREZZA ORAL CAPSULE.....	56	<i>iron oral tablet 325 (65 fe) mg, 325 mg</i>	71	<i>junel 1.5/30</i>	83
INGREZZA ORAL CAPSULE THERAPY PACK.....	56	<i>iron supplement oral solution 220 (44 fe) mg/5ml</i>	71	<i>junel 1/20</i>	83
INLYTA.....	126	ISENTRESS HD.....	38	<i>junel fe oral tablet 1.5-30 mg-mcg</i>	83
INNOPRAN XL.....	51	ISENTRESS ORAL PACKET.....	38	<i>junel fe oral tablet 1-20 mg-mcg</i>	83
INSPIREASE.....	123	ISENTRESS ORAL TABLET.....	38	<i>junel fe oral tablet 1-20 mg-mcg(24)</i>	83
INSPIREASE RESERVOIR BAGS.....	123	ISENTRESS ORAL TABLET CHEWABLE.....	38	<i>kaitlib fe</i>	83
<i>instacort 5</i>	104	<i>isibloom</i>	83	KALETRA ORAL SOLUTION.....	41
INSTALAX.....	114	<i>isoniazid oral</i>	47	<i>kalliga</i>	83
INSULIN ASPART FLEXPEN.....	111	ISORDIL TITRADOSE ORAL TABLET 40 MG.....	168	KALYDECO ORAL PACKET.....	57
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML.....	111	<i>isosorbide dinitrate</i>	168	KALYDECO ORAL TABLET.....	150
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML.....	111	<i>isosorbide mononitrate</i>	168	<i>kariva</i>	83
INSULIN LISPRO.....	111	<i>isosorbide mononitrate er</i>	168	KATERZIA.....	54
INSULIN LISPRO (1 UNIT DIAL).....	111	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	60	<i>kelnor 1/35</i>	84
INSULIN LISPRO JUNIOR KWIKPEN.....	112	<i>isradipine</i>	54	KEPPRA ORAL SOLUTION.....	22
INSULIN LISPRO PROT & LISPRO.....	112	ISTALOL.....	137	KEPPRA ORAL TABLET.....	22
		<i>itch relief max strength external cream</i>	104	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	22
		<i>itch relief/aloe max str</i>	104	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG.....	22

<i>ketoconazole external cream</i>	27	LAMICTAL XR ORAL TABLET		<i>laxaclear</i>	114
<i>ketoconazole external shampoo</i>	27	EXTENDED RELEASE 24 HOUR.....	99	<i>laxative max str</i>	117
<i>ketoconazole oral</i>	27	LAMISIL AT ATHLETES FOOT.....	28	<i>laxative maximum strength oral tablet 25</i>	
KETO-DIASTIX.....	65	LAMISIL AT JOCK ITCH.....	28	<i>mg</i>	117
KETONE CARE.....	65	<i>lamivudine oral solution 10 mg/ml</i>	40	<i>laxative oral tablet delayed release 5 mg...</i>	117
KETONE TEST.....	65	<i>lamivudine oral tablet 100 mg</i>	29	<i>laxative osmotic</i>	114
<i>ketorolac tromethamine ophthalmic</i>		<i>lamivudine oral tablet 150 mg, 300 mg</i>	40	<i>laxative pills max st</i>	117
<i>solution 0.4 %</i>	138	<i>lamivudine-zidovudine</i>	40	<i>laxative pills oral tablet 25 mg</i>	117
<i>ketorolac tromethamine ophthalmic</i>		<i>lamotrigine er</i>	99	<i>laxative regular strength</i>	117
<i>solution 0.5 %</i>	138	<i>lamotrigine oral tablet</i>	99	<i>lederle leucovorin</i>	44
<i>ketorolac tromethamine oral</i>	131	<i>lamotrigine oral tablet chewable</i>	99	<i>leflunomide oral</i>	110
KETOSTIX.....	65	<i>lamotrigine oral tablet dispersible</i>	99	<i>lenalidomide</i>	18
KINERET.....	109	<i>lamotrigine starter kit-blue</i>	99	LENVIMA (10 MG DAILY DOSE).....	126
KITABIS PAK (W/ NEBULIZER).....	57	<i>lamotrigine starter kit-green</i>	99	LENVIMA (12 MG DAILY DOSE).....	126
<i>klayesta</i>	28	<i>lamotrigine starter kit-orange</i>	99	LENVIMA (14 MG DAILY DOSE).....	126
KLONOPIN.....	50	LANCETS.....	65	LENVIMA (18 MG DAILY DOSE).....	126
<i>klor-con</i>	71	LANCETS 28G THIN.....	65	LENVIMA (20 MG DAILY DOSE).....	126
<i>klor-con 10</i>	71	LANOXIN ORAL.....	55	LENVIMA (24 MG DAILY DOSE).....	126
<i>klor-con m10</i>	71	<i>lansoprazole oral capsule delayed release</i>		LENVIMA (4 MG DAILY DOSE).....	126
<i>klor-con m15</i>	71	<i>15 mg</i>	145	LENVIMA (8 MG DAILY DOSE).....	126
<i>klor-con m20</i>	71	<i>lansoprazole oral capsule delayed release</i>		LESCOL XL.....	68
K-PHOS.....	71	<i>30 mg</i>	145	<i>lessina</i>	84
KRINTAFEL.....	45	<i>lansoprazole oral tablet delayed release</i>		<i>letrozole oral</i>	47
<i>kurvelo</i>	84	<i>dispersible 15 mg</i>	145	<i>leucovorin calcium oral tablet 10 mg</i>	44
<i>labetalol hcl oral</i>	51	<i>lansoprazole oral tablet delayed release</i>		<i>leucovorin calcium oral tablet 15 mg, 25</i>	
LAC-HYDRIN FIVE.....	60	<i>dispersible 30 mg</i>	145	<i>mg</i>	44
<i>lacosamide oral solution</i>	162	LANTUS SOLOSTAR SUBCUTANEOUS		<i>leucovorin calcium oral tablet 5 mg</i>	44
<i>lacosamide oral tablet</i>	162	SOLUTION PEN-INJECTOR 100 UNIT/ML		LEUKINE.....	52
LACTEOL DIARRHEASE.....	95	.....	112	<i>leuprolide acetate injection</i>	107
<i>lactobacillus oral tablet</i>	95	LANTUS U-100 VIAL.....	112	<i>levalbuterol hcl inhalation</i>	53
<i>lactobacillus probiotic</i>	95	<i>lapatinib ditosylate</i>	126	LEVBID.....	46
<i>lacto-pectin</i>	95	<i>larin 1.5/30</i>	84	<i>levetiracetam er oral tablet extended</i>	
<i>lactulose encephalopathy</i>	117	<i>larin 1/20</i>	84	<i>release 24 hour 500 mg</i>	22
<i>lactulose oral solution</i>	117	<i>larin 24 fe</i>	84	<i>levetiracetam er oral tablet extended</i>	
LAGEVRIO.....	47	<i>larin fe 1.5/30</i>	84	<i>release 24 hour 750 mg</i>	22
LAMICTAL ODT ORAL TABLET		<i>larin fe 1/20</i>	84	<i>levetiracetam oral solution</i>	22
DISPERSIBLE.....	99	LASIX.....	66	<i>levetiracetam oral tablet</i>	22
LAMICTAL ORAL TABLET.....	99	<i>latanoprost ophthalmic</i>	138	<i>levobunolol hcl</i>	137
		LAXACIN.....	117	<i>levocetirizine dihydrochloride oral tablet</i>	36

<i>levofloxacin oral tablet</i>	146	<i>liquid corn & callus rem</i>	123	<i>loratadine oral tablet dispersible 10 mg</i>	37
<i>levonest</i>	84	<i>liquid pain relief</i>	12	<i>loratadine-d</i>	32
<i>levonorgest-eth estrad 91-day oral tablet</i>		<i>liquid wart remover</i>	123	<i>loratadine-d 12hr</i>	32
<i>0.1-0.02 & 0.01 mg</i>	84	<i>liquid wart remover max st</i>	123	<i>loratadine-d 24hr</i>	32
<i>levonorgest-eth estrad 91-day oral tablet</i>		<i>liraglutide</i>	23	<i>lorazepam intensol</i>	50
<i>0.15-0.03 mg</i>	84	<i>lisdexamfetamine dimesylate oral capsule</i> ...	48	<i>lorazepam oral concentrate 2 mg/ml</i>	50
<i>levonorgestrel</i>	143	<i>lisinopril oral</i>	17	<i>lorazepam oral tablet</i>	50
<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>lisinopril-hydrochlorothiazide</i>	55	<i>loryna</i>	84
<i>0.1-20 mg-mcg</i>	84	<i>lithium</i>	128	<i>losartan potassium oral</i>	17
<i>levonorgestrel-ethinyl estrad oral tablet</i>		<i>lithium carbonate er</i>	128	<i>losartan potassium-hctz</i>	55
<i>0.15-30 mg-mcg</i>	84	<i>lithium carbonate oral</i>	128	LOTENSIN.....	17
<i>levonorg-eth estrad triphasic</i>	84	<i>little ones childrens</i>	76	LOTENSIN HCT.....	55
<i>levo-t</i>	106	LIVALO.....	68	LOTREL.....	55
<i>levothyroxine sodium oral tablet</i>	106	LMX 4.....	119	LOTRIMIN AF EXTERNAL AEROSOL	
<i>levoxy</i>	106	LO LOESTRIN FE.....	84	POWDER.....	28
LEXAPRO.....	163	LODOSYN.....	67	LOTRONEX.....	112
LIALDA.....	8	LOESTRIN 1.5/30 (21).....	84	<i>lovastatin oral</i>	68
<i>lice killing external liquid 1 %</i>	141	LOESTRIN 1/20 (21).....	84	LOVAZA.....	68
<i>lice killing max st external shampoo 0.33-4</i>		LOESTRIN FE 1.5/30.....	84	<i>low-ogestrel</i>	84
<i>%</i>	141	LOESTRIN FE 1/20.....	84	<i>loxapine succinate</i>	6
<i>lice killing max str</i>	141	<i>lojaimiess</i>	84	<i>lo-zumandimine</i>	84
<i>lice killing shampoo max str</i>	141	LOKELMA.....	80	<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> ...	112
<i>lice treatment external liquid 1 %</i>	141	<i>lomustine</i>	7	<i>lubricant drops fast act</i>	133
<i>lidocaine cream 4 % external</i>	119	<i>long acting nasal spray</i>	156	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i> .	133
<i>lidocaine external patch 5 %</i>	119	<i>long lasting antacid</i>	95	<i>lubricant drops ophthalmic solution</i>	133
<i>lidocaine hcl external cream 3 %</i>	119	<i>long lasting nasal spray</i>	156	<i>lubricant eye drops (pf) ophthalmic solution</i>	
<i>lidocaine hcl urethral/mucosal external gel</i>	119	LONSURF.....	44	<i>0.4-0.3 %</i>	133
<i>lidocaine viscous hcl</i>	119	<i>loperamide hcl oral capsule</i>	95	<i>lubricant eye drops (pf) ophthalmic solution</i>	
<i>lidocaine-prilocaine external cream</i>	119	<i>loperamide hcl oral tablet</i>	95	<i>0.5 %</i>	133
LIDOPIN EXTERNAL CREAM 3 %.....	119	<i>loperamide-simethicone</i>	95	<i>lubricant eye drops ophthalmic solution</i>	
<i>linezolid oral suspension reconstituted</i>	21	LOPID.....	67	<i>0.4-0.3 %</i>	133
<i>linezolid oral tablet</i>	21	<i>lopinavir-ritonavir</i>	41	<i>lubricant eye drops ophthalmic solution 0.5</i>	
LINZESS.....	112	LOPRESSOR ORAL TABLET 100 MG, 50		<i>%</i>	133, 134
<i>liomny</i>	106	MG.....	51	<i>lubricant eye drops ophthalmic solution 0.6</i>	
<i>liothyronine sodium oral</i>	106	<i>loradamed</i>	37	<i>%</i>	134
LIPITOR.....	68	<i>loratadine allergy relief oral tablet 10 mg</i>	37	<i>lubricant eye drops pf</i>	134
LIPOFEN.....	67	<i>loratadine childrens oral solution</i>	37	<i>lubricant eye nighttime</i>	134
<i>liquid acetaminophen</i>	12	<i>loratadine oral solution 5 mg/5ml</i>	37	<i>lubricant eye pm</i>	134
<i>liquid allergy relief</i>	36	<i>loratadine oral tablet 10 mg</i>	37	<i>lubricating eye/overnight</i>	134

<i>lubricating plus pf</i>	134	<i>mapap acetaminophen extra str</i>	12	MEDPURA BENZOYL PEROXIDE.....	60
<i>lubricating tears eye drops</i>	134	<i>mapap childrens</i>	12	MEDPURA HYDROCORTISONE.....	104
<i>lubrifresh p.m.</i>	134	<i>mapap oral capsule</i>	12	MEDROL ORAL TABLET 2 MG.....	104
<i>luizza 1.5/30</i>	84	<i>maraviroc</i>	40	<i>medroxyprogesterone acetate</i>	
<i>luizza 1/20</i>	84	<i>marlissa</i>	84	<i>intramuscular</i>	143
LUMIGAN.....	138	MATULANE.....	7	<i>medroxyprogesterone acetate oral</i>	143
LUPRON DEPOT (1-MONTH).....	107	<i>matzim la oral tablet extended release 24</i>		<i>mefloquine hcl</i>	45
LUPRON DEPOT (3-MONTH).....	107	<i>hour 180 mg, 240 mg, 360 mg, 420 mg</i>	54	<i>mega probiotic</i>	95
LUPRON DEPOT (4-MONTH)		<i>matzim la oral tablet extended release 24</i>		<i>megestrol acetate oral suspension 40</i>	
INTRAMUSCULAR KIT 30MG.....	107	<i>hour 300 mg</i>	54	<i>mg/ml</i>	144
LUPRON DEPOT (6-MONTH)		MAVYRET ORAL PACKET.....	29	<i>megestrol acetate oral tablet 20 mg</i>	144
INTRAMUSCULAR KIT 45MG.....	107	MAVYRET ORAL TABLET.....	29	<i>megestrol acetate oral tablet 40 mg</i>	144
LUPRON DEPOT-PED (1-MONTH).....	107	MAX RELIEF JR CHILD PAIN/FEVER.....	12	MEKINIST ORAL SOLUTION	
LUPRON DEPOT-PED (3-MONTH).....	107	MAX RELIEF JUNIOR.....	12	RECONSTITUTED.....	126
<i>lurasidone hcl</i>	6	MAX TUSSIN MUCUS & CHEST CONG... 150		MEKINIST ORAL TABLET.....	126
<i>lutra</i>	84	MAXALLERGY KIDS.....	37	<i>meleya</i>	144
LUTRATE DEPOT.....	107	<i>maxi-tuss ac</i>	150	<i>meloxicam oral tablet</i>	131
<i>lyleq</i>	143	<i>maxi-tuss dm</i>	150	<i>memantine hcl er</i>	129
<i>lyllana</i>	84	<i>maxi-tuss gmx</i>	150	<i>memantine hcl oral solution 2 mg/ml</i>	129
LYNPARZA.....	126	<i>maxi-tuss pe max</i>	156	<i>memantine hcl oral tablet</i>	129
LYRICA.....	87	MAYZENT.....	128	MENATROL.....	76
LYRICA CR.....	87	MAYZENT STARTER PACK.....	128	MENOSTAR.....	84
LYSODREN.....	106	<i>m-dryl</i>	37	MENQUADFI.....	167
<i>lyza</i>	143	<i>meclizine hcl oral tablet 12.5 mg</i>	24	MENVEO.....	167
<i>mag-al plus oral liquid</i>	95	<i>meclizine hcl oral tablet 25 mg</i>	24	<i>mercaptopurine oral tablet</i>	44
<i>mag-al plus xs oral liquid</i>	95	<i>meclizine hcl oral tablet chewable</i>	24	<i>mesalamine er oral capsule 0.375 gm</i>	8
<i>magnesium citrate oral solution</i>	117	<i>medicated spot</i>	123	<i>mesalamine oral tablet delayed release 1.2</i>	
<i>magnesium oral tablet 500 mg</i>	71	<i>medifin 400</i>	150	<i>gm</i>	8
<i>magnesium oxide -mg supplement oral</i>		<i>medifin mucus relief child</i>	150	<i>mesalamine rectal</i>	8
<i>tablet 400 (240 mg) mg, 400 mg</i>	95	<i>medi-first aspirin</i>	131	<i>mesalamine-cleanser</i>	8
<i>magnesium oxide -mg supplement oral</i>		<i>medi-first hydrocortisone</i>	104	<i>mesna oral</i>	165
<i>tablet 500 mg</i>	71	<i>medi-first ibuprofen</i>	131	MESTINON.....	141
<i>magnesium oxide oral tablet 400 (240 mg)</i>		<i>medi-first triple antibiotic</i>	21	METAMUCIL 4 IN 1 FIBER ORAL	
<i>mg, 400 mg</i>	95	MEDIPROXEN.....	131	POWDER 43 %.....	114
<i>magnesium oxide oral tablet 420 mg</i>	95	<i>medique aspirin</i>	131	METAMUCIL FREE & NATURAL.....	114
<i>magnesium-aluminum-simethicone</i>	95	MEDISENSE GLUCOSE KETONE		<i>metformin hcl er (osm)</i>	23
<i>magnesium-oxide</i>	95	CONTR.....	65	<i>metformin hcl er oral tablet extended</i>	
<i>malathion</i>	141	MEDISENSE HI/MID/LOW CONTROL.....	65	<i>release 24 hour 500 mg</i>	23
MAOX.....	95	MEDPURA ANTIFUNGAL.....	28		

<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	23	<i>metronidazole vaginal</i>	21	<i>mintox plus</i>	95
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	23	<i>metyrosine</i>	56	MIRALAX.....	114
<i>methadone hcl oral tablet</i>	139	<i>mexiletine hcl oral</i>	19	<i>mirtazapine oral tablet 15 mg, 30 mg</i>	23
<i>methazolamide oral</i>	137	<i>mibelas 24 fe</i>	84	<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	23
<i>methenamine hippurate</i>	21	<i>micaderm</i>	28	<i>mirtazapine oral tablet dispersible</i>	23
<i>methimazole oral</i>	46	MICARDIS.....	17	<i>misoprostol oral</i>	144
METHITEST.....	16	MICARDIS HCT.....	56	MITIGARE.....	29
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	159	<i>miconazole 3 combo pack</i>	28	M-M-R II.....	167
<i>methotrexate sodium</i>	109	<i>miconazole 3 vaginal suppository</i>	28	M-NATAL PLUS.....	170
<i>methotrexate sodium (pf)</i>	109	<i>miconazole 7 vaginal cream</i>	28	MNEXSPIKE.....	167
<i>methoxsalen rapid</i>	60	<i>miconazole antifungal</i>	28	<i>modafinil oral</i>	159
<i>methsuximide</i>	55	<i>miconazole nitrate external cream</i>	28	<i>mometasone furoate external</i>	104
<i>methyl dopa</i>	7	<i>miconazorb af</i>	28	<i>mometasone furoate nasal</i>	42
<i>methylergonovine maleate oral</i>	124	MICRO GUARD.....	28	MONISTAT 3.....	28
<i>methylphenidate hcl er</i>	49	<i>microgestin 1.5/30</i>	84	MONISTAT 3 COMBO PACK APP.....	28
<i>methylphenidate hcl er (cd)</i>	49	<i>microgestin 1/20</i>	84	MONISTAT 7.....	28
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	49	<i>microgestin fe 1.5/30</i>	84	MONOJECT HYPODERMIC NEEDLE 18G X 1".....	112
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	49	<i>microgestin fe 1/20</i>	85	<i>mono-lynyah</i>	85
<i>methylphenidate hcl oral tablet</i>	49	MICROVERA.....	95	<i>montelukast sodium oral</i>	43
<i>methylprednisolone oral</i>	104	MICROWELL.....	95	<i>mood support probiotic</i>	95
<i>methyltestosterone oral</i>	16	<i>midodrine hcl</i>	7	<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	139
<i>metoclopramide hcl oral solution 5 mg/5ml</i> ..	24	<i>mifepristone oral tablet 200 mg</i>	76	<i>morphine sulfate er oral tablet extended release</i>	139
<i>metoclopramide hcl oral tablet</i>	24	<i>mifepristone oral tablet 300 mg</i>	106	<i>morphine sulfate oral</i>	139
<i>metolazone</i>	66	MIGERGOT.....	81	<i>morphine sulfate rectal</i>	140
<i>metoprolol succinate er</i>	51	<i>miglitol</i>	23	MOTTEGRITY.....	95
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	51	<i>migraine formula oral tablet 250-250-65 mg</i>	12	<i>motion sickness oral tablet 50 mg</i>	24
<i>metoprolol tartrate oral tablet 25 mg</i>	51	<i>migraine relief</i>	12	<i>motion sickness oral tablet chewable 25 mg</i>	24
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	51	<i>mili</i>	85	<i>motion sickness relief oral tablet 50 mg</i>	24
<i>metronidazole external</i>	21	<i>milk of magnesia</i>	95	<i>motion sickness relief oral tablet chewable 25 mg</i>	25
<i>metronidazole oral tablet 250 mg, 500 mg</i> ...	21	<i>mimvey</i>	85	<i>motion-time</i>	25
		<i>mineral oil enema</i>	114	MOTRIN CHILDRENS.....	131
		<i>mineral oil heavy oral</i>	114	MOTRIN IB ORAL TABLET.....	131
		<i>mineral oil lubricant laxative</i>	114	MOTRIN INFANTS DROPS.....	131
		<i>mineral oil oral</i>	114	MOUNJARO.....	23
		MINIVELLE.....	85		
		<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	164		
		<i>minoxidil oral</i>	168		
		<i>mintox maximum strength</i>	95		

MOVANTIK.....	95	<i>mucus relief d oral tablet extended release</i>		<i>my way.....</i>	144
<i>moxifloxacin hcl ophthalmic.....</i>	136	<i>12 hour 120-1200 mg.....</i>	151	<i>mycophenolate mofetil oral.....</i>	109
<i>moxifloxacin hcl oral.....</i>	146	<i>mucus relief d oral tablet extended release</i>		<i>mycophenolate sodium.....</i>	109
<i>m-pap.....</i>	13	<i>12 hour 60-600 mg.....</i>	151	<i>mycophenolic acid.....</i>	109
MUCINEX COUGH CHILDRENS.....	150	<i>mucus relief dm max oral liquid 20-400</i>		MYLICON INFANTS GAS RELIEF	95
MUCINEX D.....	150	<i>mg/20ml, 5-100 mg/5ml.....</i>	151	MYNEPHRON.....	171
MUCINEX D MAX STRENGTH.....	150	<i>mucus relief dm oral liquid 20-400 mg/20ml</i>		MYRBETRIQ ORAL TABLET EXTENDED	
MUCINEX DM.....	150	.....	151	RELEASE 24 HOUR.....	46
MUCINEX FAST-MAX CHEST CONG MS	150	<i>mucus relief dm oral tablet extended</i>		MYSOLINE.....	88
MUCINEX FAST-MAX DM MAX.....	150	<i>release 12 hour 30-600 mg.....</i>	152	MYTESI.....	95
MUCINEX FAST-MAX SEVERE CON/CG		<i>mucus relief er.....</i>	152	<i>nabumetone oral.....</i>	131
ORAL LIQUID.....	150	<i>mucus relief er max st.....</i>	152	<i>nadolol oral.....</i>	51
MUCINEX MAXIMUM STRENGTH.....	150	<i>mucus relief er oral tablet extended release</i>		<i>naloxone hcl.....</i>	140
MUCINEX SINUS-MAX CLEAR & COOL..	156	<i>12 hour 1200 mg.....</i>	152	<i>naloxone hcl injection solution.....</i>	140
MUCINEX SINUS-MAX SINUS/ALLRGY..	156	<i>mucus relief max st.....</i>	152	<i>naloxone hcl injection solution cartridge....</i>	140
MUCOLYTE.....	150	<i>mucus relief oral tablet.....</i>	152	<i>naloxone hcl nasal.....</i>	140
<i>mucus & chest congestion.....</i>	150	<i>mucus relief-d.....</i>	152	<i>naloxone hcl solution prefilled syringe 2</i>	
<i>mucus & cough relief child.....</i>	150	<i>mucus relief-d max strength.....</i>	152	<i>mg/2ml injection.....</i>	140
<i>mucus d.....</i>	150	<i>mucus-d oral tablet extended release 12</i>		<i>naltrexone hcl oral.....</i>	140
<i>mucus d extended release.....</i>	151	<i>hour 60-600 mg.....</i>	152	NAMZARIC ORAL CAPSULE EXTENDED	
<i>mucus d max st er.....</i>	151	<i>mucus-dm.....</i>	152	RELEASE 24 HOUR 21-10 MG.....	56
<i>mucus d maximum strength.....</i>	151	<i>mucus-er oral tablet extended release 12</i>		NAMZARIC ORAL CAPSULE EXTENDED	
<i>mucus dm.....</i>	151	<i>hour 1200 mg.....</i>	152	RELEASE 24 HOUR 7-10 MG.....	56
<i>mucus dm extended release oral tablet</i>		MULPLETA.....	52	NAPHCN-A.....	136
<i>extended release 12 hour 30-600 mg.....</i>	151	MULTAQ.....	19	<i>naproxen oral suspension.....</i>	131
<i>mucus er maximum str.....</i>	151	<i>multi vitamin.....</i>	170	<i>naproxen oral tablet.....</i>	131
<i>mucus er oral tablet extended release 12</i>		<i>multi vitamin w/d-3.....</i>	170	<i>naproxen sodium oral tablet 220 mg.....</i>	131
<i>hour 1200 mg.....</i>	151	<i>multiple vitamin-folic acid.....</i>	170	NARAMIN.....	37
<i>mucus extended release oral tablet</i>		MULTIPRO.....	76	<i>naratriptan hcl.....</i>	158
<i>extended release 12 hour 1200 mg.....</i>	151	<i>multi-vitamin.....</i>	171	NARCAN.....	140
<i>mucus relief 12 hour max st.....</i>	151	<i>multivitamin infant & toddler oral solution ..</i>	76	NASACORT ALLERGY 24HR.....	43
<i>mucus relief 12hr max str.....</i>	151	<i>multi-vitamin/fluoride.....</i>	171	<i>nasal allergy 24 hour.....</i>	43
<i>mucus relief chest oral tablet 400 mg.....</i>	151	<i>multi-vitamin/fluoride/iron.....</i>	171	<i>nasal allergy nasal aerosol 55 mcg/act.....</i>	43
<i>mucus relief childrens oral liquid 100</i>		<i>multi-vitamin/iron.....</i>	76	<i>nasal allergy spray.....</i>	43
<i>mg/5ml.....</i>	151	<i>mupirocin ointment.....</i>	21	<i>nasal decongestant 12hr.....</i>	152
<i>mucus relief d 12 hour.....</i>	151	MURO 128 OPHTHALMIC OINTMENT	134	<i>nasal decongestant max str oral tablet 30</i>	
<i>mucus relief d max st.....</i>	151	MURO 128 OPHTHALMIC SOLUTION 5		<i>mg.....</i>	152
<i>mucus relief d max strength oral tablet</i>		%.....	134	<i>nasal decongestant max str oral tablet</i>	
<i>extended release 12 hour 120-1200 mg....</i>	151	<i>my choice.....</i>	144	<i>extended release 12 hour 120 mg.....</i>	152

<i>nasal decongestant oral tablet 30 mg</i>	152	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	153	NICORETTE.....	160
<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i>	152	<i>necon 0.5/35 (28)</i>	85	NICORETTE MINI.....	160
<i>nasal decongestant pe oral tablet 10 mg</i> ...	156	NEODOT THERMOMETER.....	124	NICORETTE STARTER KIT.....	160
<i>nasal decongestant pe oral tablet 30 mg</i> ...	152	NEOMULTIVITE.....	171	<i>nicotine gum mouth/throat gum 2 mg</i>	160
<i>nasal decongestant spray</i>	156	<i>neomycin sulfate oral</i>	8	<i>nicotine gum mouth/throat gum 4 mg</i>	160
<i>nasal four</i>	152	<i>neomycin-bacitracin zn-polymyx</i>	134	<i>nicotine gum mouth/throat lozenge 2 mg</i> ...	160
<i>nasal four spray</i>	152	<i>neomycin-polymyxin-dexameth</i>	138	<i>nicotine gum mouth/throat lozenge 4 mg</i> ...	160
<i>nasal mist extra moisturiz</i>	157	<i>neomycin-polymyxin-gramicidin</i>	134	<i>nicotine mini</i>	160
<i>nasal mist nasal solution</i>	157	<i>neomycin-polymyxin-hc otic</i>	141	<i>nicotine mouth/throat gum 2 mg</i>	160
<i>nasal mist no drip</i>	157	NEONATAL PLUS.....	171	<i>nicotine mouth/throat gum 4 mg</i>	160
NASAL MOIST NASAL SOLUTION.....	157	NEOSPORIN ORIGINAL.....	21	<i>nicotine mouth/throat lozenge 2 mg</i>	160
<i>nasal moisturizing spray</i>	157	NEO-SYNEPHRINE COLD/ALLRGY EXT.....	153	<i>nicotine mouth/throat lozenge 4 mg</i>	161
<i>nasal spray 12 hour</i>	157	<i>nephro vitamins</i>	171	<i>nicotine polacrilex mini</i>	161
<i>nasal spray fast acting</i>	152	NEPHRO-VITE.....	171	<i>nicotine polacrilex mouth/throat gum 2 mg</i>	161
<i>nasal spray nasal solution 0.05 %</i>	157	NEULASTA.....	52	<i>nicotine polacrilex mouth/throat gum 4 mg</i>	161
<i>nasal spray nasal solution 1 %</i>	152	NEULASTA ONPRO.....	52	<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	161
<i>nasal spray no drip</i>	157	NEUPRO.....	67	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>nasal spray saline</i>	157	NEURONTIN.....	88	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
NASALCROM.....	120	NEUTEK 2TEK CONTROL.....	65	<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	161
NASCOBAL.....	171	NEUTROGENA OIL-FREE ACNE WASH.....	124	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
NATAZIA.....	85	<i>nevirapine</i>	39	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>nateglinide</i>	23	<i>nevirapine er</i>	39	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
NATESTO.....	16	<i>new day</i>	144	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural daily fiber oral powder 43 %</i>	114	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	145	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural daily fiber oral powder 58.6 %</i>	114	NEXIUM ORAL PACKET.....	145	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural fiber</i>	114	NEXLETOL.....	68	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural fiber oral powder 28.3 %</i>	114	NEXLIZET.....	68	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural fiber supplement</i>	114	<i>niacin er (antihyperlipidemic)</i>	68	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural senna laxative</i>	117	<i>niacin er oral capsule extended release 250 mg</i>	171	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural tears pf</i>	134	<i>niacin er oral tablet extended release 1000 mg</i>	171	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural vegetable</i>	114	<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	171	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>natural vegetable laxative oral tablet 8.6 mg</i>	117	<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i> ..	171	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>nausea control</i>	25	<i>nicardipine hcl oral</i>	54	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>nausea relief</i>	25	NICODERM CQ.....	160	<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
NAYZILAM.....	22			<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161
<i>nebivolol hcl</i>	51			<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	161

NIMODIPINE ORAL SOLUTION.....	54	<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	85	NUDEXTA.....	56
NINLARO.....	44	<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	85	NU-IRON.....	71
<i>nisoldipine er</i>	54	<i>norethin-eth estradiol-fe</i>	85	NULEV.....	46
<i>nitazoxanide oral</i>	45	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	85	NURTEC.....	54
NITRO-BID.....	168	<i>norgestimate-ethinyl estradiol triphasic</i>	85	NUTRAPLUS.....	62
NITRO-DUR.....	168	<i>norlyroc</i>	144	NUTROPIN AQ NUSPIN 10.....	105
<i>nitrofurantoin macrocrystal</i>	21	NORPACE.....	19	NUTROPIN AQ NUSPIN 20.....	105
<i>nitrofurantoin monohydrate macrocrystals</i> ...	21	NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG..	19	NUTROPIN AQ NUSPIN 5.....	105
<i>nitrofurantoin oral suspension 25 mg/5ml</i> ..	124	<i>nortrel 0.5/35 (28)</i>	85	NUVARING.....	85
<i>nitroglycerin rectal</i>	168	<i>nortrel 1/35 (21)</i>	85	<i>nyamyc</i>	28
<i>nitroglycerin sublingual</i>	168	<i>nortrel 1/35 (28)</i>	85	<i>nylia 1/35</i>	85
<i>nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	168	<i>nortrel 7/7/7</i>	85	<i>nylia 7/7/7</i>	85
<i>nitroglycerin translingual</i>	168	<i>nortriptyline hcl oral</i>	165	NYMALIZE.....	54
NITYR.....	97	NORVASC.....	54	<i>nystatin external</i>	28
NIVA-PLUS.....	171	NORVIR ORAL PACKET.....	41	<i>nystatin mouth/throat</i>	28
<i>nizatidine</i>	101	NOURIANZ.....	45	<i>nystatin oral</i>	28
<i>no drip extra moisturizing</i>	157	NOVAREL.....	105	<i>nystop</i>	28
<i>no drip nasal relief</i>	157	NOVOLIN 70/30 RELION.....	112	OBSTETRIX DHA.....	171
<i>no drip nasal spray</i>	157	NOVOLIN 70/30 VIAL.....	112	OBTREX.....	76
<i>no drip original 12 hours</i>	157	NOVOLIN N RELION.....	112	OCEAN FOR KIDS.....	157
NOKOR VENTED NEEDLE.....	112	NOVOLIN N VIAL.....	112	OCEAN NASAL SPRAY.....	157
<i>non-aspirin</i>	13	NOVOLIN R RELION.....	112	<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	107
<i>non-aspirin 8 hour</i>	13	NOVOLIN R VIAL.....	112	<i>octreotide acetate injection solution 1000 mcg/ml</i>	107
<i>non-aspirin childrens</i>	13	NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML.....	112	<i>octreotide acetate injection solution 200 mcg/ml</i>	107
<i>non-aspirin extra strength</i>	13	NOVOLOG MIX 70/30 FLEXPEN.....	112	<i>octreotide acetate injection solution 500 mcg/ml</i>	107
<i>non-aspirin jr strength</i>	13	NOVOLOG MIX 70/30 VIAL.....	112	<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	107
<i>non-aspirin pain relief</i>	13	NOVOLOG RELION.....	112	<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	107
<i>non-pseudo sinus decongestant</i>	157	<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	106	OCUVEL ORAL CAPSULE.....	76
<i>nora-be</i>	144	NUBEQA.....	18	ODEFSEY.....	39
NORDITROPIN FLEXPEN.....	105	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	43	ODOMZO.....	126
<i>norelgestromin-eth estradiol</i>	85	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	43	OFEV.....	146
<i>norethin ace-eth estrad-fe oral tablet</i>	85			<i>ofloxacin ophthalmic</i>	136
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	85				
<i>norethindrone acetate oral</i>	144				
<i>norethindrone acet-ethinyl est</i>	85				
<i>norethindrone oral</i>	144				

<i>ofloxacin oral</i>	146	ONGENTYS.....	45	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	140
<i>ofloxacin otic</i>	141	ONGLYZA.....	24	<i>oxymetazoline hcl nasal</i>	157
<i>ointment base</i>	60	<i>opcicon one-step</i>	144	OXYTROL.....	46
<i>olanzapine oral tablet</i>	6	OPILL.....	143	OXYTROL FOR WOMEN.....	46
<i>olanzapine oral tablet dispersible</i>	6	OPSUMIT.....	146	<i>oyster shell calcium + d oral tablet 500-10 mg-mcg</i>	72
<i>olmesartan medoxomil oral</i>	17	<i>option 2</i>	144	<i>oyster shell calcium + d3</i>	72
<i>olmesartan medoxomil-hctz</i>	56	<i>oralyte</i>	72	<i>oyster shell calcium oral tablet 1250 (500 ca) mg</i>	72
<i>olopatadine hcl ophthalmic</i>	136	ORLISSA.....	107	<i>oyster shell calcium oral tablet 500 mg</i>	76
OLUMIANT ORAL TABLET 1 MG, 2 MG... 109		ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG.....	57	<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	76
<i>omega-3-acid ethyl esters</i>	68	ORKAMBI ORAL PACKET 75-94 MG.....	57	<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg</i>	76
<i>omeprazole oral capsule delayed release</i> ..	145	ORKAMBI ORAL TABLET.....	57	<i>oyster shell calcium-vit d</i>	72
OMNIFLEX DIAPHRAGM.....	124	<i>orphenadrine citrate er</i>	159	OZEMPIC.....	24
OMNITROPE.....	105	<i>orquidea</i>	144	OZEMPIC (2 MG/DOSE).....	24
<i>once daily</i>	171	<i>oseltamivir phosphate oral capsule</i>	43	PACERONE.....	19
<i>ondansetron hcl oral solution 4 mg/5ml</i>	80	<i>oseltamivir phosphate oral suspension reconstituted</i>	43	<i>pain & fever child</i>	13
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	80	OSPHENA.....	158	<i>pain & fever childrens oral suspension 160 mg/5ml</i>	13
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	80	OTEZLA ORAL TABLET 20 MG.....	110	<i>pain & fever childrens oral tablet chewable 160 mg</i>	13
ONE A DAY PRENATAL ORAL TABLET CHEWABLE.....	164	OTEZLA ORAL TABLET 30 MG.....	110	<i>pain & fever infants</i>	13
<i>one daily</i>	171	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG.....	110	<i>pain and fever relief kids</i>	13
ONE DAILY ESSENTIALS.....	171	OTULFI SUBCUTANEOUS SOLUTION.....	61	<i>pain relief adult extra st</i>	13
ONE VITE CALCIUM + D3.....	71	OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	61	<i>pain relief childrens oral suspension</i>	13
ONE VITE DAILY MULTIVITAMIN.....	171	OVACE PLUS WASH EXTERNAL LIQUID.....	61	<i>pain relief childrens oral tablet chewable 160 mg</i>	13
ONE VITE FERROUS SULFATE.....	72	OVACE WASH.....	61	<i>pain relief extra st</i>	13
ONE VITE WOMENS.....	171	OVIDREL.....	105	<i>pain relief extra strength oral capsule 500 mg</i>	13
ONE VITE WOMENS PLUS.....	171	<i>oxaprozin oral tablet</i>	131	<i>pain relief extra strength oral liquid 500 mg/15ml</i>	13
<i>one-daily multi vitamins</i>	171	<i>oxazepam</i>	50	<i>pain relief extra strength oral tablet 500 mg</i>	13
<i>one-daily multi-vitamin</i>	171	<i>oxcarbazepine oral suspension</i>	162	<i>pain relief oral liquid 500 mg/15ml</i>	13
<i>one-daily multi-vitamin/iron</i>	76	<i>oxcarbazepine oral tablet</i>	162	<i>pain relief oral tablet 200 mg</i>	131
<i>one-daily/iron</i>	76	OXTELLAR XR.....	162	<i>pain relief oral tablet 325 mg</i>	14
ONELAX.....	117	<i>oxybutynin chloride er</i>	46		
ONELAX MAGNESIUM CITRATE.....	117	<i>oxybutynin chloride oral tablet 5 mg</i>	46		
ONELAX SENNA.....	117	<i>oxycodone hcl oral concentrate</i>	140		
ONETOUCH ULTRA CONTROL.....	65	<i>oxycodone hcl oral solution</i>	140		
ONETOUCH ULTRA IN VITRO LIQUID.....	65	<i>oxycodone hcl oral tablet</i>	140		
ONETOUCH VERIO IN VITRO LIQUID.....	65				
ONEVITE CALCIUM+D3 ORAL TABLET 600-200 MG-UNIT.....	72				

<i>pain relief oral tablet extended release 650 mg</i>	14	<i>ped electrolyte freeze pop</i>	72	PHARBETOL EXTRA STRENGTH.....	14
<i>pain relief regular strength</i>	14	PEDIA-LAX ORAL LIQUID.....	117	<i>pharbinex</i>	153
<i>pain relief/rapid burst</i>	14	PEDIALYTE ADVANCED CARE.....	72	PHAZYME.....	95
<i>pain reliever adults</i>	14	PEDIALYTE FREEZER POPS.....	72	PHAZYME ULTRA STRENGTH.....	95
<i>pain reliever children</i>	14	PEDIALYTE IMMUNE SUPPORT.....	72	<i>phenazo</i>	98
<i>pain reliever childrens oral suspension 160 mg/5ml</i>	14	PEDIALYTE ORAL SOLUTION.....	72	<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	98
<i>pain reliever ex st oral liquid 500 mg/15ml</i>	14	PEDIALYTE SINGLES.....	72	<i>phenazopyridine hcl oral tablet 95 mg</i>	98
<i>pain reliever ex st oral tablet 500 mg</i>	14	PEDIARIX.....	167	<i>phenobarbital oral elixir 20 mg/5ml</i>	22
<i>pain reliever ex str adult</i>	14	<i>pediatric electrolyte oral solution</i>	72	<i>phenobarbital oral tablet</i>	22
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	14	PEDVAX HIB.....	167	<i>phenoxybenzamine hcl oral</i>	8
<i>pain reliever extra strength oral tablet 500 mg</i>	14	<i>peg 3350 oral powder</i>	114	<i>phenylephrine hcl ophthalmic</i>	134
<i>pain reliever oral suspension 160 mg/5ml</i>	14	<i>peg 3350-kcl-na bicarb-nacl</i>	117	<i>phenytek</i>	162
<i>pain reliever oral tablet 325 mg</i>	14	<i>peg-3350/electrolytes</i>	117	<i>phenytoin infatabs</i>	162
<i>pain reliever plus</i>	14	PEGASYS.....	29	<i>phenytoin oral suspension 125 mg/5ml</i>	162
<i>pain-off</i>	14	PENBRAYA.....	167	<i>phenytoin oral tablet chewable</i>	162
<i>paliperidone er</i>	6	<i>penicillamine oral tablet</i>	98	<i>phenytoin sodium extended oral capsule 100 mg</i>	162
PANOXYL.....	61	<i>penicillin v potassium</i>	52	<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	162
PANOXYL ACNE.....	124	PENMENVY.....	167	<i>philith</i>	85
PANOXYL ACNE BANISHING BODY.....	124	PENTACEL.....	167	PHOSPHA 250 NEUTRAL.....	76
PANOXYL CLARIFYING EXFOLIANT.....	124	<i>pentamidine isethionate inhalation</i>	45	<i>phosphorous</i>	76
<i>pantoprazole sodium oral packet</i>	145	PENTASA.....	8	<i>phospho-trin 250 neutral</i>	76
<i>pantoprazole sodium oral tablet delayed release</i>	145	<i>pentazocine-naloxone hcl</i>	140	PHOSPHO-TRIN K500.....	72
PARLODEL.....	67	<i>pentoxifylline er</i>	56	PHYRAGO.....	126
<i>paroxetine hcl er</i>	163	PEPCID.....	101	<i>phytonadione oral</i>	171
<i>paroxetine hcl oral tablet</i>	163	PEPCID AC.....	101	PIFELTRO.....	39
<i>paroxetine mesylate</i>	163	PERDIEM OVERNIGHT RELIEF.....	117	<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	137
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %.....	136	PERFOROMIST.....	53	<i>pilocarpine hcl oral tablet 5 mg</i>	58
PAXIL.....	163	<i>perindopril erbumine</i>	17	<i>pilocarpine hcl oral tablet 7.5 mg</i>	58
PAXIL CR.....	163	<i>perlogard</i>	58	<i>pimecrolimus</i>	61
PAXLOVID (150/100).....	47	<i>permethrin external</i>	141	<i>pimozide</i>	6
PAXLOVID (300/100 & 150/100).....	47	<i>perphenazine oral</i>	25	<i>pimtrea</i>	85
PAXLOVID (300/100).....	47	<i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	165	<i>pindolol</i>	51
<i>pazopanib hcl</i>	126	<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>	165	<i>pioglitazone hcl</i>	24
		PERSERIS.....	6	PIP GLUCOSE CONTROL SOLUTION.....	65
		PERTZYE.....	97	PIQRAY (200 MG DAILY DOSE).....	44
		<i>pharbedryl</i>	37		
		PHARBETOL.....	14		

PIQRAY (250 MG DAILY DOSE).....	44	<i>potassium chloride er oral tablet extended release 20 meq</i>	73	<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	104
PIQRAY (300 MG DAILY DOSE).....	44	<i>potassium chloride er oral tablet extended release 8 meq</i>	73	<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	104
<i>pirfenidone oral capsule</i>	153	<i>potassium chloride oral packet 20 meq</i>	73	<i>prednisone oral solution</i>	104
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	146	<i>potassium chloride oral solution</i>	73	<i>prednisone oral tablet</i>	104
<i>piroxicam oral</i>	131	<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	73	<i>prednisone oral tablet therapy pack 10 mg (21)</i>	104
PLAN B ONE-STEP.....	144	<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	73	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	104
PLAQUENIL.....	45	<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	73	<i>pregabalin oral</i>	87
PLAVIX.....	142	<i>potassium citrate-citric acid</i>	76	PREGNYL.....	105
PLEGRIDY STARTER PACK.....	128	<i>povidone iodine</i>	21	PREMARIN ORAL.....	85
PLEGRIDY SUBCUTANEOUS.....	128	<i>povidone-iodine external solution</i>	21	PREMARIN VAGINAL.....	85
<i>plerixafor</i>	52	PRADAXA ORAL CAPSULE 150 MG, 75 MG.....	22	PREMPHASE.....	85
PNEUMOVAX 23.....	167	PRALUENT.....	68	PREMPRO.....	85
<i>pnv 27-calfelfa</i>	171	<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i>	67	PRENATABS RX.....	171
<i>pnv-dha</i>	171	<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 2.25 mg, 3.75 mg</i>	67	<i>prenatal 19</i>	171
<i>podofilox external solution</i>	61	<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> ... 67		<i>prenatal formula</i>	171
<i>poly bacitracin</i>	21	<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	67	<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	76
<i>polyethylene glycol 3350 oral powder</i>	114	<i>prasugrel hcl</i>	142	<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	164
<i>polyethylene glycol 3350-grx oral powder</i>	115	<i>pravastatin sodium</i>	68	<i>prenatal multi+dha</i>	171
<i>poly-iron 150</i>	72	<i>praziquantel oral</i>	18	<i>prenatal multivitamin</i>	172
<i>polymyxin b-trimethoprim</i>	134	<i>prazosin hcl oral</i>	8	<i>prenatal multivitamins</i>	172
<i>polysaccharide iron complex</i>	72	<i>prebiotic fiber</i>	140	<i>prenatal oral tablet 27-0.8 mg</i>	172
<i>polysaccharide-iron complex</i>	72	PRECISION GLUCOSE KETONE CONTR. 65		<i>prenatal oral tablet 27-1 mg</i>	172
POLYSPORIN.....	21	<i>prednisolone acetate ophthalmic</i>	138	<i>prenatal oral tablet 28-0.8 mg</i>	172
<i>polyvinyl alcohol ophthalmic</i>	134	PREDNISOLONE ACETATE P-F.....	138	<i>prenatal vitamins oral tablet 28-0.8 mg</i>	172
POLY-VI-SOL.....	76	<i>prednisolone oral solution</i>	104	<i>prenatal/folic acid</i>	172
POLY-VITE PEDIATRIC.....	76	<i>prednisolone sodium phosphate ophthalmic</i>	138	<i>prenatal/iron</i>	172
<i>pomalidomide</i>	18			PREPARATION H EXTERNAL CREAM 1 %.....	98
POMALYST.....	18			PREPARATION H SOOTHING RELIEF EXTERNAL CREAM.....	98
<i>portia-28</i>	85			PREVACID.....	145
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	72			PREVACID 24HR.....	145
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	72			<i>prevalite oral packet</i>	68
<i>potassium chloride er oral capsule extended release 10 meq</i>	72				
<i>potassium chloride er oral capsule extended release 8 meq</i>	72				
<i>potassium chloride er oral tablet extended release 10 meq</i>	72				

<i>prevalite oral powder</i>	68	<i>promethazine-codeine</i>	153	QUADRACEL INTRAMUSCULAR	
PREVIDENT.....	58	<i>promethazine-dm</i>	157	SUSPENSION.....	167
PREVIDENT 5000 DRY MOUTH.....	58	<i>promethazine-phenylephrine</i>	153	QUESTRAN ORAL PACKET.....	68
PREVIDENT 5000 PLUS.....	58	PROMETHEGAN RECTAL		QUESTRAN ORAL POWDER.....	68
PREVNAR 20.....	167	SUPPOSITORY 50 MG.....	37	<i>quetiapine fumarate</i>	6
PREZCOBIX ORAL TABLET 675-150 MG..	41	PROMETRIUM.....	144	<i>quetiapine fumarate er</i>	6
PREZCOBIX ORAL TABLET 800-150 MG..	41	<i>propafenone hcl</i>	19	<i>quinapril hcl</i>	17
PREZISTA ORAL SUSPENSION.....	41	<i>propafenone hcl er oral capsule extended</i>		<i>quinapril-hydrochlorothiazide</i>	56
PREZISTA ORAL TABLET 150 MG, 75		<i>release 12 hour 225 mg, 325 mg</i>	19	<i>quinidine gluconate er</i>	19
MG.....	41	<i>propafenone hcl er oral capsule extended</i>		<i>quinidine sulfate</i>	19
PRIFTIN.....	47	<i>release 12 hour 425 mg</i>	19	QUINTET CONTROL HIGH/NORMAL.....	65
PRILOSEC.....	145	<i>propranolol hcl er</i>	51	<i>quit2</i>	161
<i>primadophilus</i>	96	<i>propranolol hcl oral solution 20 mg/5ml</i>	51	<i>quit4</i>	161
<i>primaquine phosphate</i>	45	<i>propranolol hcl oral solution 40 mg/5ml</i>	51	QVAR REDIHALER INHALATION	
<i>primidone oral tablet 250 mg, 50 mg</i>	88	<i>propranolol hcl oral tablet</i>	51	AEROSOL BREATH ACTIVATED 40	
PRIORIX.....	167	<i>propylthiouracil oral</i>	46	MCG/ACT.....	43
PRISTIQ.....	163	PROQUAD.....	167	<i>rabeprazole sodium oral tablet delayed</i>	
<i>probenecid</i>	29	PROSCAR.....	50	<i>release</i>	145
PROBIONYX.....	96	PROTONIX ORAL.....	145	<i>radiance platinum vitamin d3</i>	76
<i>probiotic acidophilus oral capsule</i>	96	PROVERA.....	144	<i>raloxifene hcl</i>	158
<i>probiotic blend</i>	96	<i>prucalopride succinate</i>	96	<i>ramelteon</i>	159
<i>probiotic digestive support</i>	96	<i>pseudoephedrine hcl er</i>	153	<i>ramipril</i>	17
<i>probiotic maximum strength</i>	96	<i>pseudoephedrine hcl oral tablet 30 mg</i>	153	<i>ranolazine er</i>	56
<i>probiotic oral capsule</i>	96	<i>pseudoephedrine-bromphen-dm</i>	157	RAPAFLO.....	50
<i>probiotic oral capsule 250 mg</i>	96	<i>pseudoephedrine-guaifenesin er</i>	153	<i>rapid release pain relief</i>	14
<i>probiotic pearls ex st</i>	96	PULMICORT SUSPENSION.....	43	<i>ready-to-use enema rectal enema</i>	96
PROCARDIA XL.....	54	PULMOSAL.....	153	<i>reclipsen</i>	85
<i>prochlorperazine</i>	25	PULMOZYME.....	153	RECOMBIVAX HB.....	167
<i>prochlorperazine maleate oral</i>	25	PURE & GENTLE LUBRICANT.....	134	<i>refenesen 400</i>	153
PROCRIT.....	52	<i>purelax oral powder</i>	115	REFRESH LACRI-LUBE.....	134
<i>procto-med hc</i>	98	<i>pyrazinamide oral</i>	47	REFRESH PLUS.....	134
PROCTOZONE-B.....	117	<i>pyridostigmine bromide er oral tablet</i>		REFRESH TEARS.....	134
PROCTOZONE-G CHILDRENS.....	117	<i>extended release</i>	141	<i>reguloid oral powder 43 %</i>	115
PROCTOZONE-GMAX ADULT.....	117	<i>pyridostigmine bromide oral solution</i>	141	REHYDRALYTE.....	73
<i>progesterone oral</i>	144	<i>pyridostigmine bromide oral tablet 30 mg</i> ..	141	RELENZA DISKHALER.....	43
PROGLYCEM.....	100	<i>pyridostigmine bromide oral tablet 60 mg</i> ..	141	<i>relief eye drops</i>	134
PROLAXA.....	117	<i>pyridoxine hcl oral</i>	172	REMERON.....	23
<i>promethazine hcl oral</i>	37	<i>pyrimethamine oral</i>	45	RENAL.....	172
<i>promethazine hcl rectal</i>	37	QBRELIS.....	17	<i>rena-vite</i>	172

RENVELA.....	142	<i>rivelsa</i>	85	SALAGEN ORAL TABLET 7.5 MG.....	58
<i>repaglinide</i>	24	<i>rizatriptan benzoate</i>	158	<i>saline mist spray</i>	157
REPATHA SUBCUTANEOUS SOLUTION		ROBAFEN CF MULTI-SYMP TOM COLD....	32	<i>saline nasal spray</i>	157
AUTO-INJECTOR 140 MG/ML.....	68	ROBITUSSIN 12 HOUR COUGH.....	153	<i>salsalate oral</i>	131
REPATHA SUBCUTANEOUS SOLUTION		ROBITUSSIN 12 HOUR COUGH CHILD..	153	<i>salzix wart remover</i>	124
PREFILLED SYRINGE 140 MG/ML.....	68	ROBITUSSIN COUGH & CHEST ADULT..	153	SANTYL.....	61
<i>rest simply</i>	37	ROBITUSSIN COUGH & CHEST CHILD..	153	<i>sapropterin dihydrochloride</i>	97
RESTORA.....	96	ROBITUSSIN COUGH+CHEST CONG		SAVAYSA.....	22
<i>restore plus lubricant eye</i>	134	DM ORAL LIQUID 20-400 MG/20ML.....	153	SAVELLA.....	87
<i>restore pm</i>	134	ROBITUSSIN PEAK COLD MULTI-SYM....	32	<i>saxagliptin hcl</i>	24
RETACRIT.....	52	ROCKLATAN.....	135	<i>scalp relief external liquid 3 %</i>	124
RETAINÉ CMC.....	134	<i>roflumilast</i>	142	SCRUB CARE POVIDONE-IODINE.....	21
RETROVIR INTRAVENOUS.....	40	<i>ropinirole hcl</i>	67	SECURA ANTIFUNGAL EXTRA THICK.....	28
REVLIMID.....	18	<i>rosuvastatin calcium oral</i>	68	SEGLUROMET.....	24
REXTOVY.....	140	ROTARIX.....	167	<i>selegiline hcl oral</i>	127
REYATAZ ORAL PACKET.....	41	ROTATEQ.....	167	<i>selenium sulfide external lotion</i>	61
REZVOGLAR KWIKPEN.....	112	ROWASA.....	8	SELZENTRY ORAL SOLUTION.....	40
RHOPRESSA.....	135	<i>roweepra</i>	22	SE-NATAL 19.....	172
<i>ribavirin oral</i>	29	ROZLYTREK ORAL CAPSULE.....	44	<i>senexon-s</i>	118
RIDAURA.....	110	ROZLYTREK PACKET 50 MG ORAL.....	44	<i>senior probiotic</i>	96
<i>rifabutin</i>	44	RUBRACA.....	126	<i>senna lax</i>	118
<i>rifampin oral</i>	47	RUCONEST.....	16	<i>senna laxative</i>	118
<i>rilpivirine hcl</i>	39	<i>rufinamide oral suspension 40 mg/ml</i>	162	<i>senna laxatives</i>	118
<i>riluzole</i>	56	<i>rufinamide oral tablet</i>	162	<i>senna oral liquid 8.8 mg/5ml</i>	118
<i>rimantadine hcl</i>	43	RUKOBIA.....	40	<i>senna oral syrup 176 mg/5ml</i>	118
RIOMET.....	24	RYBELSUS.....	24	<i>senna oral syrup 8.8 mg/5ml</i>	118
RISAQUAD.....	96	RYDAPT.....	126	<i>senna oral tablet 8.6 mg</i>	118
RISAQUAD-2.....	96	RYNEX DM.....	153	<i>senna plus</i>	118
<i>risedronate sodium oral tablet 150 mg</i>	121	RYNEX PE.....	153	<i>senna s</i>	118
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		<i>rynex pse</i>	153	<i>senna smooth</i>	118
.....	121	RYTARY ORAL CAPSULE EXTENDED		<i>senna-docusate sodium</i>	118
<i>risedronate sodium oral tablet 35 mg</i>	121	RELEASE 23.75-95 MG, 36.25-145 MG,		<i>senna-lax</i>	118
<i>risperidone microspheres er</i>	6	61.25-245 MG.....	67	<i>senna-plus</i>	118
<i>risperidone oral solution</i>	6	RYTARY ORAL CAPSULE EXTENDED		<i>senna-s oral tablet</i>	118
<i>risperidone oral tablet</i>	7	RELEASE 48.75-195 MG.....	67	<i>senna-tabs</i>	118
<i>risperidone oral tablet dispersible</i>	7	<i>saccharomyces boulardii</i>	96	<i>senna-time</i>	118
<i>ritonavir</i>	41	<i>sacubitril-valsartan</i>	56	<i>senna-time s</i>	118
<i>rivastigmine</i>	56	SAFYRAL.....	85	SENNAZON.....	118
<i>rivastigmine tartrate</i>	56	SALAGEN ORAL TABLET 5 MG.....	58	<i>sennosides-docusate sodium</i>	118

SENOKOT.....	118	<i>sirolimus oral solution</i>	110	SOFOSBUVIR-VELPATASVIR.....	29
SENOKOT S.....	118	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	110	<i>soft glucose</i>	100
<i>sertraline hcl oral concentrate</i>	163	<i>sirolimus oral tablet 2 mg</i>	110	SOGROYA.....	105
<i>sertraline hcl oral tablet</i>	163	SIRTURO.....	47	<i>solifenacin succinate</i>	46
<i>setlakin</i>	85	<i>sleep aid (diphenhydramine)</i>	37	SOLLIQUA.....	112
<i>sevelamer carbonate oral tablet</i>	142	<i>sleep aid nighttime</i>	37	SOLTAMOX.....	25
<i>sf 5000 plus</i>	58	<i>sleep aid oral tablet 25 mg</i>	37	<i>soluble fiber therapy</i>	118
<i>sf gel 1.1%</i>	58	<i>sleep tabs</i>	37	SOMAVERT.....	107
SFROWASA RECTAL ENEMA 4		SLO-NIACIN.....	172	<i>sorafenib tosylate</i>	126
GM/60ML.....	8	<i>smooth antacid extra st</i>	96	<i>sorbitol oral</i>	115
<i>sharobel</i>	144	<i>smooth antacid extra strength</i>	96	<i>sotalol hcl (af)</i>	19
<i>shewise</i>	144	<i>smooth lax oral powder</i>	115	<i>sotalol hcl oral</i>	19
SHINGRIX INTRAMUSCULAR		<i>sod chloride hypertonicity</i>	135	SOVUNA ORAL TABLET 200 MG.....	45
SUSPENSION RECONSTITUTED.....	167	<i>sod citrate-citric acid oral solution 500-334</i>		SPIKEVAX.....	167
SIGNIFOR.....	107	<i>mg/5ml</i>	76	SPIKEVAX 6M-11Y.....	167
<i>sildenafil citrate oral suspension</i>		<i>sodium bicarbonate oral tablet</i>	96	<i>spinosad</i>	141
<i>reconstituted</i>	146	<i>sodium chloride (hypertonic) ophthalmic</i>		<i>spironolactone oral tablet</i>	66
<i>sildenafil citrate oral tablet 20 mg</i>	146	<i>ointment</i>	135	<i>spironolactone-hctz</i>	56
<i>silodosin</i>	50	<i>sodium chloride (hypertonic) ophthalmic</i>		<i>sprintec 28</i>	86
<i>silver sulfadiazine external</i>	21	<i>solution</i>	135	SPRITAM.....	22
SIMBRINZA.....	137	<i>sodium chloride inhalation nebulization</i>		SPS (SODIUM POLYSTYRENE SULF).....	80
SIMEPED.....	96	<i>solution 0.9 %, 10 %</i>	154	<i>ssd</i>	21
<i>simethicone drops infants</i>	96	<i>sodium chloride inhalation nebulization</i>		<i>sss 10-5</i>	61
<i>simethicone oral</i>	96	<i>solution 3 %</i>	154	ST JOSEPH LOW DOSE.....	132
<i>simethicone ultra strength</i>	96	<i>sodium chloride inhalation nebulization</i>		STARJEMZA SUBCUTANEOUS.....	61
SIMLANDI (1 PEN).....	109	<i>solution 7 %</i>	154	STEGLATRO.....	24
SIMLANDI (2 PEN).....	109	<i>sodium chloride ophthalmic ointment 5 %</i> ..	135	STEGLUJAN.....	24
SIMLANDI (2 SYRINGE).....	110	<i>sodium chloride ophthalmic solution 5 %</i> ..	135	<i>stimulant lax plus</i>	118
<i>simliya</i>	86	<i>sodium fluoride 5000 plus</i>	58	<i>stimulant laxative</i>	118
<i>simpesse</i>	86	<i>sodium fluoride 5000 ppm dental gel</i>	58	STIOLTO RESPIMAT.....	154
<i>simvastatin oral</i>	68	<i>sodium fluoride dental cream</i>	58	STIVARGA.....	126
SINEMET.....	67	<i>sodium fluoride dental gel</i>	58	<i>stool softener extra str</i>	118
SINGULAIR.....	43	<i>sodium fluoride mouth/throat</i>	58	<i>stool softener oral capsule 100 mg</i>	118
<i>sinus & congestion max str</i>	153	<i>sodium fluoride oral solution 1.1 (0.5 f)</i>		<i>stool softener oral capsule 240 mg</i>	118
<i>sinus 12 hour</i>	153	<i>mg/ml</i>	73	<i>stool softener oral capsule 250 mg</i>	118
<i>sinus 12-hour</i>	154	<i>sodium fluoride oral tablet chewable</i>	73	<i>stool softener oral capsule 50 mg</i>	118
<i>sinus nasal spray</i>	157	<i>sodium phenylbutyrate oral powder</i>	97	<i>stool softener oral tablet 50-8.6 mg</i>	119
<i>sinus pe decongestant</i>	157	<i>sodium polystyrene sulfonate oral</i>	80	<i>stool softener pls laxative</i>	119
<i>sinus relief extra strength</i>	154	<i>sodium sulfacetamide wash</i>	61	<i>stool softener plus laxative</i>	119

<i>stool softener/laxative oral tablet , 8.6-50 mg</i>	119	<i>sulfamethoxazole-trimethoprim oral tablet.</i>	164	<i>tacrolimus external ointment 0.03 %</i>	61
STRENSIQ SUBCUTANEOUS SOLUTION		<i>sulfasalazine oral</i>	164	<i>tacrolimus external ointment 0.1 %</i>	61
18 MG/0.45ML, 28 MG/0.7ML.....	97	<i>sulfatrim pediatric</i>	164	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	110
<i>stress formula</i>	172	<i>sulindac oral</i>	132	<i>tacrolimus oral capsule 1 mg</i>	110
<i>stress formulal/iron</i>	76	<i>sumatriptan nasal</i>	158	<i>tadalafil (pah)</i>	146
<i>stress formulal/iron/energy</i>	76	<i>sumatriptan succinate oral</i>	158	TAFINLAR ORAL CAPSULE.....	127
<i>stress formulal/zincl/energy</i>	172	<i>sumatriptan succinate subcutaneous</i>	158	TAFINLAR ORAL TABLET SOLUBLE.....	127
STRIBILD.....	38	<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	126	TAGAMET HB 200.....	101
STRIVERDI RESPIMAT.....	53	<i>sunitinib malate oral capsule 37.5 mg</i>	127	<i>take action</i>	144
<i>subvenite oral tablet</i>	99	SUNLENCA ORAL.....	39	<i>tamoxifen citrate oral</i>	25
<i>subvenite starter kit-blue</i>	99	SUNLENCA SUBCUTANEOUS.....	39	<i>tamsulosin hcl</i>	50
<i>subvenite starter kit-green</i>	99	<i>suphedrine 12hour</i>	154	<i>tarina 24 fe</i>	86
<i>subvenite starter kit-orange</i>	99	<i>suphedrine maximum strength</i>	154	<i>tarina fe 1/20 eq</i>	86
<i>sucralfate oral suspension</i>	144	SUPPORT.....	76	TASMAR.....	45
<i>sucralfate oral tablet</i>	144	<i>sv vitamin d3 oral capsule 25 mcg</i>	77	TAYTULLA.....	86
SUDAFED.....	154	<i>sv vitamin d3 oral capsule 50 mcg (2000 ut)</i>	77	TEENY TUMMY GAS RELIEF DROPS.....	96
SUDAFED PE CONGESTION ORAL		<i>sv vitamin d3 oral tablet chewable</i>	77	TEGRETOL.....	162
TABLET 10 MG.....	157	<i>syeda</i>	86	TEGRETOL-XR.....	162
SUDAFED PE SINUS CONGESTION.....	158	SYMBICORT.....	154	TEKTURNA.....	56
SUDAFED SINUS CONGESTION.....	154	SYMDEKO.....	57	<i>telmisartan</i>	17
SUDAFED SINUS CONGESTION 12HR... 154		SYMPROIC.....	96	<i>temazepam oral capsule 15 mg, 30 mg</i>	87
<i>sudogest 12 hour</i>	154	SYMTUZA.....	41	<i>temozolomide oral capsule 100 mg, 140 mg</i>	7
<i>sudogest maximum strength</i>	154	SYNJARDY.....	24	<i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg</i>	7
<i>sudogest oral tablet 30 mg</i>	154	SYNJARDY XR.....	24	TENCON.....	15
SULAR.....	54	SYNTHROID.....	106	TENIVAC.....	167
<i>sulfacetamide sodium external</i>	61	SYSTANE.....	135	<i>tenofovir disoproxil fumarate</i>	40
<i>sulfacetamide sodium ophthalmic</i>	136	SYSTANE BALANCE.....	135	TENORETIC 100.....	56
<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	61	SYSTANE COMPLETE.....	135	TENORETIC 50.....	56
<i>sulfacetamide sodium-sulfur external emulsion</i>	61	SYSTANE CONTACTS.....	135	TENORMIN.....	51
<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>	61	SYSTANE HYDRATION PF.....	135	<i>terazosin hcl</i>	50
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	61	SYSTANE NIGHT.....	135	<i>terbinafine hcl external</i>	28
<i>sulfacetamide-prednisolone</i>	138	SYSTANE NIGHTTIME.....	135	<i>terbinafine hcl oral</i>	28
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	164	SYSTANE PRESERVATIVE FREE.....	135	<i>terbinafine hydrochloride external cream 1 %</i>	28
		SYSTANE ULTRA.....	135	<i>terconazole vaginal cream</i>	28
		SYSTANE ULTRA PF.....	135	<i>teriflunomide</i>	128
		<i>tab tussin</i>	154		
		<i>tab-a-vite/beta carotene</i>	172		

<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	121	THRIVE.....	161	TOPROL XL.....	51
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS.....	121	THRIVITE RX.....	172	<i>toremifene citrate</i>	25
<i>testosterone cypionate intramuscular</i>	16	THYQUIDITY.....	106	<i>torsemide</i>	66
<i>testosterone enanthate intramuscular</i>	16	<i>tiadylt er</i>	54	<i>total allergy</i>	37
<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%)</i>	16	<i>tiagabine hcl</i>	88	<i>total allergy medicine</i>	37
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	16	TIAZAC.....	55	TOVIAZ.....	46
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i>	16	TIBSOVO.....	127	TRADJENTA.....	24
<i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%)</i>	16	<i>ticagrelor</i>	142	<i>tramadol hcl oral tablet 50 mg</i>	140
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	16	TIKOSYN.....	19	<i>trandolapril</i>	17
<i>tetrabenazine</i>	56	<i>tilia fe</i>	86	<i>tranexamic acid oral</i>	100
THALOMID.....	18	<i>timolol maleate (once-daily)</i>	137	<i>tranylcypromine sulfate</i>	127
<i>the magic bullet</i>	119	<i>timolol maleate ophthalmic solution</i>	137	TRAVATAN Z.....	138
THEO-24.....	142	<i>timolol maleate oral</i>	51	<i>travel ease</i>	25
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	142	TIMOPTIC OCUDOSE.....	137	<i>travoprost (bak free)</i>	138
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	142	TINACTIN EXTERNAL CREAM.....	28	<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	163
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	142	<i>tinidazole oral tablet 250 mg</i>	21	TREMFYA-CD/UC INDUCTION.....	61
<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	142	<i>tinidazole oral tablet 500 mg</i>	21	TRESIBA.....	112
<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	142	<i>tiotropium bromide</i>	53	TRESIBA FLEXTOUCH.....	112
<i>theophylline oral</i>	142	TIVICAY.....	38	<i>tretinoin external cream</i>	61
THERA.....	172	TIVICAY PD.....	38	<i>tretinoin oral</i>	158
THERAFLU SEVERE CONGESTION REL.....	158	<i>tizanidine hcl oral tablet</i>	159	<i>triamcinolone acetonide external cream</i>	105
<i>thera-tabs</i>	172	TOBRADEX.....	8	<i>triamcinolone acetonide external lotion 0.025 %</i>	105
<i>thiamine hcl oral</i>	172	<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	57	<i>triamcinolone acetonide external lotion 0.1 %</i>	105
<i>thiamine mononitrate oral</i>	172	TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION.....	57	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	105
<i>thioridazine hcl oral</i>	6	<i>tobramycin ophthalmic</i>	136	<i>triamcinolone acetonide mouth/throat</i>	58
<i>thiothixene</i>	6	<i>tobramycin-dexamethasone</i>	135	<i>triamcinolone acetonide nasal</i>	43
		<i>tolcapone</i>	45	<i>triamterene oral</i>	66
		<i>tolnaftate external cream</i>	29	<i>triamterene-hctz</i>	56
		<i>tolnaftate external powder</i>	29	<i>triazolam</i>	50
		<i>tolterodine tartrate</i>	46	TRICOR.....	67
		<i>tolterodine tartrate er</i>	46	<i>triderm</i>	105
		TOP FILL HUMIDIFIER.....	124	<i>trientine hcl oral capsule 250 mg</i>	80
		TOPAMAX.....	99	<i>tri-estarylla</i>	86
		<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	99	<i>trifluoperazine hcl</i>	6
		<i>topiramate oral capsule sprinkle 50 mg</i>	99	<i>trifluridine</i>	138
		<i>topiramate oral tablet</i>	99		

<i>trihexyphenidyl hcl</i>	21	<i>trosipium chloride er</i>	46	TRUEPLUS LANCETS 30G.....	65
TRIJARDY XR.....	24	TRUE COVER.....	124	TRUMENBA.....	167
TRIKAFTA ORAL TABLET THERAPY PACK.....	57	TRUE FERROUS SULFATE.....	73	TUDORZA PRESSAIR.....	53
TRIKAFTA ORAL THERAPY PACK.....	57	TRUE FOLIC ACID ORAL TABLET 400 MCG.....	172	TUMS.....	97
<i>tri-legest fe</i>	86	TRUE FOLIC ACID TABLET 1 MG ORAL.....	172	TUMS CHEWY BITES.....	97
TRILEPTAL ORAL SUSPENSION.....	162	TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG.....	73	TUMS CHEWY BITES ULTRA STR.....	97
TRILEPTAL ORAL TABLET.....	162	TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL.....	96	TUMS E-X 750.....	97
<i>tri-linyah</i>	86	<i>true oyster shell calcium</i>	73	TUMS EXTRA STRENGTH.....	97
<i>tri-lo-estarylla</i>	86	TRUE VITAMIN A.....	172	TUMS EXTRA STRENGTH 750.....	97
<i>tri-lo-marzia</i>	86	TRUE VITAMIN B1 ORAL TABLET 100 MG.....	172	TUMS LASTING EFFECTS.....	97
<i>tri-lo-mili</i>	86	TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG.....	172	TUMS SMOOTHIES.....	97
<i>tri-lo-sprintec</i>	86	TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG.....	172	TUMS ULTRA 1000.....	97
<i>trimethobenzamide hcl oral</i>	25	TRUE VITAMIN C.....	77	TUMS ULTRA STRENGTH.....	97
<i>trimethoprim oral</i>	21	TRUE VITAMIN D3 CAPSULE 125 MCG (5000 UT) ORAL.....	77	TURALIO.....	127
<i>tri-mili</i>	86	TRUE VITAMIN D3 CAPSULE 50 MCG (2000 UT) ORAL.....	77	<i>turqoz</i>	86
TRINATAL RX 1.....	172	TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT).....	77	<i>tussin</i>	154
TRINTELLIX.....	163	TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT).....	77	<i>tussin adult chest congest</i>	154
<i>triphrocaps</i>	172	TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 250 MCG (10000 UT).....	77	<i>tussin adult oral liquid 200 mg/10ml</i>	154
<i>triple antibiotic external ointment , 3.5-400- 5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	21	TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT).....	77	<i>tussin cf adult</i>	32
<i>tri-sprintec</i>	86	TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT).....	77	<i>tussin cough/chest dm max oral liquid 20- 400 mg/20ml</i>	154
TRIUMEQ.....	38	TRUE VITAMIN E ORAL CAPSULE 180 MG.....	173	<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	154
TRIUMEQ PD.....	38	TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG.....	173	<i>tussin dm max adult</i>	155
<i>tri-vite pediatric</i>	172	TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE.....	100	<i>tussin dm max daytime</i>	155
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	77			<i>tussin dm max oral liquid 20-400 mg/20ml</i>	155
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	77			<i>tussin dm max st</i>	155
<i>tri-vylibra</i>	86			<i>tussin dm oral syrup</i>	155
<i>tri-vylibra lo</i>	86			<i>tussin maximum strength oral syrup 15 mg/5ml</i>	155
TROGARZO.....	40			<i>tussin mucus & chest congest</i>	155
TROJAN BARESKIN.....	124			<i>tussin mucus+chest congest sf</i>	155
TROJAN MAGNUM.....	124			<i>tussin mucus+chest congestion</i>	155
TROJAN ULTRA RIBBED LUBRICATED..	124			TWINRIX.....	167
TROJAN ULTRA THIN.....	124			TYBLUME.....	86
TROJAN ULTRA THIN/SPERMICIDAL.....	124			TYBOST ORAL TABLET 150 MG.....	40
TROJAN-ENZ LUBRICATED.....	124			<i>tydemy</i>	86
TROJAN-ENZ/SPERMICIDAL.....	124			TYENNE SUBCUTANEOUS.....	110
TROKENDI XR.....	99			TYLENOL EXTERNAL CREAM 4 %.....	119
<i>trosipium chloride</i>	46				

TYLENOL FOR CHILDREN + ADULTS.....	15	<i>valsartan oral tablet</i>	17	<i>verapamil hcl er oral tablet extended</i>	
TYLENOL ORAL SUSPENSION 160		<i>valsartan-hydrochlorothiazide</i>	56	<i>release</i>	55
MG/5ML.....	15	<i>valtya 1/35</i>	86	<i>verapamil hcl oral</i>	55
TYLENOL ORAL TABLET 325 MG, 500		<i>valtya 1/50</i>	86	VERZENIO.....	44
MG.....	15	VALYRA.....	97	VESICARE.....	46
TYLENOL ORAL TABLET CHEWABLE		<i>vancomycin hcl oral</i>	21	<i>vestura</i>	86
160 MG.....	15	VANQUISH EXTRA STRENGTH.....	15	VIBERZI.....	112
TYLENOL ORAL TABLET EXTENDED		VAPORIZER WARM STEAM.....	124	<i>vic-forte</i>	77
RELEASE 650 MG.....	15	VAQTA.....	168	VICKS PAINQUIL.....	15
TYMLOS.....	121	<i>varenicline tartrate</i>	161	VICTOZA SOLUTION PEN-INJECTOR 18	
UBRELVY.....	54	<i>varenicline tartrate (starter)</i>	161	MG/3ML SUBCUTANEOUS.....	24
UDENYCA.....	52	<i>varenicline tartrate(continue)</i>	161	<i>vienna</i>	86
UDENYCA ONBODY.....	52	VARIVAX.....	168	<i>vigabatrin oral packet</i>	88
ULORIC.....	29	VASCEPA.....	68	VIIBRYD.....	163
<i>ultra fresh</i>	135	VASERETIC.....	56	<i>vilazodone hcl</i>	163
<i>ultra fresh pm</i>	135	VASOTEC.....	17	VIMPAT ORAL SOLUTION.....	162
<i>ultra lubricant drop</i>	135	VAXELIS.....	168	VIMPAT ORAL TABLET.....	162
<i>ultra lubricating eye drops</i>	135	VAXNEUVANCE.....	168	VIOKACE.....	97
<i>ultra lubricating eye drops pf</i>	135	<i>v-c forte</i>	77	<i>viorele</i>	86
ULTRASONIC COOL MIST HUMIDIF.....	124	<i>vegetable lax+stool softener</i>	119	VIRACEPT.....	41
UMECLIDINIUM-VILANTEROL.....	155	<i>vegetable laxative</i>	119	VIREAD ORAL POWDER.....	40
<i>unithroid</i>	106	<i>velivet</i>	86	VIREAD ORAL TABLET 150 MG, 200 MG,	
<i>urea 20 intensive hydrating</i>	62	VELPHORO.....	142	250 MG.....	40
<i>urea external cream 20 %</i>	62	VELTASSA ORAL PACKET 1 GM.....	80	VISBIOME GI CARE.....	97
<i>ureacin-10</i>	62	VELTASSA ORAL PACKET 16.8 GM, 25.2		VISINE.....	136
<i>ureacin-20</i>	62	GM, 8.4 GM.....	80	<i>vitachew multiple vitamin</i>	173
UREVEX.....	62	VENCLEXTA.....	127	<i>vitachew vitamin d3</i>	77
<i>urinary pain relief oral tablet 95 mg</i>	98	VENCLEXTA STARTING PACK.....	127	<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>	
UROXATRAL.....	50	<i>venlafaxine hcl</i>	163	<i>3 mg, 3 mg (10000 ut), 3000 mcg</i>	173
<i>ursodiol oral capsule 300 mg</i>	97	<i>venlafaxine hcl er oral capsule extended</i>		<i>vitamin b complex oral capsule</i>	173
<i>ursodiol oral tablet</i>	97	<i>release 24 hour</i>	163	<i>vitamin b complex w/b-12</i>	173
USTEKINUMAB-AAUZ.....	61	<i>venlafaxine hcl er oral tablet extended</i>		<i>vitamin b1</i>	173
UZEDY SUBCUTANEOUS SUSPENSION		<i>release 24 hour 150 mg, 225 mg, 75 mg...</i>	163	<i>vitamin b-1 oral tablet 100 mg, 250 mg.....</i>	173
PREFILLED SYRINGE 100 MG/0.28ML.....	7	<i>venlafaxine hcl er oral tablet extended</i>		<i>vitamin b-12 er oral tablet extended</i>	
VAGIFEM.....	86	<i>release 24 hour 37.5 mg</i>	163	<i>release 1000 mcg</i>	173
<i>valacyclovir hcl oral</i>	30	<i>verapamil hcl er oral capsule extended</i>		<i>vitamin b12 oral tablet extended release</i>	
<i>valganciclovir hcl oral tablet</i>	23	<i>release 24 hour 120 mg, 180 mg, 240 mg,</i>		<i>1000 mcg</i>	173
<i>valproic acid oral capsule</i>	88	<i>360 mg</i>	55	<i>vitamin b-12 pr</i>	173
<i>valproic acid oral solution 250 mg/5ml</i>	88			<i>vitamin b-6</i>	173

<i>vitamin b-6 er</i>	173	<i>vitamin d3 oral tablet 50 mcg, 50 mcg (2000 ut)</i>	79	WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT).....	79
<i>vitamin c er oral tablet extended release 1500 mg</i>	77	<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	79	WELL VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT).....	79
<i>vitamin c oral liquid</i>	77	<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	79	WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT).....	79
<i>vitamin c oral tablet 1000 mg, 250 mg</i>	77	<i>vitamin d3 rapid release</i>	79	<i>wera</i>	86
<i>vitamin c oral tablet 500 mg</i>	77	<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> ..	79	<i>wescaps</i>	173
<i>vitamin c oral tablet chewable 100 mg, 250 mg</i>	77	<i>vitamin e oral capsule 180 mg, 180 mg (400 unit)</i>	173	WESNATAL DHA COMPLETE.....	173
<i>vitamin c oral tablet chewable 500 mg</i>	77	<i>vitamin e oral capsule 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	173	WESTAB PLUS.....	173
<i>vitamin c rose hips oral tablet 1000 mg</i>	78	<i>vitamin b complex</i>	173	WIDE-SEAL DIAPHRAGM 60.....	125
<i>vitamin c rose hips oral tablet 500 mg</i>	78	VIVAGUARD INO CONTROL SOLUTION...65		WIDE-SEAL DIAPHRAGM 65.....	125
<i>vitamin c-rose hips</i>	78	VIVELLE-DOT.....	86	WIDE-SEAL DIAPHRAGM 70.....	125
<i>vitamin c-rose hips oral tablet</i>	78	VIVITROL.....	7	WIDE-SEAL DIAPHRAGM 75.....	125
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)</i>	78	<i>volnea</i>	86	WIDE-SEAL DIAPHRAGM 80.....	125
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	78	<i>voriconazole oral tablet</i>	29	WIDE-SEAL DIAPHRAGM 85.....	125
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	173	<i>vyfemla</i>	86	WIDE-SEAL DIAPHRAGM 90.....	125
<i>vitamin d high potency oral capsule 1.25 mg (50000 ut)</i>	78	<i>vylibra</i>	86	WIDE-SEAL DIAPHRAGM 95.....	125
<i>vitamin d oral capsule 1.25 mg (50000 ut)</i> ...78		VYTORIN.....	68	<i>wixela inhub</i>	155
<i>vitamin d oral capsule 125 mcg</i>	78	VYVANSE ORAL CAPSULE.....	48	<i>womans laxative</i>	119
<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	78	VYZULTA.....	138	<i>womens gentle laxative</i>	119
<i>vitamin d oral liquid</i>	78	WAINUA.....	97	<i>womens laxative</i>	119
<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	78	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	22	<i>womens prenatal+dha</i>	173
<i>vitamin d3 max</i>	78	<i>warfarin sodium oral tablet 6 mg</i>	22	<i>wymzya fe</i>	86
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> ..78		WARM MIST HUMIDIFIER.....	124	XADAGO.....	127
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> ..78		WARM STEAM VAPORIZER.....	124	XALATAN.....	138
<i>vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut)</i>	78	<i>wart remover external liquid 17 %</i>	124	XALKORI.....	127
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i> 78		<i>wart remover maximum strength external liquid</i>	125	<i>xarah fe</i>	86
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>....78		WE CARE ENEMA.....	97	XARELTO ORAL TABLET.....	22
<i>vitamin d3 oral liquid 10 mcg/ml</i>	78	<i>weekly-d</i>	79	<i>xelria fe</i>	86
<i>vitamin d-3 oral tablet</i>	78	WELCHOL ORAL PACKET.....	68	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG.....	24
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	79	WELCHOL ORAL TABLET.....	68	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	155
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	79	WELL MAGNESIUM OXIDE.....	97	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	155
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	79	WELL VITAMIN C.....	79	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.....	110
				XPECT.....	155

XTANDI ORAL TABLET	18	ZOLINZA.....	44
<i>xulane</i>	86	<i>zolmitriptan oral</i>	158
YASMIN 28.....	87	ZOLOFT.....	163
YAZ.....	87	<i>zolpidem tartrate er</i>	87
YESINTEK SUBCUTANEOUS.....	61	<i>zolpidem tartrate oral tablet</i>	87
YEZTUGO ORAL.....	39	ZONEGRAN.....	55
YEZTUGO SUBCUTANEOUS.....	39	<i>zonisamide oral</i>	55
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE		<i>zovia 1/35 (28)</i>	87
KIT 40 MG/0.4ML.....	110	<i>zumandimine</i>	87
<i>yuvaferm</i>	87	ZYDELIG ORAL TABLET 100 MG.....	127
<i>zafemy</i>	87	ZYDELIG ORAL TABLET 150 MG.....	80
<i>zafirlukast</i>	43	ZYKADIA.....	44
<i>zaleplon</i>	87	ZYPITAMAG.....	68
ZARONTIN.....	55	ZYRTEC ALLERGY ORAL TABLET.....	37
ZARXIO.....	52	ZYRTEC-D ALLERGY & CONGESTION.....	32
ZEJULA.....	127	ZYRTEC-D ALLERGY & SINUS.....	32
ZELBORAF.....	127		
<i>zelvysia</i>	97		
<i>zenatane</i>	61		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT.....	97		
ZEPATIER.....	29		
ZESTORETIC.....	56		
ZESTRIL.....	17		
ZETIA.....	68		
<i>zidovudine</i>	40		
<i>zileuton er</i>	43		
<i>zinc chelated oral tablet 50 mg</i>	79		
<i>zinc gluconate oral tablet 50 mg</i>	79		
<i>zinc oral tablet 50 mg</i>	79		
<i>zinc oxide external ointment 40 %</i>	61		
ZIOPTAN.....	138		
<i>ziprasidone hcl</i>	7		
ZOCOR.....	68		