



# Preferred Drug List (PDL)

**New York –  
Health and Recovery Plan  
Wellness4Me**

**Effective Date: 1/1/2023**



**United  
Healthcare  
Community Plan**





## NOTICE OF NON-DISCRIMINATION

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

UnitedHealthcare Community Plan provides the following:

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

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

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

- Mail:                    Civil Rights Coordinator  
                              UnitedHealthcare Civil Rights Grievance  
                              P.O. Box 30608  
                              Salt Lake City, UTAH 84130
- Email:                 **UHC\_Civil\_Rights@uhc.com**

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

- Web:                    Office for Civil Rights Complaint Portal at  
                              **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
- Mail:                    U.S. Dept. of Health and Human Services  
                              200 Independence Avenue SW  
                              Room 509F, HHH Building, Washington, D.C. 20201
- Phone:                 Toll-free 1-800-868-1019, 1-800-537-7697 (TDD)

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-866-433-3413, TTY 711**, 24 hours a day, 7 days a week.



## NOTIFICACIÓN DE LA NO-DISCRIMINACIÓN

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

UnitedHealthcare Community Plan provee lo siguiente:

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

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

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

- Correo: Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130
- Correo electrónico: **UHC\_Civil\_Rights@uhc.com**

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

- Internet: Sitio en Internet para la Oficina de Derechos Civiles en  
**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
- Correo: U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building, Washington, D.C. 20201
- Teléfono: Gratuitamente al 1-800-868-1019, 1-800-537-7697 (TDD)

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros al **1-866-433-3413, TTY 711**, 24 horas al día, 7 días de la semana.

## LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-433-3413 TTY/711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-3413 TTY/711.	Spanish/ Español
注意：您可以免費獲得語言援助服務。請致電 1-866-433-3413 TTY/711。	Chinese/ 中文
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-433-3413 رقم هاتف الصم والبكم TTY/711.	Arabic/ اللغة العربية
주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-866-433-3413 TTY/711로 전화하시기 바랍니다.	Korean/ 한국어
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-3413 (телетайп: TTY/711).	Russian/ Русский
ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il 1-866-433-3413 TTY/711.	Italian/ Italiano
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-3413 TTY/711.	French/ Français
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-433-3413 TTY/711.	French Creole/ Kreyòl ki soti nan Fransè
אכטונג: אויב איר רעדט אידיש, זענען פאראן פאר איך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-433-3413 TTY/711.	Yiddish/ אידיש
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-433-3413 TTY/711.	Polish/ Polski
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyong pantulong sa wika nang walang bayad. Tumawag sa 1-866-433-3413 TTY/711.	Tagalog
দৃষ্টি আকর্ষণ: যদি আপনার ভাষা “Bengali বাংলা” হয় তাহলে আপনি বিনামূল্যে ভাষা সহায়তা পাবেন। 1-866-433-3413 TTY/711 নম্বরে ফোন করুন।	Bengali/ বাংলা
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-433-3413 TTY/711.	Albanian/ Shqip
ΠΡΟΣΟΧΗ: Στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-433-3413 TTY/711.	Greek/ Ελληνικά
توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان سے متعلق مدد کی خدمات مفت دستیاب ہیں۔ کال کریں 1-866-433-3413 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 pharmacoeconomic studies

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

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

### PDL PRODUCT DESCRIPTIONS

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

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

carvedilol                      Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release    CARDIZEM SR

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

**Neomycin/polymyxin B/ Cortisporin Hydrocortisone**

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

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

citalopram 40 mg tabs                      Celexa tabs

### DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

### GENERIC SUBSTITUTION

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

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

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

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

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

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

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

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

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

### **PLAN EXCLUSIONS**

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

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

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

### **DAYS SUPPLY DISPENSING LIMITATIONS**

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

### **MANDATORY GENERIC SUBSTITUTION**

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

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

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

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



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

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

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

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

**NON-PDL DRUGS 3-DAY TEMPORARY SUPPLY OVERRIDES**

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 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.

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.

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

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

**MEDICATIONS REQUIRING DIAGNOSIS**

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

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

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

**STEP THERAPY (ST)**

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

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

<b>STEP Drug</b>	<b>First-Line Agent(s)</b>		
<b>Amerge</b>	Trial at a minimum dose of 50mg of sumatriptan tablets.	<b>SGLT-2 Inhibitors (Steglatro, Segluromet)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>Aricept 23mg</b>	90 day trial of Aricept 10mg daily	<b>tacrolimus 0.03%</b>	Minimum age of 2. Trial of one topical corticosteroid.
<b>calcipotriene cream &amp; oint 0.005%</b>	Trial of two medium to high potency corticosteroids	<b>tacrolimus 0.1%</b>	Minimum age of 16. Trial of one topical corticosteroid
<b>calcitriol 3mcg/gm</b>	Trial of two medium to high potency corticosteroids	<b>tolterodine</b>	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>DPP4 Inhibitors (Nesina, Kazano, Oseni)</b>	At least a 90 day trial of 1500mg/day of metformin.	<b>tretinoin Cream (tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)</b>	Trial of Differin OTC Gel 0.1%.
<b>Elidel</b>	Minimum age of 2. Trial of one topical corticosteroid.	<b>trosipium</b>	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>Eucria</b>	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment	<b>Trulance</b>	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.	<b>Uloric</b>	8 week trial of up to 600mg of allopurinol required first.
<b>GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2 pen pack)</b>	At least a 90 day trial of 1500mg/day of metformin	<b>Xopenex Respules</b>	30 day trial of Albuterol .083% or .5% respules.
<b>GLP-1/Insulin Combinations (Soliqua)</b>	Trial of one drug from the following classes: GLP-1 or Basal Insulin		
<b>lubiprostone</b>	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol	<b>PDL SUGGESTIONS</b>	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.
<b>Motegrity</b>	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)		Attn: Director of Pharmacy Services UnitedHealthcare Community Plan 2 Allegheny Center Suite 600 Pittsburgh, PA 15212 Phone: 800-310-6826 Email: <a href="mailto:pdl_management@uhc.com">pdl_management@uhc.com</a>
<b>Movantik</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)		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.
<b>Optivar</b>	14 day trial of ketotifen within previous 90 days required first.		
<b>Ranexa</b>	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates		
<b>Renvela</b>	8 week trial of calcium acetate		

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.

#### **(Effective October 1, 2019)**

Ovulation enhancing drugs are now available for females ages twenty-one through forty-four experiencing infertility. This benefit will be limited to three cycles of treatment per lifetime.

# New York – Health and Recovery Plan

## Table of Contents

Analgesics .....	5
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions .....	8
Anesthetics .....	13
Anti-Addiction/Substance Abuse Treatment Agents .....	13
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence .....	14
Antiandrogens - Hormone Suppressants.....	15
Antibacterials .....	15
Antibacterials - Drugs to Treat Bacterial Infections .....	18
Anticonvulsants .....	19
Anticonvulsants - Drugs to Treat Seizures .....	21
Antidementia Agents .....	21
Antidepressants.....	21
Antiemetics .....	23
Antiemetics - Drugs to Treat Nausea and Vomiting .....	24
Antifungals .....	24
Antifungals - Drugs to Treat Fungal Infections .....	25
Antigout Agents .....	26
Antimigraine Agents .....	26
Antimigraine Agents - Drugs to Treat Migraines .....	26
Antimyasthenic Agents .....	27
Antimycobacterials .....	27
Antineoplastics .....	28
Antineoplastics - Drugs to Treat Cancer .....	31
Antineoplastics, Other - Chemotherapy Agents .....	31
Antiparasitics .....	31
Antiparasitics - Drugs to Treat Parasitic Infections.....	32

Antiparkinson Agents .....	33
Antipsychotics.....	33
Antispasmodics, Urinary - Bladder Control Drugs .....	35
Antispasticity Agents .....	35
Antivirals .....	35
Antivirals - Drugs to Treat Viral Infections .....	39
Anxiolytics.....	39
Bipolar Agents .....	40
Blood Glucose Regulators .....	40
Blood Glucose Regulators - Drugs to Regulate Blood Sugar .....	43
Blood Products and Modifiers.....	44
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders .....	45
Cardiovascular Agents.....	46
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs .....	51
Central Nervous System Agents .....	51
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis .....	53
Dental and Oral Agents.....	54
Dermatological Agents .....	54
Dermatological Agents - Drugs to Treat Skin Conditions.....	59
Diabetes - Glucose Monitoring .....	60
Electrolytes/Minerals/Metals/Vitamins.....	61
Estrogens - Hormone Replacement/Modifying Drugs.....	68
Gastrointestinal Agents.....	69
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions .....	71
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	83
Genitourinary Agents .....	83
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions.....	84
Glycemic Agents - Diabetic Drugs.....	84

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) .....	85
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	85
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) .....	86
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) .....	86
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones .....	91
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	92
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones .....	92
Hormonal Agents, Suppressant (Adrenal) .....	93
Hormonal Agents, Suppressant (Pituitary) .....	93
Hormonal Agents, Suppressant (Thyroid) .....	93
Immune Suppressants - Immune System Drugs.....	94
Immunological Agents.....	94
Immunological Agents - Drugs that Stimulate or Suppress the Immune System.....	97
Inflammatory Bowel Disease Agents .....	98
Metabolic Bone Disease Agents .....	98
Miscellaneous Therapeutic Agents .....	99
Molecular Target Inhibitors - Chemotherapy Agents.....	103
Multiple Sclerosis Agents - Multiple Sclerosis Drugs .....	104
Ophthalmic Agents.....	104
Ophthalmic Agents - Drugs to Treat Eye Conditions .....	107
Otic Agents .....	111
Otic Agents - Drugs to Treat Ear Conditions .....	111
Respiratory Tract/Pulmonary Agents .....	111
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	117
Sedatives/Hypnotics - Drugs for Sedation and Sleep .....	131
Skeletal Muscle Relaxants.....	131
Sleep Disorder Agents .....	131
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies .....	132

Vaccines .....134

Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<p>ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE (brand for cvs ibuprofen junior strength) - Tier 2; QL</p> <p>ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</p> <p>ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL</p> <p>all day pain relief (generic for MEDIPROXEN) - Tier 1; QL</p> <p>all day relief (generic for MEDIPROXEN) - Tier 1; QL</p> <p>celecoxib oral (generic for CELEBREX) - Tier 1; QL</p> <p>diclofenac potassium oral tablet 50 mg - Tier 1; QL</p> <p>diclofenac sodium er - Tier 1; QL</p> <p>diclofenac sodium external gel 1 % (generic for ASPERCREME ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL</p> <p>diclofenac sodium external solution 1.5 % - Tier 1; PA; QL</p> <p>diclofenac sodium oral - Tier 1; QL</p> <p>ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>etodolac (generic for LODINE) - Tier 1; QL</p> <p>ibuprofen (generic for IBU) - Tier 1; QL</p> <p>ibu-200 (generic for ADVIL) - Tier 1; QL</p> <p>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p> <p>ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p> <p>ibuprofen ib oral tablet 200 mg (generic for ADVIL) - Tier 1; QL</p> <p>ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL</p> <p>ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p> <p>ibuprofen junior strength oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p> <p>ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL</p> <p>ibuprofen oral tablet 200 mg (generic for ADVIL) - Tier 1; QL</p> <p>ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL</p>	<p>DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL</p> <p>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL</p> <p>LICART - Tier 2; PA; QL</p> <p>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA</p> <p>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL</p> <p>NAPROSYN ORAL SUSPENSION (brand for naproxen) - Tier 2; PA; QL; AL</p> <p>NAPROSYN ORAL TABLET (brand for naproxen) - Tier 2; PA; QL</p>

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



Preferred Agents	Non-Preferred Agents
<p> <i>indomethacin oral - Tier 1; QL</i>  <i>INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL</i>  <i>infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL</i>  <i>ketoprofen oral capsule 50 mg - Tier 1; QL</i>  <i>ketorolac tromethamine oral - Tier 1; QL</i>  <i>mediproxen (generic for MEDIPROXEN) - Tier 1; QL</i>  <i>meloxicam oral tablet (generic for MOBIC) - Tier 1; QL</i>  <i>MOTRIN CHILDRENS (brand for cvs ibuprofen junior strength) - Tier 2; QL</i>  <i>MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</i>  <i>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL</i>  <i>nabumetone oral - Tier 1; QL</i>  <i>naproxen oral suspension (generic for NAPROSYN) - Tier 1; QL; AL</i>  <i>naproxen oral tablet (generic for NAPROSYN) - Tier 1; QL</i>  <i>naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL</i>  <i>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</i>  <i>naproxen sodium tablet 220 mg oral 220 mg (generic for MEDIPROXEN) - Tier 1; QL</i>  <i>oxaprozin (generic for DAYPRO) - Tier 1; QL</i>  <i>piroxicam oral (generic for FELDENE) - Tier 1; QL</i>  <i>sulindac oral - Tier 1; QL</i> </p>	
Opioid Analgesics, Long-acting	
<p> <i>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</i>  <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</i>  <i>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</i>  <i>oxymorphone hcl er - Tier 1; PA; QL</i> </p>	<p> <i>BELBUCA - Tier 2; PA; QL</i>  <i>BUTRANS (brand for buprenorphine) - Tier 2; PA; QL</i>  <i>HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL</i>  <i>morphine sulfate er beads - Tier 1; PA; QL</i>  <i>MS CONTIN (brand for morphine sulfate er) - Tier 2; PA; QL</i>  <i>NUCYNTA ER - Tier 2; PA; QL</i>  <i>OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL</i>  <i>XTAMPZA ER - 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**

Opioid Analgesics, Short-acting

acetaminophen-codeine - Tier 1; QL  
 acetaminophen-codeine #2 - Tier 1; QL  
 acetaminophen-codeine #3 - Tier 1; QL  
 acetaminophen-codeine #4 - Tier 1; QL  
 ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL  
 bac (generic for BAC) - Tier 1; QL  
 butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL  
 butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL  
 butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1; QL  
 butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL  
 butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL  
 butalbital-aspirin-caffeine - Tier 1; QL  
 butorphanol tartrate nasal - Tier 1; QL  
 codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL  
 endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL  
 hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL  
 hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL  
 hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL  
 hydromorphone hcl rectal - Tier 1; QL  
 morphine sulfate (concentrate) - Tier 1; QL  
 morphine sulfate oral - Tier 1; QL  
 oxycodone hcl oral concentrate 100 mg/5ml - Tier 1; QL  
 oxycodone hcl oral solution - Tier 1; QL  
 OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL  
 oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL  
 pentazocine-naloxone hcl - Tier 1; QL  
 TENCON (brand for butalbital-acetaminophen) - Tier 2; QL

apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL  
 NUCYNTA - Tier 2; PA; QL  
 TREZIX (brand for apap-caff-dihydrocodeine) - 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
<i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i>	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
<i>buprenorphine hcl sublingual - Tier 1; QL</i>	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
<i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr muscle aches &amp; pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL</i> <i>acetaminophen childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL</i> <i>acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</i> <i>acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</i> <i>acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</i> <i>acetaminophen infants (generic for PANADOL CHILDRENS) - 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
<p>acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL</p> <p>acetaminophen oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1</p> <p>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL</p> <p>acetaminophen oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL</p> <p>acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL</p> <p>acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL</p> <p>acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL</p> <p>arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL</p> <p>childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL</p> <p>EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2</p> <p>EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2</p> <p>fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; 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**

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

*feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL*

*feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL*

*FEVERALL INFANTS - Tier 2; QL*

*FEVERALL JUNIOR STRENGTH - Tier 2; QL*

*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 PANADOL CHILDRENS) - Tier 1; QL*

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

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

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

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

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

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

*mapap oral capsule - Tier 1; QL*

*migraine formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1*

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

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

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

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

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

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

*non-aspirin childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL*

*non-aspirin childrens oral tablet chewable 80 mg (generic for MAPAP CHILDRENS) - Tier 1; QL*

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

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

## Preferred Agents

*non-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 PANADOL CHILDRENS) - Tier 1; QL*  
*pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL*  
*pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL*  
*pain & fever infants (generic for PANADOL CHILDRENS) - Tier 1; QL*  
*pain relief childrens oral suspension (generic for PANADOL CHILDRENS) - 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 liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*  
*pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*pain relief infants oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL*  
*pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*  
*pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL*  
*pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*pain relief regular st (generic for PHARBETOL) - 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 relieve child dye-free (generic for PANADOL CHILDRENS) - Tier 1; QL*  
*pain reliever (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL*

## Non-Preferred Agents

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

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

*pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*  
*pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1*  
*pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*pain reliever oral tablet (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*  
*PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL*  
*PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL*  
*PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL*  
*PHARBETOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; QL*  
*qc pain relief extra strength tablet 500 mg oral 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; 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*

(This column is currently empty)

---

Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs

---

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>	
Opioid Analgesics, Short-acting	
<i>oxycodone hcl oral tablet (generic for OXAYDO) - Tier 1; QL</i>	
Anesthetics	
Local Anesthetics	
<i>anecream external cream (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine cream 4 % external (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDODERM) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine hcl urethral/mucosal external gel - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral - Tier 1; QL</i> <i>naltrexone hcl oral - Tier 1</i> <i>VIVITROL - Tier 2; QL</i>	
Opioid Dependence	
<i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL</i> <i>SUBLOCADE - Tier 2; QL</i> <i>ZUBSOLV - Tier 2; QL</i>	<i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - 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 Reversal Agents

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

Smoking Cessation Agents

<p><i>bupropion hcl er (smoking det)</i> - Tier 1; QL  <i>habitrol (generic for HABITROL)</i> - Tier 1; QL  <i>NICODERM CQ (brand for cvs nicotine)</i> - Tier 2; QL  <i>nicotine step 1 (generic for HABITROL)</i> - Tier 1; QL  <i>nicotine step 2 (generic for NICODERM CQ)</i> - Tier 1; QL  <i>nicotine step 3 (generic for NICODERM CQ)</i> - Tier 1; QL  <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ)</i> - Tier 1; QL  <i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL)</i> - Tier 1; QL  <i>nicotine transdermal system (generic for HABITROL)</i> - Tier 1; QL            NICOTROL - Tier 2; QL            NICOTROL NS - Tier 2; QL  <i>varenicline tartrate</i> - Tier 1; QL</p>	
---	--

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

Smoking Cessation Agents - Deterrents

<p><i>mini nicotine (generic for KLS QUIT2)</i> - Tier 1; QL  <i>NICORETTE (brand for cvs nicotine)</i> - Tier 2; QL  <i>NICORETTE MINI (brand for cvs nicotine)</i> - Tier 2; QL  <i>NICORETTE STARTER KIT (brand for cvs nicotine)</i> - Tier 2; QL  <i>nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2)</i> - Tier 1; QL</p>	
---	--

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

Preferred Agents	Non-Preferred Agents
<p><i>nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>quit2 (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>quit4 (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>THRIVE (brand for cvs nicotine) - Tier 2; QL</i></p>	
Antandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
<p><i>neomycin sulfate oral - Tier 1; QL</i></p> <p><i>paromomycin sulfate oral (generic for HUMATIN) - Tier 1; QL</i></p>	ARIKAYCE - Tier 2; PA; SP; QL
Antibacterials, Other	
<p><i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i></p>	<p>CLINDESSE - Tier 2; PA; QL</p> <p>FLAGYL (brand for metronidazole) - Tier 2; PA; QL</p> <p>METROGEL (brand for metronidazole) - Tier 2; PA; QL</p> <p>NORITATE - 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
<p><i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i>  <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; PA; QL</i>  <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; PA</i>  <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i>  <i>metronidazole external (generic for METROGEL) - Tier 1; QL</i>  <i>metronidazole oral tablet - Tier 1; QL</i>  <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i>  <i>nitrofurantoin - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i>  <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i>  <i>rosadan external cream (generic for ROSADAN) - Tier 1; QL</i>  <i>rosadan external gel (generic for ROSADAN) - Tier 1; QL</i>  <i>trimethoprim oral - Tier 1; QL</i>  <i>vandazole (generic for VANDAZOLE) - Tier 1; QL</i></p>	<p><i>NUVESSA - Tier 2; PA; QL</i>  <i>SOLOSEC - Tier 2; PA; QL</i>  <i>VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL</i>  <i>XENLETA ORAL - Tier 2; PA; QL</i>  <i>XIFAXAN - Tier 2; PA; QL</i></p>
Beta-lactam, Cephalosporins	
<p><i>cefaclor oral capsule - Tier 1; QL</i>  <i>cefadroxil - Tier 1; QL</i>  <i>cefdinir - Tier 1; QL</i>  <i>cefixime oral capsule (generic for SUPRAX) - Tier 1; QL</i>  <i>cefprozil - Tier 1; QL</i>  <i>cefuroxime axetil - Tier 1; QL</i>  <i>cephalexin oral capsule - Tier 1; QL</i>  <i>cephalexin oral suspension reconstituted - Tier 1; QL</i></p>	
Beta-lactam, Penicillins	
<p><i>amoxicillin oral capsule - Tier 1; QL</i>  <i>amoxicillin oral suspension reconstituted - Tier 1; QL</i>  <i>amoxicillin oral tablet 875 mg - Tier 1; QL</i>  <i>amoxicillin oral tablet chewable - 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>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i>  <i>ampicillin - Tier 1; QL</i>  <i>dicloxacillin sodium - Tier 1; QL</i>  <i>penicillin v potassium - Tier 1; QL</i></p>	
<b>Macrolides</b>	
<p><i>azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL</i>  <i>azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL</i>  <i>clarithromycin er - Tier 1; QL</i>  <i>clarithromycin oral - Tier 1; QL</i>            DIFICID - Tier 2; PA; QL  <i>E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL</i>  <i>ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL</i>  <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i>  <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i>  <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i></p>	
<b>Quinolones</b>	
<p>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL  <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i>  <i>levofloxacin oral tablet (generic for LEVAQUIN) - Tier 1; QL</i>  <i>ofloxacin oral - Tier 1; QL</i></p>	
<b>Sulfonamides</b>	
<p><i>sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL</i>  <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i></p>	
<b>Tetracyclines</b>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL</p> <p>doxycycline hyclate oral tablet 100 mg (generic for LYMEPAK) - Tier 1; QL</p> <p>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</p> <p>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</p> <p>LYMEPAK (brand for doxycycline hyclate) - Tier 2; QL</p> <p>minocycline hcl oral capsule 100 mg (generic for MINOCIN) - Tier 1; QL</p> <p>minocycline hcl oral capsule 50 mg - Tier 1; QL</p> <p>mondoxylene nl (generic for MONDOXYNE NL) - Tier 1; QL</p> <p>NUZYRA ORAL - Tier 2; PA; QL</p>	<p>DORYX (brand for doxycycline hyclate) - Tier 2; PA; QL</p> <p>ORACEA (brand for doxycycline) - Tier 2; PA</p> <p>SOLODYN (brand for minocycline hcl er) - Tier 2; PA</p> <p>XIMINO (brand for minocycline hcl er) - Tier 2; PA; QL</p>

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics	
<p>antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>antiseptic (generic for SCRUB CARE POVIDONE-IODINE) - Tier 1</p> <p>first aid antibiotic external ointment 3.5-400-5000, 3.5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>first aid antiseptic external solution 10 % (generic for SCRUB CARE POVIDONE-IODINE) - Tier 1</p> <p>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</p> <p>povidone-iodine external solution (generic for SCRUB CARE POVIDONE-IODINE) - Tier 1</p> <p>SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2</p> <p>triple antibiotic external ointment , 3.5-400-5000, 5-400-5000, 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>triple antibiotic ointment 3.5-400-5000 external (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p> <p>triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p>	<p>SUTAB - 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
Anticonvulsants	
Anticonvulsants, Other	
<p><i>felbamate oral suspension (generic for FELBATOL) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i></p> <p><i>felbamate oral tablet (generic for FELBATOL) - Tier 1; QL</i></p> <p><i>lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL</i></p> <p><i>lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i></p> <p><i>lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL</i></p> <p><i>lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL</i></p> <p><i>lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</i></p> <p><i>levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL</i></p> <p><i>levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL</i></p> <p><i>roweepra (generic for ROWEEPRA) - Tier 1; QL</i></p> <p><i>subvenite (generic for SUBVENITE) - Tier 1; QL</i></p> <p><i>subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL</i></p> <p><i>subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL</i></p> <p><i>subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</i></p> <p><i>topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i></p> <p><i>topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL</i></p> <p><i>valproic acid oral - Tier 1; QL</i></p>	<p>BRIVIACT ORAL - Tier 2; PA; QL</p> <p>EPIDIOLEX - Tier 2; PA; SP; QL</p> <p>FINTEPLA - Tier 2; PA; QL</p> <p>FYCOMPA - Tier 2; PA; QL</p> <p>TOPAMAX (brand for topiramate) - Tier 2; PA; QL</p> <p>TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members &gt;= 8 years of age will require PA; QL; AL</p> <p>TROKENDI XR - Tier 2; PA; QL</p> <p>XCOPRI - Tier 2; PA</p> <p>XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL</p> <p>XCOPRI (350 MG DAILY DOSE) - Tier 2; PA</p>
Calcium Channel Modifying Agents	
<p>CELONTIN - Tier 2; QL</p> <p>ethosuximide oral (generic for ZARONTIN) - Tier 1; 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
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<p><i>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</i>  <i>diazepam rectal (generic for DIASTAT ACUDIAL) - Tier 1; QL</i>  <i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i>  <i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i>            NAYZILAM - Tier 2; PA; QL  <i>phenobarbital oral - Tier 1; QL</i>  <i>primidone oral (generic for MYSOLINE) - Tier 1; QL</i>  <i>tiagabine hcl (generic for GABITRIL) - Tier 1; PA; QL; AL</i>  <i>vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL</i>  <i>vigadrone (generic for VIGADRONE) - Tier 1; PA; SP; QL</i></p>	<p><i>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL</i>  <i>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</i>            SYMPAZAN - Tier 2; PA; QL            VALTOCO 10 MG DOSE - Tier 2; PA; QL            VALTOCO 15 MG DOSE - Tier 2; PA; QL            VALTOCO 20 MG DOSE - Tier 2; PA; QL            VALTOCO 5 MG DOSE - Tier 2; PA; QL</p>
Sodium Channel Agents	
<p><i>carbamazepine er (generic for CARBATROL) - Tier 1; QL</i>  <i>carbamazepine oral (generic for EPITOL) - Tier 1; QL</i>            DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL  <i>epitol (generic for EPITOL) - Tier 1; QL</i>  <i>lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL</i>  <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL</i>  <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i>  <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i>  <i>phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL</i>  <i>phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL</i>  <i>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</i>  <i>rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL</i>            TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; QL  <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i></p>	<p>APTIOM - Tier 2; PA; QL            OXTELLAR XR - Tier 2; PA; QL  <i>VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL</i>  <i>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</i></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
<b>Anticonvulsants - Drugs to Treat Seizures</b>	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP; QL
<b>Antidementia Agents</b>	
Antidementia Agents, Other	
	NAMZARIC - Tier 2; PA; QL; AL
<b>Cholinesterase Inhibitors</b>	
<i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members &lt;18 years of age will require PA; QL; AL</i> <i>donepezil hcl oral tablet 5 mg (generic for ARICEPT) - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i> <i>donepezil hcl tablet 10 mg oral (generic for ARICEPT) - Tier 1; Members &lt;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 &lt;18 years of age will require PA; QL; AL</i> <i>rivastigmine (generic for EXELON) - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i> <i>rivastigmine tartrate - Tier 1; QL; AL</i>	<i>ARICEPT ORAL TABLET 10 MG, 5 MG (brand for donepezil hcl) - Tier 2; PA; Members &lt;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 &lt;18 years of age will require PA; QL; AL</i> <i>EXELON (brand for rivastigmine) - Tier 2; PA; Members &lt;18 years of age will require PA; QL; AL</i> <i>RAZADYNE ER (brand for galantamine hydrobromide er) - Tier 2; PA; QL; AL</i>
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>	
<i>memantine hcl oral solution - Tier 1; QL</i> <i>memantine hcl oral tablet (generic for NAMENDA) - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i>	
<b>Antidepressants</b>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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
Antidepressants, Other	
<p><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>perphenazine-amitriptyline - Tier 1; QL</i></p>	<p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i>  <i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i>  <i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p>
Monoamine Oxidase Inhibitors	
<p><i>tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL</i></p>	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
<p><i>citalopram hydrobromide oral solution - Tier 1; QL</i>  <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL</i>  <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL</i>  <i>fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL</i>  <i>fluoxetine hcl oral solution - Tier 1; QL</i>  <i>fluvoxamine maleate - Tier 1; QL</i>  <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i>  <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i>  <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL</i>  <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL</i>  <i>venlafaxine hcl - Tier 1; QL</i>  <i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</i></p>	<p><i>CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL</i>  <i>FETZIMA - Tier 2; PA; QL</i>  <i>LEXAPRO (brand for escitalopram oxalate) - Tier 2; PA; QL</i>  <i>PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL</i>  <i>PAXIL CR (brand for paroxetine hcl er) - Tier 2; PA; QL</i>  <i>PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL</i>  <i>PROZAC (brand for fluoxetine hcl) - Tier 2; PA; QL</i>  <i>TRINTELLIX - Tier 2; PA; QL</i>  <i>VIIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL</i>  <i>VIIIBRYD STARTER PACK - Tier 2; PA; QL</i>  <i>ZOLOFT (brand for sertraline hcl) - Tier 2; PA; QL</i></p>
Tricyclics	
<p><i>amitriptyline hcl oral - Tier 1; QL</i>  <i>amoxapine - 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>desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL  doxepin hcl oral capsule - Tier 1; QL  doxepin hcl oral concentrate - Tier 1; QL  imipramine hcl oral - Tier 1; QL  nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL</p>	
Antiemetics	
Antiemetics, Other	
<p>BONINE (brand for cvs motion sickness relief) - Tier 2  compro (generic for COMPRO) - Tier 1; QL  driminate (generic for DRIMINATE) - Tier 1  meclizine hcl oral tablet (generic for DRAMAMINE) - Tier 1; QL  meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1  metoclopramide hcl oral solution - 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 relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1  motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1  perphenazine oral - Tier 1; DX2RX; QL  prochlorperazine (generic for COMPRO) - Tier 1; QL  prochlorperazine maleate oral - Tier 1; QL  promethazine hcl oral - Tier 1; QL  promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL  promethegan (generic for PROMETHEGAN) - Tier 1; QL  trimethobenzamide hcl oral - Tier 1; QL</p>	
Emetogenic Therapy Adjuncts	
<p>aprepitant (generic for EMEND) - Tier 1; QL  dronabinol (generic for MARINOL) - Tier 1; PA; QL  ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL  ondansetron odt - Tier 1; QL</p>	<p>AKYNZEO ORAL - Tier 2; PA; QL  EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL  SANCUSO - 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
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<i>anti-nausea (generic for EMETROL) - Tier 1</i> <i>EMETROL (brand for anti-nausea) - Tier 2</i> <i>nausea control (generic for EMETROL) - Tier 1</i> <i>nausea relief (generic for EMETROL) - Tier 1</i>	
Antifungals	
<i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>griseofulvin microsize oral - Tier 1; QL</i> <i>griseofulvin ultramicrosize - Tier 1; QL</i> <i>itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL</i> <i>ketoconazole oral - Tier 1; QL</i> <i>miconazole 3 - Tier 1; QL</i> <i>miconazole 3 combo pack app (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>miconazole 7 vaginal suppository 100 mg - Tier 1</i> <i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>nystatin mouth/throat - Tier 1; QL</i> <i>nystatin oral - Tier 1; QL</i> <i>terbinafine hcl oral - Tier 1; QL</i> <i>terconazole vaginal cream - Tier 1; QL</i> <i>voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</i>	<i>DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL</i> <i>GYNAZOLE-1 - Tier 2; PA; QL</i> <i>NOXAFIL ORAL SUSPENSION - Tier 2; PA</i> <i>NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL</i> <i>VFEND (brand for voriconazole) - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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
------------------	----------------------

Antifungals - Drugs to Treat Fungal Infections	
--	--

Antifungals - Fungal Infection Drugs	
--------------------------------------	--

*antifungal external cream (generic for CAVILON) - Tier 1*  
*antifungal external powder (generic for DESENEX) - Tier 1; QL*  
*antifungal foot care (generic for LAMISIL AT) - Tier 1; QL*  
*antifungal miconazole (generic for CAVILON) - Tier 1*  
*athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1*  
*athlete's foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL*  
*athlete's foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1*  
*athlete's foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL*  
*athlete's foot external powder 2 % (generic for DESENEX) - Tier 1; QL*  
*athlete's foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1*  
*CAVILON (brand for antifungal) - Tier 2*  
*clotrimazole 3 vaginal cream 2 % (generic for GYNE-LOTRIMIN 3) - Tier 1*  
*clotrimazole 7 (generic for GYNE-LOTRIMIN) - Tier 1; QL*  
*clotrimazole vaginal (generic for GYNE-LOTRIMIN) - Tier 1; QL*  
*clotrimazole vaginal cream 1 % (generic for GYNE-LOTRIMIN) - Tier 1; QL*  
*CRUEX PRESCRIPTION STRENGTH (brand for cvs athlete's foot) - Tier 2*  
*DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL*  
*DESENEX JOCK ITCH (brand for cvs athlete's foot) - Tier 2*  
*foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL*  
*GYNE-LOTRIMIN (brand for clotrimazole) - Tier 2; QL*  
*GYNE-LOTRIMIN 3 (brand for cvs clotrimazole 3) - Tier 2*  
*jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL*  
*LAMISIL AT EXTERNAL CREAM (brand for athlete's foot (terbinafine)) - Tier 2; QL*  
*LAMISIL AT JOCK ITCH (brand for athlete's foot (terbinafine)) - 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
<p><i>micaderm (generic for CAVILON) - Tier 1</i>  <i>MICATIN (brand for antifungal) - Tier 2</i>  <i>miconazole antifungal (generic for CAVILON) - Tier 1</i>  <i>miconazole nitrate external cream (generic for CAVILON) - Tier 1</i>  <i>miconazorb af (generic for DESENEX) - Tier 1; QL</i>  <i>MICOTRIN AP (brand for antifungal) - Tier 2; QL</i>  <i>MYCOZYL AP (brand for antifungal) - Tier 2; QL</i>  <i>terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL</i>  <i>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i>  <i>ZEASORB-AF (brand for antifungal) - Tier 2; QL</i></p>	
<b>Antigout Agents</b>	
<p><i>allopurinol tablet 100 mg oral (generic for ZYLOPRIM) - Tier 1; QL</i>  <i>allopurinol tablet 300 mg oral (generic for ZYLOPRIM) - Tier 1; QL</i>  <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i>  <i>MITIGARE (brand for colchicine) - Tier 2; QL</i>  <i>probenecid - Tier 1; QL</i></p>	<p><i>COLCHICINE ORAL CAPSULE (brand for colchicine) - Tier 2; PA; QL</i>  <i>colchicine oral tablet (generic for COLCRYS) - Tier 1; PA; QL</i>  <i>COLCRYS (brand for colchicine) - Tier 2; PA; QL</i></p>
<b>Antimigraine Agents</b>	
<b>Ergot Alkaloids</b>	
<p><i>dihydroergotamine mesylate injection - Tier 1; QL</i>  <i>MIGERGOT - Tier 2; QL</i></p>	<p><i>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL</i>  <i>QULIPTA - Tier 2; PA; QL</i></p>
<b>Prophylactic</b>	
<p><i>AIMOVIG - Tier 2; PA; QL</i>  <i>EMGALITY - Tier 2; PA; QL</i>  <i>EMGALITY (300 MG DOSE) - Tier 2; PA; QL</i></p>	<p><i>AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA</i>  <i>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; QL</i></p>
<b>Antimigraine Agents - Drugs to Treat Migraines</b>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs</b>	
NURTEC - Tier 2; PA; QL	UBRELVY - Tier 2; PA
<b>Serotonin (5-HT) Receptor Agonists - Migraine Drugs</b>	
<i>naratriptan hcl - Tier 1; ST; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i>	<i>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX (brand for sumatriptan) - Tier 2; PA; QL</i> <i>MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL</i> <i>REYVOW - Tier 2; PA; QL</i> <i>TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL</i> <i>ZOMIG (brand for zolmitriptan) - Tier 2; PA; QL</i>
<b>Antimyasthenic Agents</b>	
<b>Parasympathomimetics</b>	
<i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i>	
<b>Antimycobacterials</b>	
<b>Antimycobacterials, Other</b>	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i>	
<b>Antituberculars</b>	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</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>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i></p> <p><i>isoniazid oral - Tier 1; QL</i></p> <p>PASER - Tier 2; QL</p> <p>PRIFTIN - Tier 2; QL</p> <p><i>pyrazinamide oral - Tier 1; QL</i></p> <p><i>rifampin oral - Tier 1; QL</i></p> <p>SIRTURO - Tier 2; QL</p> <p>TRECTOR - Tier 2; QL</p>	
Antineoplastics	
Alkylating Agents	
<p><i>cyclophosphamide oral capsule - Tier 1</i></p> <p>CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2</p> <p>LEUKERAN - Tier 2</p> <p>MATULANE - Tier 2; SP</p> <p>MYLERAN - Tier 2</p> <p><i>temozolomide oral capsule 100 mg, 180 mg, 20 mg, 5 mg - Tier 1; PA; SP; QL</i></p> <p><i>temozolomide oral capsule 140 mg - Tier 1; PA; SP</i></p> <p><i>temozolomide oral capsule 250 mg (generic for TEMODAR) - Tier 1; PA; SP; QL</i></p>	
Antiandrogens	
<p><i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i></p> <p><i>bicalutamide (generic for CASODEX) - Tier 1; QL</i></p> <p>ERLEADA - Tier 2; PA; SP; QL</p> <p><i>flutamide (generic for EULEXIN) - Tier 1; QL</i></p> <p>NUBEQA - Tier 2; PA; SP; QL</p>	<p>XTANDI - Tier 2; PA; SP; QL</p> <p>YONSA - Tier 2; PA; SP; QL</p> <p>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</p>
Antiangiogenic Agents	
<p><i>lenalidomide (generic for REVLIMID) - 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	Non-Preferred Agents
POMALYST - Tier 2; PA; SP; QL REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL THALOMID - Tier 2; PA; SP; QL	
<b>Antiestrogens/Modifiers</b>	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
<b>Antimetabolites</b>	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i> TABLOID - Tier 2; SP	PURIXAN - Tier 2; PA; QL
<b>Antineoplastics, Other</b>	
IDHIFA ORAL TABLET 50 MG - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	SYNRIPO - Tier 2; PA; SP XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
<b>Aromatase Inhibitors, 3rd Generation</b>	
<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>	
<b>Enzyme Inhibitors</b>	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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
Molecular Target Inhibitors	
<p>BALVERSA - Tier 2; PA; SP; QL  COTELLIC - Tier 2; PA; SP; QL  DAURISMO - Tier 2; PA; SP; QL  ERIVEDGE - Tier 2; PA; SP; QL  everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL  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  IBRANCE - Tier 2; PA; SP; QL  JAKAFI - Tier 2; PA; SP; QL  LYNPARZA - Tier 2; PA; SP; QL  MEKINIST - Tier 2; PA; SP; QL  ODOMZO - 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 - Tier 2; PA; SP; QL  RUBRACA - Tier 2; PA; SP; QL  RYDAPT - Tier 2; PA; SP; QL  sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL  STIVARGA - Tier 2; PA; SP; QL  sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; QL  sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP  TAFINLAR - Tier 2; PA; SP; QL  TIBSOVO - Tier 2; PA; SP; QL  VENCLEXTA - Tier 2; PA; SP; QL  VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL  VERZENIO - Tier 2; PA; SP; QL  VITRAKVI - Tier 2; PA; SP; QL  ZEJULA - Tier 2; PA; SP; QL  ZELBORAF - Tier 2; PA; SP; QL</p>	<p>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG (brand for everolimus) - Tier 2; PA; SP; QL  AFINITOR ORAL TABLET 7.5 MG (brand for everolimus) - Tier 2; PA; SP  COPIKTRA - Tier 2; PA; SP; QL  EXKIVITY - Tier 2; PA; SP; QL  KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL  KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL  KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL  KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL  KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL  KISQALI FEMARA(200 MG DOSE) - Tier 2; PA; SP; QL  KOSELUGO - Tier 2; PA; SP; QL  NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL  SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (brand for sunitinib malate) - Tier 2; PA; SP; QL  SUTENT ORAL CAPSULE 37.5 MG (brand for sunitinib malate) - Tier 2; PA; SP  TALZENNA - Tier 2; PA; SP; QL  TEPMETKO - 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
ZYDELIG - Tier 2; PA; SP; QL	
Retinoids	
<i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP</i> PANRETIN - Tier 2; PA <i>tretinoin oral - Tier 1; SP; QL</i>	<i>TARGRETIN (brand for bexarotene) - Tier 2; PA; SP</i>
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> MESNEX ORAL - Tier 2; SP	
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	
<i>melphalan (generic for ALKERAN) - Tier 1</i>	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; SP</i>	<i>XELODA (brand for capecitabine) - Tier 2; PA; SP</i>
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Antiparasitics	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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
<b>Anthelmintics</b>	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>ivermectin oral (generic for STROMEKTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL
<b>Antiprotozoals</b>	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> BENZNIDAZOLE - Tier 2; DX2RX; QL <i>chloroquine phosphate oral - Tier 1; DX2RX; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; DX2RX; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral (generic for ALINIA) - Tier 1; DX2RX; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i>	
<b>Antiparasitics - Drugs to Treat Parasitic Infections</b>	
<b>Pediculicides/Scabicides - Scabies and Lice Drugs</b>	
<i>lice killing (generic for RID) - Tier 1</i> <i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>RID LICE KILLING SHAMPOO (brand for cvs lice killing) - Tier 2</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</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
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone (generic for COMTAN) - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	<i>COMTAN (brand for entacapone) - Tier 2; PA; QL</i> <i>GOCOVRI - Tier 2; PA; QL</i> <i>NOURIANZ - Tier 2; PA; QL</i> <i>ONGENTYS - Tier 2; PA; QL</i> <i>OSMOLEX ER - Tier 2; PA; QL</i> <i>TASMAR (brand for tolcapone) - Tier 2; PA; QL</i>
Dopamine Agonists	
<i>bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; QL</i> <i>pramipexole dihydrochloride - Tier 1; QL</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL</i> <i>KYNMOBI - Tier 2; PA; SP; QL</i> <i>NEUPRO - Tier 2; PA; QL</i>
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	<i>carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL</i> <i>INBRIJA - Tier 2; PA; SP; QL</i> <i>RYTARY - Tier 2; PA; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>selegiline hcl oral - Tier 1; QL</i>	
Antipsychotics	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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
<b>1st Generation/Typical</b>	
<p> <i>chlorpromazine hcl oral tablet - Tier 1; DX2RX; QL</i>  <i>fluphenazine decanoate injection - Tier 1; DX2RX; QL</i>  <i>fluphenazine hcl injection - Tier 1; DX2RX</i>  <i>fluphenazine hcl oral concentrate - Tier 1; DX2RX</i>  <i>fluphenazine hcl oral elixir - Tier 1; DX2RX</i>  <i>fluphenazine hcl oral tablet - Tier 1; DX2RX; QL</i>  <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; DX2RX; QL</i>  <i>haloperidol oral - Tier 1; DX2RX; QL</i>  <i>loxapine succinate - Tier 1; DX2RX; QL</i>  <i>pimozide - Tier 1; QL; AL</i>  <i>thioridazine hcl oral - Tier 1; DX2RX; QL</i>  <i>thiothixene - Tier 1; DX2RX; QL</i>  <i>trifluoperazine hcl - Tier 1; DX2RX; QL</i> </p>	
<b>2nd Generation/Atypical</b>	
<p> <i>ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL</i>  <i>aripiprazole oral tablet (generic for ABILIFY) - Tier 1; DX2RX; QL; AL</i>  <i>ARISTADA - Tier 2; DX2RX; ST; QL; AL</i>  <i>INVEGA HAFYERA - Tier 2; QL; AL</i>  <i>INVEGA SUSTENNA - Tier 2; DX2RX; ST; QL; AL</i>  <i>INVEGA TRINZA - Tier 2; DX2RX; ST; QL; AL</i>  <i>olanzapine oral tablet (generic for ZYPREXA) - Tier 1; DX2RX; QL; AL</i>  <i>PERSERIS - Tier 2; DX2RX; ST; QL; AL</i>  <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (generic for SEROQUEL) - Tier 1; DX2RX; QL; AL</i>  <i>RISPERDAL CONSTA - Tier 2; DX2RX; ST; QL; AL</i>  <i>risperidone oral solution (generic for RISPERDAL) - Tier 1; DX2RX; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; DX2RX; QL; AL</i>  <i>ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; QL; AL</i> </p>	<p> <i>ABILIFY (brand for aripiprazole) - Tier 2; DX2RX; QL; AL</i>  <i>aripiprazole oral solution - Tier 1; PA; QL; AL</i>  <i>aripiprazole oral tablet dispersible - Tier 1; PA; QL; AL</i>  <i>ARISTADA INITIO - Tier 2; PA; QL; AL</i>  <i>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG - Tier 2; PA; QL; AL</i>  <i>CAPLYTA ORAL CAPSULE 42 MG - Tier 2; PA; AL</i>  <i>FANAPT - Tier 2; PA; QL; AL</i>  <i>FANAPT TITRATION PACK - Tier 2; PA; QL; AL</i>  <i>GEODON ORAL (brand for ziprasidone hcl) - Tier 2; DX2RX; QL; AL</i>  <i>INVEGA (brand for paliperidone er) - Tier 2; PA; QL; AL</i>  <i>LATUDA - Tier 2; PA; QL; AL</i>  <i>LYBALVI - Tier 2; PA; QL; AL</i>  <i>olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; PA; QL; AL</i>  <i>paliperidone er (generic for INVEGA) - Tier 1; PA; QL; AL</i>  <i>quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; PA; QL; AL</i>  <i>quetiapine fumarate oral tablet 150 mg - Tier 1; PA; QL; AL</i> </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>REXULTI - Tier 2; PA; QL; AL  RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; DX2RX; Members &gt;= 8 years of age will require PA; QL; AL  RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; DX2RX; QL; AL  risperidone oral tablet dispersible - Tier 1; PA; QL; AL  SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL  SEROQUEL (brand for quetiapine fumarate) - Tier 2; DX2RX; QL; AL  SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL  VRAYLAR - Tier 2; PA; QL; AL  ZYPREXA ORAL (brand for olanzapine) - Tier 2; DX2RX; QL; AL  ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; QL; AL</p>
Treatment-Resistant	
<p>clozapine oral tablet 100 mg, 25 mg, 50 mg (generic for CLOZARIL) - Tier 1; DX2RX; QL; AL</p>	<p>CLOZARIL ORAL TABLET 100 MG, 25 MG, 50 MG (brand for clozapine) - Tier 2; DX2RX; QL; AL  CLOZARIL ORAL TABLET 200 MG (brand for clozapine) - Tier 2; PA; QL; AL  VERSACLOZ - Tier 2; PA; QL; AL</p>
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	<p>GEMTESA - Tier 2; PA; QL</p>
Antispasticity Agents	
<p>baclofen oral tablet - Tier 1; QL  dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL  tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</p>	<p>ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; QL</p>
Antivirals	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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	
<i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; SP; QL <i>entecavir (generic for BARACLUDE) - Tier 1; SP; QL</i> EPIVIR HBV ORAL SOLUTION - Tier 2; SP; QL <i>lamivudine oral tablet 100 mg (generic for EPIVIR HBV) - Tier 1; SP; QL</i>	VEMLIDY - Tier 2; PA; SP; QL
Anti-hepatitis C (HCV) Agents	
<i>EPCLUSA ORAL TABLET 400-100 MG (brand for sofosbuvir-velpatasvir) - Tier 2; DX2RX; Diagnosis required; SP; QL</i> MAVYRET ORAL PACKET - Tier 2; SP; QL MAVYRET ORAL TABLET - Tier 2; DX2RX; Preferred for Genotypes 1, 2, 3, 4, 5, & 6 Diagnosis required; SP; QL <i>ribavirin oral - Tier 1; PA; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; DX2RX; Diagnosis required; SP; QL</i> ZEPATIER - Tier 2; DX2RX; Diagnosis required; SP; QL	EPCLUSA ORAL PACKET - Tier 2; PA; SP; QL EPCLUSA ORAL TABLET 200-50 MG - Tier 2; PA; SP; QL <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> SOVALDI - Tier 2; PA; SP; QL VIEKIRA PAK - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL
Antiherpetic Agents	
<i>acyclovir oral (generic for ZOVIRAX) - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; DX2RX BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; DX2RX; SP; QL DOVATO - Tier 2; DX2RX; QL GENVOYA - Tier 2; SP; QL ISENTRESS HD - Tier 2; DX2RX; 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
<p>ISENTRESS ORAL PACKET - Tier 2; Members &gt;= 2 years of age will require PA; SP; QL; AL  ISENTRESS ORAL TABLET - Tier 2; DX2RX; SP; QL  ISENTRESS ORAL TABLET CHEWABLE - Tier 2; DX2RX; SP; QL  JULUCA - Tier 2; DX2RX; SP; QL  STRIBILD - Tier 2; PA; SP; QL  TIVICAY - Tier 2; DX2RX; SP; QL  TIVICAY PD - Tier 2; DX2RX; SP; QL; AL</p>	
<p>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</p>	
<p>COMPLERA - Tier 2; PA; SP; QL  DELSTRIGO - Tier 2; DX2RX; SP; QL  EDURANT - Tier 2; DX2RX; SP; QL  efavirenz (generic for SUSTIVA) - Tier 1; DX2RX; SP; QL  efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; DX2RX; SP; QL  efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; DX2RX; SP; QL  etravirine (generic for INTELENCE) - Tier 1; DX2RX; SP; QL  INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; SP; QL  nevirapine er - Tier 1; DX2RX; SP; QL  nevirapine oral suspension - Tier 1; SP; QL  nevirapine oral tablet - Tier 1; DX2RX; SP; QL</p>	<p>PIFELTRO - Tier 2; PA; SP; QL  SUSTIVA ORAL CAPSULE (brand for efavirenz) - Tier 2; DX2RX; SP; QL  SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; SP; QL  SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; SP; QL</p>
<p>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</p>	
<p>abacavir sulfate oral solution (generic for ZIAGEN) - Tier 1; SP; QL  abacavir sulfate oral tablet (generic for ZIAGEN) - Tier 1; DX2RX; SP; QL  abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; DX2RX; SP; QL  DESCOVY ORAL TABLET 200-25 MG - Tier 2; DX2RX; SP; QL</p>	<p>CIMDUO - Tier 2; PA; SP; QL  DESCOVY ORAL TABLET 120-15 MG - Tier 2; PA; QL  TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; DX2RX; 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
<p>emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; SP; QL  emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; DX2RX; SP; QL  EMTRIVA ORAL SOLUTION - Tier 2; SP; QL  lamivudine oral solution (generic for EPIVIR) - Tier 1; SP; QL  lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; DX2RX; SP; QL  lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; DX2RX; SP; QL  ODEFSEY - Tier 2; DX2RX; SP; QL  stavudine oral capsule 40 mg - Tier 1; DX2RX; SP; QL  tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; DX2RX; SP; QL  TRIUMEQ - Tier 2; DX2RX; SP; QL  TRIUMEQ PD - Tier 2; QL  TRIZIVIR - Tier 2; DX2RX; SP; QL  VIREAD ORAL POWDER - Tier 2; SP; QL  VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; DX2RX; SP; QL  zidovudine oral capsule (generic for RETROVIR) - Tier 1; DX2RX; SP; QL  zidovudine oral syrup (generic for RETROVIR) - Tier 1; SP; QL  zidovudine oral tablet - Tier 1; DX2RX; SP; QL</p>	
Anti-HIV Agents, Other	
<p>FUZEON - Tier 2; DX2RX; SP; QL  maraviroc (generic for SELZENTRY) - Tier 1; DX2RX; SP; QL  RUKOBIA - Tier 2; DX2RX; SP; QL  SELZENTRY ORAL SOLUTION - Tier 2; SP; QL  SELZENTRY ORAL TABLET 25 MG, 75 MG - Tier 2; DX2RX; SP; QL  TYBOST - Tier 2; DX2RX; SP; QL</p>	
Anti-HIV Agents, Protease Inhibitors (PI)	
<p>APTIVUS - Tier 2; DX2RX; SP; QL  atazanavir sulfate (generic for REYATAZ) - Tier 1; DX2RX; SP; QL</p>	<p>KALETRA ORAL SOLUTION (brand for lopinavir-ritonavir) - 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
<p>EVOTAZ - Tier 2; DX2RX; SP; QL  <i>fosamprenavir calcium (generic for LEXIVA)</i> - Tier 1; DX2RX; SP; QL            LEXIVA ORAL SUSPENSION - Tier 2; SP; QL  <i>lopinavir-ritonavir oral solution (generic for KALETRA)</i> - Tier 1; SP; QL  <i>lopinavir-ritonavir oral tablet (generic for KALETRA)</i> - Tier 1; DX2RX; SP; QL            NORVIR ORAL PACKET - Tier 2; SP; QL            NORVIR ORAL SOLUTION - Tier 2; SP; QL            PREZCOBIX - Tier 2; DX2RX; SP; QL            REYATAZ ORAL PACKET - Tier 2; Members &gt;= 8 years of age will require PA; SP; QL; AL  <i>ritonavir (generic for NORVIR)</i> - Tier 1; DX2RX; SP; QL            SYMTUZA - Tier 2; DX2RX; SP; QL            VIRACEPT - Tier 2; DX2RX; SP; QL</p>	<p>KALETRA ORAL TABLET (<i>brand for lopinavir-ritonavir</i>) - Tier 2; DX2RX; SP; QL            REYATAZ ORAL CAPSULE (<i>brand for atazanavir sulfate</i>) - Tier 2; DX2RX; SP; QL</p>
Anti-influenza Agents	
<p><i>oseltamivir phosphate oral capsule (generic for TAMIFLU)</i> - Tier 1; QL  <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU)</i> - Tier 1; QL; AL            RELENZA DISKHALER - Tier 2; QL</p>	<p>TAMIFLU ORAL CAPSULE (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL            TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL; AL            XOFLUZA (40 MG DOSE) - Tier 2; PA; QL            XOFLUZA (80 MG DOSE) - Tier 2; PA; QL</p>
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
<p>LAGEVRIO - Tier 2; QL            PAXLOVID (150/100) - Tier 2; QL            PAXLOVID (300/100) - Tier 2; QL</p>	
Anxiolytics	
Anxiolytics, Other	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>bupirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i>	
<b>Benzodiazepines</b>	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium (generic for TRANXENE-T) - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	LOREEV XR - Tier 2; PA; QL
<b>Bipolar Agents</b>	
<b>Mood Stabilizers</b>	
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg (generic for DEPAKOTE ER) - Tier 1; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i>	
<b>Blood Glucose Regulators</b>	
<b>Antidiabetic Agents</b>	
<i>acarbose oral - Tier 1; QL</i> ADLYXIN - Tier 2; ST; QL ADLYXIN STARTER PACK - Tier 2; ST; QL	BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - 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>ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; ST; QL</p> <p>ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; ST; QL</p> <p>ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; ST; QL</p> <p>FARXIGA - Tier 2; PA; QL</p> <p>glimepiride (generic for AMARYL) - Tier 1; QL</p> <p>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</p> <p>glipizide ir - Tier 1; QL</p> <p>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</p> <p>glyburide micronized (generic for GLYNASE) - Tier 1; QL</p> <p>glyburide oral - Tier 1; QL</p> <p>glyburide-metformin - Tier 1; QL</p> <p>metformin hcl er - Tier 1; QL</p> <p>metformin hcl er (osm) - Tier 1; PA; QL</p> <p>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</p> <p>nateglinide - Tier 1; QL</p> <p>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</p> <p>repaglinide - Tier 1; QL</p> <p>SEGLUROMET - Tier 2; ST; QL</p> <p>SOLIQUA - Tier 2; ST; QL</p> <p>STEGLATRO - Tier 2; ST; QL</p> <p>SYMLINPEN 120 - Tier 2; PA; QL</p> <p>SYMLINPEN 60 - Tier 2; PA; QL</p> <p>TRULICITY - Tier 2; ST; QL</p> <p>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; QL</p>	<p>GLYXAMBI - Tier 2; PA; QL</p> <p>INVOKAMET - Tier 2; PA; QL</p> <p>INVOKAMET XR - Tier 2; PA; QL</p> <p>INVOKANA - Tier 2; PA; QL</p> <p>JANUMET - Tier 2; PA; QL</p> <p>JANUMET XR - Tier 2; PA; QL</p> <p>JANUVIA - Tier 2; PA; QL</p> <p>JARDIANCE - Tier 2; PA; QL</p> <p>JENTADUETO - Tier 2; PA; QL</p> <p>JENTADUETO XR - Tier 2; PA; QL</p> <p>KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; ST; QL</p> <p>KOMBIGLYZE XR - Tier 2; PA; QL</p> <p>NESINA (brand for alogliptin benzoate) - Tier 2; PA; ST; QL</p> <p>ONGLYZA - Tier 2; PA; QL</p> <p>OSENI (brand for alogliptin-pioglitazone) - Tier 2; PA; ST; QL</p> <p>OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL</p> <p>OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML - Tier 2; PA; QL</p> <p>QTERN - Tier 2; PA; QL</p> <p>RYBELSUS - Tier 2; PA; QL</p> <p>STEGLUJAN - Tier 2; PA; QL</p> <p>SYNJARDY - Tier 2; PA; QL</p> <p>SYNJARDY XR - Tier 2; PA; QL</p> <p>TRADJENTA - Tier 2; PA; QL</p> <p>TRIJARDY XR - Tier 2; PA; QL</p> <p>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; QL</p> <p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG - Tier 2; PA</p> <p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG - Tier 2; PA; QL</p> <p>XULTOPHY - Tier 2; PA; QL</p>
Glycemic Agents	
BAQSIMI ONE PACK - Tier 2; QL	GLUCAGON EMERGENCY KIT 1 MG INJECTION - 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
BAQSIMI TWO PACK - Tier 2; QL GLUCAGEN HYPOKIT - Tier 2; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL <i>glucagon emergency kit 1 mg injection - Tier 1; QL</i> GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL	
<b>Insulins</b>	
<i>ADMELOG (brand for insulin lispro) - Tier 2; QL</i> <i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL</i> <i>BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; QL</i> HUMALOG MIX 50/50 - Tier 2; QL HUMALOG MIX 75/25 - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R VIAL - Tier 2; QL <i>INSULIN ASPART PROT &amp; ASPART (brand for insulin aspart prot &amp; aspart) - Tier 2; QL</i> <i>INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; QL</i> 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 <i>NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL</i> <i>NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL</i>	AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL <i>HUMALOG (brand for insulin lispro) - Tier 2; PA; QL</i> <i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL</i> <i>HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL</i> <i>HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL</i> <i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot &amp; lispro) - Tier 2; PA; QL</i> HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL HUMULIN N KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL <i>INSULIN ASP PROT &amp; ASP FLEXPEN (brand for insulin asp prot &amp; asp flexpen) - Tier 2; PA; QL</i> <i>INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL</i> <i>INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL</i> <i>INSULIN ASPART PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL</i> <i>INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL</i> <i>INSULIN LISPRO (brand for insulin lispro) - 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
------------------	----------------------

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

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

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

<i>glucose oral tablet chewable 4 gm (generic for TRUEPLUS GLUCOSE)</i> <i>- 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
<p><i>glucose tablet chewable 4 gm oral 4 gm (generic for TRUEPLUS GLUCOSE) - Tier 1; QL</i>  <i>soft glucose (generic for TRUEPLUS GLUCOSE) - Tier 1; QL</i>  <i>TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL</i>  <i>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL</i></p>	
Insulins - Diabetic Drugs	
<p><i>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for hypodermic needle) - Tier 2; QL</i></p>	
Blood Products and Modifiers	
Anticoagulants	
<p><i>ELIQUIS - Tier 2; QL</i>  <i>ELIQUIS DVT/PE STARTER PACK - 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) 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>SAVAYSA - Tier 2; QL</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 (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL</i>  <i>XARELTO - Tier 2; PA; QL</i>  <i>XARELTO STARTER PACK - Tier 2; PA; QL</i></p>
Blood Products and Modifiers, Other	
<p><i>anagrelide hcl (generic for AGRYLIN) - Tier 1</i>  <i>ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP</i>  <i>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL</i></p>	<p><i>EPOGEN - Tier 2; PA; SP</i>  <i>FULPHILA - Tier 2; PA; SP</i>  <i>GRANIX - Tier 2; PA; SP</i>  <i>NEUPOGEN - Tier 2; PA; SP</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
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL LEUKINE - Tier 2; PA; SP MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP	NIVESTYM - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP OXBRYTA ORAL TABLET - Tier 2; PA; SP; QL PROCRIIT - Tier 2; PA; SP UDENYCA - Tier 2; PA; SP
Hemostasis Agents	
<i>aminocaproic acid oral (generic for AMICAR) - Tier 1; QL</i> <i>tranexamic acid oral (generic for LYSTEDA) - Tier 1; DX2RX; QL</i>	
Platelet Modifying Agents	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i> <i>prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL</i>	DOPTelet - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL</i> TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Blood Formation Modifiers - Blood Formation Drugs	
	MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML - 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
<b>Hemostasis Agents - Drugs to Stop Bleeding</b>	
HEMLIBRA - Tier 2; PA; SP; QL	
<b>Cardiovascular Agents</b>	
<b>Alpha-adrenergic Agonists</b>	
<i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> <i>midodrine hcl - Tier 1; QL</i>	
<b>Alpha-adrenergic Blocking Agents</b>	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral (generic for MINIPRESS) - Tier 1; QL</i>	
<b>Angiotensin II Receptor Antagonists</b>	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>	
<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 &gt;= 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>ramipril (generic for ALTACE) - Tier 1; QL  trandolapril (generic for MAVIK) - Tier 1; QL</p>	
<b>Antiarrhythmics</b>	
<p>amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL  disopyramide phosphate (generic for NORPACE) - Tier 1; QL  dofetilide (generic for TIKOSYN) - Tier 1; QL  flecainide acetate - Tier 1; QL  mexiletine hcl oral - Tier 1; QL  NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG - Tier 2; QL  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</p>	<p>BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL  BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL  MULTAQ - Tier 2; PA; QL  PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL  RYTHMOL SR (brand for propafenone hcl er) - Tier 2; PA; QL  TIKOSYN (brand for dofetilide) - Tier 2; PA; QL</p>
<b>Beta-adrenergic Blocking Agents</b>	
<p>acebutolol hcl oral - Tier 1; QL  atenolol oral (generic for TENORMIN) - Tier 1; QL  betaxolol hcl oral - Tier 1; QL  bisoprolol fumarate oral - Tier 1; QL  carvedilol (generic for COREG) - Tier 1; QL  labetalol hcl oral - Tier 1; QL  metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL  metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL  metoprolol tartrate oral tablet 25 mg - Tier 1; QL  propranolol hcl er (generic for INDERAL LA) - Tier 1; QL  propranolol hcl oral - Tier 1; QL</p>	<p>HEMANGEOL - Tier 2; PA; QL</p>
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL  felodipine er - Tier 1; QL  nifedipine er (generic for AFEDITAB CR) - Tier 1; QL  nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL  nifedipine oral - Tier 1; QL  nimodipine oral - Tier 1; QL  NYMALIZE - Tier 2; QL</p>	
<p>Calcium Channel Blocking Agents, Nondihydropyridines</p>	
<p>cartia xt (generic for CARTIA XT) - Tier 1; QL  diltiazem hcl er - Tier 1; QL  diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL  diltiazem hcl er coated beads oral capsule extended release 24 hour (generic for CARDIZEM CD) - Tier 1; QL  diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL  dilt-xr - Tier 1; QL  taztia xt (generic for TAZTIA XT) - Tier 1; QL  tiadyt er (generic for TAZTIA XT) - Tier 1; QL  verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL  verapamil hcl er oral tablet extended release (generic for CALAN SR) - Tier 1; QL  verapamil hcl oral - Tier 1; QL</p>	
<p>Cardiovascular Agents, Other</p>	
<p>acetazolamide er - Tier 1; QL  acetazolamide oral - Tier 1; QL  amiloride-hydrochlorothiazide - Tier 1; QL  atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL  benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL  bisoprolol-hydrochlorothiazide (generic for ZIAC) - Tier 1; QL  digitek (generic for DIGITEK) - Tier 1; QL  digoxin oral solution - Tier 1; QL</p>	<p>BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL  CORLANOR - Tier 2; PA; QL  EDARBYCLOR - Tier 2; PA; QL  KERENDIA - Tier 2; PA; QL  TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL  TEKTURNA HCT - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p><i>digoxin oral tablet 125 mcg, 250 mcg (generic for DIGITEK) - Tier 1; QL</i>  <i>enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL</i>  ENTRESTO - Tier 2; PA; QL  <i>fosinopril sodium-hctz - 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>pentoxifylline er - Tier 1; QL</i>  <i>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL</i>  <i>ranolazine er (generic for RANEXA) - Tier 1; ST; QL</i>  <i>spironolactone-hctz (generic for ALDACTAZIDE) - Tier 1; QL</i>  <i>triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</i></p>	
Diuretics, Loop	
<p><i>bumetanide oral (generic for BUMEX) - Tier 1; QL</i>  <i>furosemide oral solution 10 mg/ml - Tier 1; QL</i>  <i>furosemide oral tablet (generic for LASIX) - Tier 1; QL</i>  SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL  <i>torsemide (generic for SOAANZ) - Tier 1; QL</i></p>	
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i>  <i>spironolactone oral (generic for ALDACTONE) - Tier 1; QL</i></p>	
Diuretics, Thiazide	
<p><i>chlorthalidone - Tier 1; QL</i>  DIURIL - Tier 2; QL  <i>hydrochlorothiazide oral - Tier 1; QL</i>  <i>indapamide - Tier 1; QL</i>  <i>metolazone - Tier 1; QL</i></p>	
Dyslipidemics, Fibric Acid Derivatives	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; ST; QL</i></p> <p><i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; ST; QL</i></p> <p><i>fenofibrate oral tablet 145 mg (generic for TRICOR) - Tier 1; PA; ST; QL</i></p> <p><i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; PA; ST; QL</i></p> <p><i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i></p>	<p><i>ANTARA (brand for fenofibrate micronized) - Tier 2; PA; QL</i></p> <p><i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i></p> <p><i>LIPOFEN (brand for fenofibrate) - Tier 2; PA; QL</i></p> <p><i>TRICOR ORAL TABLET 145 MG (brand for fenofibrate) - Tier 2; PA; ST; QL</i></p> <p><i>TRICOR ORAL TABLET 48 MG (brand for fenofibrate) - Tier 2; PA; QL</i></p> <p><i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i></p>
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>	
<p><i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i></p> <p><i>lovastatin oral - Tier 1; QL; AL</i></p> <p><i>pravastatin sodium - Tier 1; QL</i></p> <p><i>rosuvastatin calcium (generic for CRESTOR) - Tier 1; QL</i></p> <p><i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i></p>	<p><i>ALTOPREV - Tier 2; PA; QL</i></p> <p><i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i></p> <p><i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA; QL</i></p> <p><i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i></p> <p><i>LIVALO - Tier 2; PA; QL</i></p> <p><i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i></p> <p><i>ZYPITAMAG - Tier 2; PA; QL</i></p>
<b>Dyslipidemics, Other</b>	
<p><i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i></p> <p><i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i></p> <p><i>ezetimibe (generic for ZETIA) - Tier 1; QL</i></p> <p><i>niacin er (antihyperlipidemic) - Tier 1; QL</i></p> <p><i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i></p> <p><i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i></p> <p><i>REPATHA - 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></p> <p><i>COLESTID (brand for colestipol hcl) - Tier 2; PA; QL</i></p> <p><i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL</i></p> <p><i>NEXLETOL - Tier 2; PA; QL</i></p> <p><i>NEXLIZET - Tier 2; PA; QL</i></p> <p><i>PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL</i></p> <p><i>prevalite oral packet - Tier 1; PA; QL</i></p> <p><i>QUESTRAN ORAL PACKET (brand for cholestyramine) - Tier 2; PA; QL</i></p> <p><i>QUESTRAN ORAL POWDER (brand for cholestyramine) - Tier 2; PA; Only the bulk products are covered (cans) Individual packets are not covered; QL</i></p> <p><i>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</i></p> <p><i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</i></p> <p><i>WELCHOL (brand for colesevelam hcl) - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	
Vasodilators, Direct-acting Arterial/Venous	
<i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>NITRO-DUR (brand for nitroglycerin) - Tier 2; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i> RECTIV - Tier 2; DX2RX; QL	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; QL; AL</i> <i>dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; QL; AL</i> <i>dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; QL; AL</i> <i>guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; QL; AL</i> <i>methylphenidate hcl er (cd) - Tier 1; DX2RX; QL; AL</i> <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; QL; AL</i>	ADHANSIA XR - Tier 2; PA; QL; AL APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; QL; AL DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; DX2RX; QL; AL INTUNIV (brand for guanfacine hcl er) - Tier 2; DX2RX; QL; AL JORNAY PM - 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
<p><i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; QL; AL</i></p> <p><i>methylphenidate hcl er oral tablet extended release - Tier 1; DX2RX; QL; AL</i></p> <p><i>methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; DX2RX; Mallinckrodt and Kremers Urban labelers; QL; AL</i></p> <p><i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; QL; AL</i></p>	<p><i>KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL; AL</i></p> <p><i>METHYLIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL</i></p> <p><i>RITALIN (brand for methylphenidate hcl) - Tier 2; DX2RX; QL; AL</i></p> <p><i>STRATTERA (brand for atomoxetine hcl) - Tier 2; DX2RX; QL; AL</i></p>
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>	
<p><i>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; QL; AL</i></p> <p><i>amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; QL; AL</i></p>	<p><i>ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; DX2RX; QL; AL</i></p> <p><i>AZSTARYS - Tier 2; PA; QL; AL</i></p> <p><i>DYANAVEL XR - Tier 2; PA; QL; AL</i></p> <p><i>EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; QL; AL</i></p> <p><i>EVEKEO ODT - Tier 2; PA; QL; AL</i></p> <p><i>MYDAYIS - Tier 2; PA; QL; AL</i></p> <p><i>VYVANSE ORAL CAPSULE - Tier 2; PA; QL; AL</i></p> <p><i>VYVANSE ORAL TABLET CHEWABLE - Tier 2; PA; QL</i></p> <p><i>ZENZEDI (brand for dextroamphetamine sulfate) - Tier 2; PA; QL; AL</i></p>
<b>Central Nervous System, Other</b>	
<p><i>AUSTEDO - Tier 2; PA; SP; QL</i></p> <p><i>caffeine citrate oral - Tier 1; QL; AL</i></p> <p><i>INGREZZA - Tier 2; PA; SP; QL</i></p> <p><i>NUEDEXTA - Tier 2; DX2RX; QL</i></p> <p><i>riluzole (generic for RILUTEK) - Tier 1; QL</i></p> <p><i>tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>GRALISE ORAL TABLET - Tier 2; PA; QL</i></p> <p><i>HORIZANT - Tier 2; PA; QL</i></p> <p><i>TIGLUTIK - Tier 2; PA; QL</i></p> <p><i>XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL</i></p>
<b>Fibromyalgia Agents</b>	
<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL</i></p>	<p><i>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL</i></p> <p><i>LYRICA CR (brand for pregabalin er) - 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
<i>pregabalin (generic for LYRICA) - Tier 1; QL</i>	
<b>Multiple Sclerosis Agents</b>	
<p>AUBAGIO - Tier 2; DX2RX; SP; QL  <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i>  <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i>  <i>ingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL</i>  <i>glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i>  <i>glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i>  MAYZENT - Tier 2; PA; SP; QL  MAYZENT STARTER PACK - Tier 2; PA; SP; QL  PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL  PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL</p>	<p>AMPYRA (<i>brand for dalfampridine er</i>) - Tier 2; PA; SP; QL  AVONEX PEN - Tier 2; PA; SP; QL  AVONEX PREFILLED - Tier 2; PA; SP; QL  BAFIERTAM - Tier 2; PA; SP; QL  BETASERON - Tier 2; PA; SP; QL  COPAXONE (<i>brand for glatiramer acetate</i>) - Tier 2; DX2RX; SP; QL  EXTAVIA - Tier 2; PA; SP; QL  GILENYA ORAL CAPSULE 0.5 MG (<i>brand for fingolimod hcl</i>) - Tier 2; DX2RX; SP; QL  KESIMPTA - Tier 2; PA; SP; QL  MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL  PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL  REBIF - Tier 2; PA; SP; QL  REBIF REBIDOSE - Tier 2; PA; SP; QL  REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL  REBIF TITRATION PACK - Tier 2; PA; SP; QL  TECFIDERA (<i>brand for dimethyl fumarate</i>) - Tier 2; DX2RX; SP; QL  VUMERITY - Tier 2; PA; SP; QL  ZEPOSIA - Tier 2; PA; SP; QL  ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL  ZEPOSIA STARTER KIT - Tier 2; PA; SP; QL</p>
<b>Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis</b>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>oralone (generic for ORALONE) - Tier 1; QL</i> <i>periogard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL</i> <i>triamcinolone acetonide mouth/throat (generic for ORALONE) - Tier 1; QL</i>	
Dermatological Agents	
Acne and Rosacea Agents	
<i>accutane (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>acitretin - Tier 1; PA; QL</i> <i>amnestem (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>AVITA EXTERNAL CREAM (brand for tretinoin) - Tier 2; QL; AL</i> <i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i> <i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i> <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>myorisan (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>tretinoin external cream (generic for AVITA) - Tier 1; QL; AL</i> <i>zenatane (generic for ACCUTANE) - Tier 1; PA; QL</i>	<i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i> <i>ABSORICA LD - Tier 2; PA; QL</i> <i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i> <i>ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL</i> <i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</i> <i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</i> <i>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL</i> <i>DIFFERIN EXTERNAL LOTION - Tier 2; PA; QL</i> <i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i> <i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i> <i>FINACEA (brand for azelaic acid) - Tier 2; PA; QL</i> <i>MIRVASO - Tier 2; PA; QL</i> <i>ONEXTON - Tier 2; PA; QL</i> <i>RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; QL; AL</i> <i>RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL</i> <i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i>

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % - Tier 2; PA; QL; AL</p> <p>RHOFADE - Tier 2; PA; QL</p> <p>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</p> <p>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</p> <p>TWYNEO - Tier 2; PA; QL</p> <p>VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL</p> <p>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</p>
--	--

**Dermatitis and Pruitus Agents**

<p><i>ala-cort (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>alclometasone dipropionate external ointment - Tier 1; QL</i></p> <p><i>ammonium lactate external (generic for AL12) - Tier 1; QL</i></p> <p><i>anti-itch aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch intensive heal (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch intensive healing (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch maximum strength external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate external lotion - Tier 1</i></p> <p><i>betamethasone dipropionate external ointment - Tier 1; QL</i></p> <p><i>betamethasone valerate external cream - Tier 1; QL</i></p> <p><i>betamethasone valerate external lotion - Tier 1</i></p> <p><i>betamethasone valerate external ointment - Tier 1; QL</i></p> <p><i>clobetasol prop emollient base - Tier 1; QL</i></p> <p><i>clobetasol propionate e - Tier 1; QL</i></p> <p><i>clobetasol propionate external cream - Tier 1; QL</i></p> <p><i>clobetasol propionate external ointment - Tier 1; QL</i></p> <p><i>clobetasol propionate external solution - Tier 1; QL</i></p> <p><i>cortisone intense healing (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i></p>	<p>BRYHALI - Tier 2; PA; QL</p> <p>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</p> <p>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</p> <p>doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL</p> <p>ELIDEL (brand for pimecrolimus) - Tier 2; PA; ST; Minimum age of 2 years; QL; AL</p> <p>LUXIQ (brand for betamethasone valerate) - Tier 2; PA; QL</p> <p>OLUX-E (brand for clobetasol propionate emulsion) - Tier 2; PA; QL</p> <p>PROTOPIC EXTERNAL OINTMENT 0.03 % (brand for tacrolimus) - Tier 2; PA; ST; Minimum age of 2 years; QL; AL</p> <p>PROTOPIC EXTERNAL OINTMENT 0.1 % (brand for tacrolimus) - Tier 2; PA; ST; Minimum age of 16 years; 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**

*cortisone maximum strength external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*eczema anti-itch (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*EUCRISA - Tier 2; ST; QL*  
*fluocinolone acetonide body (generic for DERMA-SMOOTH/FS BODY) - Tier 1; QL*  
*fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide scalp (generic for DERMA-SMOOTH/FS SCALP) - Tier 1; QL*  
*fluocinonide emulsified base - Tier 1; QL*  
*fluocinonide external cream (generic for VANOS) - Tier 1; QL*  
*fluocinonide external solution - Tier 1; QL*  
*fluticasone propionate external cream - Tier 1; QL*  
*fluticasone propionate external ointment - Tier 1; QL*  
*halobetasol propionate external cream - Tier 1; QL*  
*hydrocortisone anti-itch (generic for MEDPURA 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 MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone external lotion 2.5 % - Tier 1; QL*  
*hydrocortisone external ointment 0.5 % - Tier 1*  
*hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF MAX STR) - Tier 1; QL*  
*hydrocortisone external ointment 2.5 % - Tier 1; QL*  
*hydrocortisone max st external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*

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

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

*hydrocortisone max st/12 moist (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone plus 12 (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone plus external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone/aloe max str (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone-aloe max st (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*instacort 5 - Tier 1; QL*  
*MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2; QL*  
*mometasone furoate external - Tier 1; QL*  
*pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL*  
*PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2; QL*  
*tacrolimus external ointment 0.03 % (generic for PROTOPIC) - Tier 1; ST; Minimum age of 2 years; QL; AL*  
*tacrolimus external ointment 0.1 % (generic for PROTOPIC) - Tier 1; ST; Minimum age of 16 years; QL; AL*  
*triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL*  
*triamcinolone acetonide external lotion 0.025 % - Tier 1*  
*triamcinolone acetonide external lotion 0.1 % - Tier 1; QL*  
*triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL*  
*triderm (generic for TRIDERM) - Tier 1; QL*

Dermatological Agents, Other	
------------------------------	--

*calcipotriene external cream (generic for DOVONEX) - Tier 1; ST; QL*  
*calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL*  
*calcipotriene external solution - Tier 1; QL*  
*calcitriol external (generic for VECTICAL) - Tier 1; ST; QL*

*CARAC (brand for fluorouracil) - Tier 2; PA; QL*  
*DOVONEX (brand for calcipotriene) - Tier 2; PA; ST; QL*  
*DUOBRII - Tier 2; PA; QL*  
*EFUDEX (brand for fluorouracil) - Tier 2; PA; QL*  
*ENSTILAR - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
<p> <i>clotrimazole-betamethasone - Tier 1; QL</i>  <i>fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL</i>  <i>fluorouracil external solution - Tier 1</i>  <i>imiquimod external cream 5 % - Tier 1; QL</i>  <i>methoxsalen rapid - Tier 1</i>  <i>podofilox external - Tier 1; QL</i>            SANTYL - Tier 2; PA; QL  <i>silver sulfadiazine external (generic for SSD) - Tier 1; QL</i>  <i>ssd (generic for SSD) - Tier 1; QL</i> </p>	<p>           PROCTOFOAM HC - Tier 2; PA            QBREXZA - Tier 2; PA; QL  <i>TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL</i>  <i>VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL</i>  <i>ZYCLARA (brand for imiquimod) - Tier 2; PA; QL</i> </p>
<b>Pediculicides/Scabicides</b>	
<p> <i>crotan - Tier 1; QL</i>  <i>lice killing (generic for NIX CREME RINSE) - Tier 1</i>  <i>lice treatment creme rinse (generic for NIX CREME RINSE) - Tier 1</i>  <i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i>  <i>lice treatment external lotion 1 % - 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> </p>	<p> <i>SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL</i> </p>
<b>Topical Anti-infectives</b>	
<p> <i>CENTANY (brand for mupirocin) - Tier 2; QL</i>  <i>ciclodan (generic for CICLODAN) - Tier 1; QL</i>  <i>ciclopirox external solution (generic for CICLODAN) - Tier 1; QL</i>  <i>clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i>  <i>clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL</i>  <i>clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL</i>  <i>clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL</i>  <i>clindamycin phosphate external solution - Tier 1; QL</i>  <i>clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i> </p>	<p> <i>ACZONE (brand for dapson) - Tier 2; PA; QL</i>            AMZEEQ - Tier 2; PA; QL  <i>CLINDAGEL (brand for clindamycin phosphate) - Tier 2; PA; QL</i>  <i>EVOCLIN (brand for clindamycin phosphate) - Tier 2; PA; QL</i>            JUBLIA - Tier 2; PA; QL  <i>KERYDIN (brand for tavaborole) - Tier 2; PA; QL</i>            XEPI - Tier 2; PA; QL         </p>

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

Preferred Agents	Non-Preferred Agents
<p> <i>clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i>  <i>clotrimazole external solution 1 % - Tier 1; QL</i>  <i>erythromycin external (generic for ERYGEL) - Tier 1; QL</i>  <i>gentamicin sulfate external - Tier 1; QL</i>  <i>ketoconazole external cream - Tier 1; QL</i>  <i>ketoconazole external shampoo - Tier 1; QL</i>  <i>mupirocin external (generic for CENTANY) - Tier 1; QL</i>  <i>nyamyc (generic for NYAMYC) - Tier 1; QL</i>  <i>nystatin external (generic for NYAMYC) - Tier 1; QL</i>  <i>nystop (generic for NYAMYC) - Tier 1; QL</i> </p>	
Dermatological Agents - Drugs to Treat Skin Conditions	
<p> <i>advanced healing external ointment (generic for AQUA-NU) - Tier 1</i>  <i>alum sulfate-ca acetate (generic for DOMEBORO) - Tier 1</i>  <i>astringent solution (generic for DOMEBORO) - Tier 1</i>  <i>baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i>  <i>beauty 360 pure glycerin - Tier 1</i>  <i>beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1</i>  <i>boro-packs (generic for DOMEBORO) - Tier 1</i>  <i>boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i>  <i>BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL</i>  <i>diaper rash external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i>  <i>DR SMITHS ADULT BARRIER - Tier 2; QL</i>  <i>DR SMITHS DIAPER QUICK RELIEF - Tier 2; QL</i>  <i>glycerin external - Tier 1</i>  <i>glycerin external liquid 99.5 % - Tier 1</i>  <i>sulfacetamide sodium-sulfur cream 10-5 % external (generic for AVAR-E EMOLLIENT) - Tier 1</i>  <i>sulfacetamide sodium-sulfur liquid 9-4.5 % external (generic for SUMADAN WASH) - 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>sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</i>  <i>sulfamez wash - Tier 1</i>  <i>zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i></p>	
<b>Dermatological Agents - Skin Agents</b>	
<p><i>ABREVA (brand for docosanol) - Tier 2; QL</i>  <i>cerovel (generic for CEROVEL) - Tier 1; QL</i>  <i>docosanol external (generic for ABREVA) - Tier 1; QL</i>  <i>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1</i>  <i>NUTRAPLUS EXTERNAL CREAM (brand for urea 10 hydrating) - Tier 2; QL</i>  <i>urea external lotion (generic for CEROVEL) - Tier 1; QL</i></p>	<p><i>CIBINQO - Tier 2; PA; SP; QL</i>  <i>OPZELURA - Tier 2; PA; SP; QL</i>  <i>ZILXI - Tier 2; PA; QL</i></p>
<b>Diabetes - Glucose Monitoring</b>	
<p><i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL</i>  <i>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</i>  <i>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</i>  <i>DEXCOM G6 RECEIVER - Tier 2; PA; QL</i>  <i>DEXCOM G6 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL</i>  <i>FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL</i>  <i>FREESTYLE LIBRE 14 DAY SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL</i>  <i>FREESTYLE LIBRE 2 READER - Tier 2; PA; QL</i>  <i>FREESTYLE LIBRE 2 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL</i>  <i>FREESTYLE LIBRE READER - Tier 2; PA; QL</i>  <i>LANCETS (brand for cvs lancets original) - Tier 2; QL</i>  <i>MULTISTIX 10 SG - Tier 2</i></p>	<p><i>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i>  <i>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i>  <i>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i>  <i>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL</i>  <i>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i>  <i>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i>  <i>CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i>  <i>CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i>  <i>CONTOUR NEXT ONE KIT (brand for diatrue plus blood glucose) - 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>ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</p> <p>ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ONETOUCH ULTRA MINI KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH VERIO KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH VERIO IN VITRO SOLUTION (brand for element compact control 2) - Tier 2; QL</p> <p>ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</p> <p>ONETOUCH VERIO IQ SYSTEM (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</p>	<p>CONTOUR NEXT TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 3 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL</p> <p>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL</p> <p>FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL</p> <p>GUARDIAN SENSOR (3) (brand for freestyle libre 3 sensor) - Tier 2; PA; QL</p> <p>GUARDIAN SENSOR 3 (brand for freestyle libre 3 sensor) - Tier 2; PA; QL</p> <p>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL</p> <p>RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement	
<p>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP</p> <p>cavarest (generic for CAVAREST) - Tier 1</p> <p>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</p> <p>DENTAGEL (brand for sf) - Tier 2</p> <p>easygel - Tier 1</p> <p>JUST RIGHT 5000 DENTAL GEL (brand for sf) - Tier 2</p> <p>klor-con (generic for KLOR-CON) - Tier 1; QL</p> <p>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</p> <p>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</p>	<p>ENDARI - 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
------------------	----------------------

*klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL*  
*potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL*  
*potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL*  
*potassium chloride er oral capsule extended release 10 meq - Tier 1; QL*  
*potassium chloride er oral tablet extended release (generic for K-TAB) - Tier 1; QL*  
*potassium chloride oral packet (generic for KLOR-CON) - Tier 1; QL*  
*potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) - Tier 1; QL*  
*potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL*  
*potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1*  
*potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1*  
*PREVIDENT (brand for sf) - Tier 2*  
*PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2*  
*PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL*  
*sf (generic for CAVAREST) - Tier 1*  
*sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride 5000 ppm dental gel (generic for CAVAREST) - Tier 1*  
*sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride dental gel (generic for CAVAREST) - Tier 1*  
*sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1*  
*sodium fluoride oral tablet chewable (generic for NAFRINSE) - Tier 1; QL*

(This column is currently empty)

---

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

---

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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

*BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL*  
*calcium 600/vitamin d - Tier 1; QL*  
*calcium 600/vitamin d-3 - Tier 1; QL*  
*calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL*  
*calcium carb-cholecalciferol oral tablet 600-10 mg-mcg - Tier 1; QL*  
*calcium citrate oral tablet 950 (200 ca) mg - Tier 1*  
*calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL*  
*calcium plus vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL*  
*calcium plus vitamin d oral tablet 600-10 mg-mcg - Tier 1; QL*  
*calcium plus vitamin d3 - Tier 1; QL*  
*electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL*  
*ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL*  
*ferate (generic for FERATE) - Tier 1*  
*FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL*  
*ferosul (generic for FEROSUL) - Tier 1; QL*  
*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 gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1*  
*ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1*  
*ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL*  
*ferrous sulfate oral elixir - Tier 1*  
*ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL*  
*ferrous sulfate oral tablet delayed release - Tier 1; QL*  
*ferrous sulfate tablet 325 (65 fe) mg oral (generic for FEROSUL) - Tier 1; QL*  
*fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL*  
*hi cal (generic for OYSCO 500+D) - Tier 1; QL*  
*iferex 150 (generic for FERREX 150) - Tier 1*  
*iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL*  
*iron oral tablet 240 (27 fe) mg (generic for FERATE) - 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****Non-Preferred Agents**

iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL  
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
magnesium oral tablet 500 mg - Tier 1; AL  
magnesium oxide oral tablet 500 mg - Tier 1; AL  
magnesium oxide tablet 400 (240 mg) mg oral (generic for MAGNESIUM-OXIDE) - Tier 1; AL  
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1; AL  
NU-IRON (brand for polysaccharide iron complex) - Tier 2  
OS-CAL CALCIUM + D3 (brand for calcium plus vitamin d) - Tier 2; QL  
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL  
oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1  
oyster shell calcium + d3 - Tier 1  
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL  
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL  
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL  
oyster shell calcium/vit d3 - Tier 1  
oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral (generic for OYSCO 500+D) - Tier 1; QL  
oyster shell calcium-vit d - Tier 1; QL  
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL  
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL  
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL  
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL  
phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL  
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL  
PHOSPHO-TRIN K500 - Tier 2; QL  
poly-iron 150 (generic for FERREX 150) - Tier 1  
polysaccharide iron complex (generic for FERREX 150) - 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	Non-Preferred Agents
<p>polysaccharide-iron complex (generic for FERREX 150) - Tier 1  potassium citrate-citric acid - Tier 1  REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL  sod citrate-citric acid - Tier 1  zinc gluconate oral tablet 50 mg - Tier 1; QL  zinc oral tablet 50 mg - Tier 1; QL</p>	
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - Tier 2; QL  deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL  deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL  deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL  deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</p>	<p>FERRIPROX ORAL TABLET 1000 MG (brand for deferiprone) - Tier 2; PA; SP; QL  JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL  SYPRINE (brand for trientine hcl) - Tier 2; PA; SP</p>
Phosphate Binders	
<p>calcium acetate (phos binder) oral tablet (generic for CALPHRON) - Tier 1; QL  calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL  sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</p>	<p>AURYXIA - Tier 2; PA; QL  VELPHORO - Tier 2; PA; QL</p>
Potassium Binders	
<p>LOKELMA - Tier 2; PA; QL  sps - Tier 1; QL  VELTASSA - Tier 2; PA; QL</p>	
Vitamins	
<p>a-25 - Tier 1; QL  aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; 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

*b complex - Tier 1; QL*  
*b complex vitamins - Tier 1; QL*  
*b-complex oral tablet - Tier 1*  
*b-complex with b-12 - Tier 1*  
*b-complex/b-12 oral - Tier 1*  
*BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL*  
 CENTRUM SPECIALIST PRENATAL - Tier 2  
*classic prenatal - Tier 1; QL*  
 COMPLETENATE - Tier 2; QL  
*CO-NATAL FA (brand for neonatal complete) - Tier 2; QL*  
*d3-50 (generic for D3-50) - Tier 1; QL*  
*daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL*  
*d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL*  
 ENFAMIL EXPECTA - Tier 2; QL  
*essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*vitamin d3 capsule 50 mcg (2000 ut) oral 50 mcg (2000 ut) - Tier 1; QL; AL*  
*M-NATAL PLUS (brand for prenatal) - Tier 2; QL*  
*multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multivitamin/fluoride oral tablet chewable (generic for MULTI-VIT-FLOR) - Tier 1; QL*  
 MYNEPHRON (brand for wescaps) - Tier 2  
 NEONATAL PLUS (brand for prenatal) - Tier 2; QL  
*niacin er capsule extended release 250 mg oral - Tier 1; QL*  
*niacin er oral capsule extended release 500 mg - 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

## Non-Preferred Agents

*niacin er oral tablet extended release 500 mg (generic for SLO-NIACIN)*  
 - Tier 1  
*NIVA-PLUS (brand for prenatal) - Tier 2; QL*  
*OBSTETRIX DHA - 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 (generic for MEPHYTON) - Tier 1; QL*  
*prenatal 19 oral tablet - Tier 1; QL*  
*prenatal 19 oral tablet chewable 29-1 mg - Tier 1; QL*  
*prenatal formula oral tablet 28-0.8 mg - Tier 1; QL*  
*prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL*  
*prenatal multi+dha - Tier 1; QL*  
*prenatal multivitamins - Tier 1; QL*  
*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 vitamin plus low iron (generic for NEONATAL PLUS) - Tier 1; QL*  
*prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL*  
*prenatal/iron - Tier 1; QL*  
*SE-NATAL 19 - Tier 2; QL*  
*SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG (brand for niacin er) - Tier 2*  
*tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*THERA (brand for daily multiple vitamins) - Tier 2*  
*thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*thiamine mononitrate oral - Tier 1; QL*  
*THRIVITE RX - Tier 2; QL*  
*VINATE ONE (brand for trinatal rx 1) - 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
<p><i>vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1</i></p> <p><i>vitamin a oral capsule 3 mg (10000 ut) - Tier 1; QL</i></p> <p><i>vitamin b-1 oral tablet 100 mg - Tier 1; QL</i></p> <p><i>vitamin b-1 tablet 100 mg oral - Tier 1; QL</i></p> <p><i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; AL</i></p> <p><i>vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</i></p> <p><i>vitamin d3 capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL</i></p> <p><i>vitamin d3 capsule 250 mcg (10000 ut) oral 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1</i></p> <p><i>vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1</i></p> <p><i>vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL; AL</i></p> <p><i>vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL; AL</i></p> <p><i>vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</i></p> <p><i>vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; AL</i></p> <p><i>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL; AL</i></p> <p><i>vitamin d3 oral tablet chewable 25 mcg (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1</i></p> <p><i>vitamin d3 tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; AL</i></p> <p><i>vitamin-b complex - Tier 1</i></p> <p><i>wescaps (generic for MYNEPHRON) - Tier 1</i></p> <p><i>WESTAB PLUS (brand for prenatal) - Tier 2; QL</i></p> <p><i>womens prenatal+dha - Tier 1; QL</i></p>	

Estrogens - Hormone Replacement/Modifying Drugs

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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 (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	MYFEMBREE - Tier 2; PA; QL NEXTSTELLIS - Tier 2; PA; QL
Gastrointestinal Agents	
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>lactulose encephalopathy - Tier 1; QL</i> <i>lactulose oral solution - Tier 1; QL</i> <i>LUBIPROSTONE (brand for lubiprostone) - Tier 2; DX2RX; ST; QL</i> <i>MOTTEGRITY - Tier 2; ST; QL</i> <i>MOVANTIK - Tier 2; DX2RX; ST; QL</i>	<i>AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; ST; QL</i> <i>LINZESS - Tier 2; PA; QL</i> <i>RELISTOR - Tier 2; PA; QL</i> <i>SYMPROIC - Tier 2; PA; QL</i> <i>TRULANCE - Tier 2; DX2RX; ST; QL</i>
Anti-Diarrheal Agents	
<i>anti-diarrheal oral liquid 1 mg/5ml - Tier 1</i> <i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i> <i>MYTESI - Tier 2; DX2RX; QL</i>	<i>VIBERZI - Tier 2; PA; QL</i>
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral solution - Tier 1</i> <i>dicyclomine hcl oral tablet - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1</i>  <i>glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1</i></p>	
<b>Gastrointestinal Agents, Other</b>	
<p><i>GATTEX - Tier 2; PA; SP; QL</i>  <i>gavilyte-c - Tier 1; QL</i>  <i>gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL</i>  <i>peg 3350-kcl-na bicarb-nacl - Tier 1; QL</i>  <i>peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL</i>  <i>ursodiol oral capsule 300 mg - Tier 1; QL</i>  <i>ursodiol oral tablet (generic for URSO 250) - Tier 1</i></p>	<p><i>CLENPIQ - Tier 2; PA; QL</i>  <i>MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL</i>  <i>OMECLAMOX-PAK - Tier 2; PA</i>  <i>PLENVU - Tier 2; PA; QL</i>  <i>PYLERA - Tier 2; PA</i>  <i>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL</i>  <i>TALICIA - Tier 2; PA; QL</i></p>
<b>Histamine2 (H2) Receptor Antagonists</b>	
<p><i>acid controller (generic for PEPCID AC) - Tier 1; QL</i>  <i>acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL</i>  <i>acid reducer oral tablet 200 mg (generic for TAGAMET HB) - Tier 1; QL</i>  <i>cimetidine hcl - Tier 1; QL</i>  <i>cimetidine oral (generic for TAGAMET HB) - Tier 1; QL</i>  <i>famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i>  <i>famotidine oral suspension reconstituted 40 mg/5ml - Tier 1; QL; AL</i>  <i>famotidine oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i>  <i>famotidine oral tablet 20 mg (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL</i>  <i>famotidine oral tablet 40 mg (generic for PEPCID) - Tier 1; QL</i>  <i>famotidine orig st (generic for PEPCID AC) - Tier 1; QL</i>  <i>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i>  <i>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i>  <i>heartburn relief oral tablet 200 mg (generic for TAGAMET HB) - 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
Protectants	
<p>CYTOTEC (brand for misoprostol) - Tier 2; QL  misoprostol oral (generic for CYTOTEC) - Tier 1; QL  sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL  sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</p>	
Proton Pump Inhibitors	
<p>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members &gt;= 2 years of age will require PA; QL; AL  lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL  lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL  NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members &gt;= 2 years of age will require PA; QL; AL  omeprazole magnesium oral capsule delayed release - Tier 1; QL  omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL  pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL  PREVACID 24HR (brand for cvs lansoprazole) - Tier 2; QL</p>	<p>ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL  DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL  esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; PA; QL  lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL  lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members &gt;= 2 years of age will require PA; QL; AL  NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL  NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (brand for esomeprazole magnesium) - Tier 2; PA; Members &gt;= 2 years of age will require PA; QL; AL  omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; PA; QL  omeprazole oral tablet delayed release 20 mg - Tier 1; PA; QL  pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL  PREVACID (brand for lansoprazole) - Tier 2; PA; QL  ZEGERID (brand for cvs omeprazole-sod bicarbonate) - Tier 2; PA; QL</p>
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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

*abatine* (generic for ABATINEX) - Tier 1  
*acid gone oral suspension* - Tier 1  
*acidophilus lactobacillus oral* (generic for ABATINEX) - Tier 1  
*acidophilus oral capsule* , 10 mg (generic for ABATINEX) - Tier 1  
*acidophilus probiotic oral capsule 10 mg* (generic for ABATINEX) - Tier 1  
*acidophilus probiotic oral tablet 0.5 mg* (generic for FLORANEX) - Tier 1  
*acidophilus/l-sporogenes* (generic for FLORANEX) - Tier 1  
*adult 50+ probiotic* (generic for RESTORA) - Tier 1; QL  
*adult probiotic* (generic for RESTORA) - Tier 1; QL  
*advanced antacid* (generic for MINTOX) - Tier 1; QL  
*almacone double strength* (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL  
*antacid & anti-gas oral suspension 200-200-20 mg/5ml* (generic for MINTOX) - Tier 1; QL  
*antacid & anti-gas oral suspension 400-400-40 mg/5ml* (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL  
*antacid & gas relief* (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL  
*antacid advanced* (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL  
*antacid advanced max st oral suspension 400-400-40 mg/5ml* (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL  
*antacid anti-gas* (generic for MINTOX) - Tier 1; QL  
*antacid anti-gas ex st oral suspension 400-400-40 mg/5ml* (generic for ALMACONE DOUBLE STRENGTH) - 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 strength oral suspension 400-400-40 mg/5ml* (generic for ALMACONE DOUBLE 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****Non-Preferred Agents**

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

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

*antacid fast relief (generic for MINTOX) - Tier 1; QL*

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

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

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

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

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

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

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

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

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

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

*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 (generic for MINTOX) - Tier 1; QL*

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

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

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

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

*antacid/anti-gas oral suspension 200-200-20 mg/5ml (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****Non-Preferred Agents**

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

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

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

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

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

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

biotinex (generic for ABATINEX) - Tier 1

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

bismuth (generic for SOOTHE) - Tier 1; QL

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

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

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

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

calcium 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

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

diarrhea (generic for SOOTHE) - Tier 1

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

diotame instydose (generic for SOOTHE) - Tier 1

enema (generic for FLEET ENEMA) - Tier 1

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

Preferred Agents	Non-Preferred Agents
<p>enema disposable (generic for FLEET ENEMA) - Tier 1</p> <p>enema ready-to-use (generic for FLEET ENEMA) - Tier 1</p> <p>enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1</p> <p>FLEET ENEMA (brand for cvs enema disposable) - Tier 2</p> <p>FLEET PEDIATRIC (brand for enema pediatric) - Tier 2</p> <p>floranex tablet oral (generic for FLORANEX) - Tier 1</p> <p>FLORANEX TABLET ORAL (brand for acidophilus/l-sporogenes) - Tier 2</p> <p>foaming antacid oral tablet chewable 80-20 mg - Tier 1</p> <p>freeze dried acidophilus (generic for ABATINEX) - Tier 1</p> <p>gas relief drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1</p> <p>gas relief extra strength oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1</p> <p>gas relief infants drops (generic for MYLICON INFANTS GAS RELIEF) - Tier 1</p> <p>gas relief infants oral suspension (generic for MYLICON INFANTS GAS RELIEF) - Tier 1</p> <p>gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief oral capsule 180 mg (generic for PHAZYME ULTRA STRENGTH) - Tier 1</p> <p>gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1</p> <p>gas relief oral tablet chewable 80 mg - Tier 1</p> <p>gas relief ultra strength (generic for PHAZYME ULTRA STRENGTH) - Tier 1</p> <p>gas relief ultstrength (generic for PHAZYME ULTRA STRENGTH) - Tier 1</p> <p>GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - 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

*GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2*  
*GAVISCON - Tier 2*  
*GELUSIL - Tier 2*  
*geri-lanta (generic for MINTOX) - Tier 1; QL*  
*geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*geri-mox (generic for MINTOX) - Tier 1; QL*  
*antacid extra strength tablet chewable 750 mg oral 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*heartburn antacid ex st (generic for ACID GONE) - Tier 1*  
*heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1*  
*heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1*  
*heartland gas relief - Tier 1*  
*high potency probiotic (generic for RESTORA) - Tier 1; QL*  
*IDEAL BOWEL SUPPORT (brand for acidophilus) - Tier 2*  
*IMODIUM MULTI-SYMPTOM RELIEF (brand for gnp anti-diarheal/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*  
*lactobacillus oral tablet (generic for FLORANEX) - Tier 1*  
*lacto-pectin (generic for RESTORA) - Tier 1; QL*  
*long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1*  
*loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1*  
*MAALOX CHILDRENS (brand for childrens pepto) - Tier 2*  
*MAALOX MAX ORAL SUSPENSION (brand for antacid advanced) - Tier 2; QL*  
*MAALOX MULTI SYMPTOM MAX ST (brand for antacid advanced) - Tier 2; QL*  
*mag-al plus (generic for MINTOX) - Tier 1; QL*  
*mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*mega probiotic (generic for RESTORA) - Tier 1; QL*

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

## Preferred Agents

## Non-Preferred Agents

*meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*milk of magnesia (generic for DULCOLAX) - Tier 1*  
*mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*mood support probiotic (generic for RESTORA) - Tier 1; QL*  
*MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2*  
*PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2*  
*PHAZYME (brand for cvs gas relief extra strength) - Tier 2*  
*PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*  
*pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1*  
*pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL*  
*pink-bismuth (generic for SOOTHE) - Tier 1; QL*  
*probiotic blend (generic for RESTORA) - Tier 1; QL*  
*probiotic colon care (generic for RESTORA) - Tier 1; QL*  
*probiotic complex (generic for RESTORA) - Tier 1; QL*  
*probiotic maximum strength (generic for RESTORA) - Tier 1; QL*  
*probiotic oral capsule (generic for RESTORA) - Tier 1; QL*  
*probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1*  
*probiotic pearls ex st (generic for RESTORA) - Tier 1; 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*  
*saline enema (generic for FLEET ENEMA) - Tier 1*  
*senior probiotic (generic for RESTORA) - Tier 1; QL*

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



## Preferred Agents

## Non-Preferred Agents

*simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*  
*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 PHAZYME ULTRA STRENGTH) - Tier 1*  
*smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*sodium bicarbonate oral tablet - Tier 1*  
*soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*soothe oral suspension (generic for SOOTHE) - Tier 1*  
*soothe oral tablet (generic for SOOTHE) - Tier 1*  
*soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL*  
*stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1*  
*stomach relief oral tablet 262 mg (generic for SOOTHE) - Tier 1*  
*stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL*  
*stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*TUMS (brand for antacid) - Tier 2*  
*TUMS E-X 750 (brand for antacid) - Tier 2*  
*TUMS LASTING EFFECTS (brand for antacid) - 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
<p>TUMS SMOOTHIES (brand for antacid) - Tier 2  TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2  VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL  ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL</p>	
Laxatives - Bowel Treatment Drugs	
<p>clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  EVAC (brand for cvs natural fiber supplement) - Tier 2  fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  fiber oral powder 48.57 % (generic for METAMUCIL) - Tier 1  fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1  fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  mineral oil enema (generic for FLEET OIL) - Tier 1  mineral oil heavy oral - Tier 1  mineral oil oral oil - Tier 1  mineral oil rectal enema (generic for FLEET OIL) - 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
------------------	----------------------

*MIRALAX ORAL POWDER (brand for gavalax) - Tier 2; ONLY powder bottle; QL*  
*mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*natural daily fiber (generic for METAMUCIL) - Tier 1*  
*natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL*  
*natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1*  
*natural fiber supplement (generic for EVAC) - Tier 1*  
*natural vegetable (generic for HYDROCIL) - Tier 1*  
*natural vegetable fiber (generic for METAMUCIL) - Tier 1*  
*natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*fiber powder 28.3 % oral 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL*  
*smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*

**Laxatives - Drugs to treat Constipation**

*AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2*  
*citroma (generic for CITROMA) - Tier 1; QL*  
*CITRUCCEL ORAL TABLET (brand for cvs soluble fiber therapy) - Tier 2*  
*COLACE (brand for cvs stool softener) - Tier 2; QL*  
*col-rite oral capsule 250 mg - Tier 1; QL*  
*docu (generic for DOCU LIQUID) - Tier 1; QL*  
*docu liquid (generic for DOCU LIQUID) - Tier 1; QL*  
*docusate calcium (generic for SURFAK) - Tier 1*  
*docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL*

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

## Preferred Agents

## Non-Preferred Agents

*docusate sodium oral capsule (generic for COLACE) - Tier 1; QL*  
*docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml (generic for DOCU LIQUID) - Tier 1; QL*  
*docusate sodium oral syrup - Tier 1*  
*docuzen (generic for SENEXON-S) - Tier 1*  
*dss (generic for COLACE) - Tier 1; QL*  
*easy-lax plus (generic for SENEXON-S) - Tier 1*  
*ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL*  
*EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2*  
*fiber laxative + calcium (generic for FIBERCON) - Tier 1*  
*fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1*  
*fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1*  
*fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1*  
*fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1*  
*fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1*  
*fiber-caps (generic for FIBERCON) - Tier 1*  
*fiber-lax (generic for FIBERCON) - Tier 1*  
*geri-kot (generic for SENOKOT) - Tier 1*  
*glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*  
*glycerin (infants & children) rectal suppository 1 gm - Tier 1*  
*glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*  
*glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1*  
*glycerin childrens - Tier 1*  
*glycerin pediatric rectal suppository 1.2 gm - Tier 1*  
*laxacin (generic for SENEXON-S) - Tier 1*  
*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 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*  
*magnesium citrate oral solution (generic for CITROMA) - 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

*mm stool softener laxative (generic for COLACE) - Tier 1; QL*  
*natural laxative (generic for SENOKOT) - Tier 1*  
*natural senna laxative (generic for SENOKOT) - Tier 1*  
*natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1*  
*ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL*  
*ONELAX SENNA (brand for senna) - Tier 2*  
*p col-rite (generic for SENEXON-S) - Tier 1*  
*sb docusate sodium/senna (generic for SENEXON-S) - Tier 1*  
*senexon-s (generic for SENEXON-S) - Tier 1*  
*senna lax (generic for SENOKOT) - Tier 1*  
*senna laxative (generic for SENOKOT) - Tier 1*  
*senna oral syrup (generic for ONELAX SENNA) - Tier 1*  
*senna oral tablet (generic for SENOKOT) - Tier 1*  
*senna plus oral tablet (generic for SENEXON-S) - Tier 1*  
*senna s (generic for SENEXON-S) - Tier 1*  
*senna smooth (generic for SENNA SMOOTH) - Tier 1*  
*senna-docusate sodium (generic for SENEXON-S) - Tier 1*  
*senna-lax (generic for SENOKOT) - Tier 1*  
*senna-plus (generic for SENEXON-S) - Tier 1*  
*senna-s (generic for SENEXON-S) - Tier 1*  
*senna-tabs (generic for SENOKOT) - Tier 1*  
*senna-time (generic for SENOKOT) - Tier 1*  
*senna-time s (generic for SENEXON-S) - Tier 1*  
*SENOKOT (brand for cvs senna) - Tier 2*  
*SENOKOT S (brand for cvs senna plus) - Tier 2*  
*soluble fiber therapy (generic for CITRUCCEL) - Tier 1*  
*stimulant laxative oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1*  
*stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL*  
*stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL*  
*stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1*  
*stool softener oral capsule 250 mg - Tier 1; QL*  
*stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1*  
*stool softener pls laxative (generic for SENEXON-S) - Tier 1*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>stool softener plus laxative (generic for SENEXON-S) - Tier 1  stool softener/laxative (generic for SENEXON-S) - Tier 1  stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1  vegetable lax+stool softener (generic for SENEXON-S) - Tier 1  vegetable laxative (generic for SENOKOT) - Tier 1</p>	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - Tier 2; PA; SP; QL  CREON - Tier 2; QL  CYSTAGON - Tier 2; SP; QL  NITYR - Tier 2; DX2RX; SP; QL  RAVICTI - Tier 2; PA; SP; QL  sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL  sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP  STRENSIQ - Tier 2; PA; SP  TEGSEDI - Tier 2; PA; SP; QL  VYNDAMAX - Tier 2; PA; SP; QL  VYNDAQEL - Tier 2; PA; SP; QL</p>	<p>CERDELGA - Tier 2; PA; SP; QL  EVRYSDI - Tier 2; PA; SP; QL  KUVAN ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL  ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL  PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 37000-97300 UNIT, 4200-14200 UNIT - Tier 2; PA; QL  PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT - Tier 2; PA  PERTZYE - Tier 2; PA; QL  VIKACE - Tier 2; PA; QL  ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL  ZENPEP - Tier 2; PA; QL</p>
Genitourinary Agents	
Antispasmodics, Urinary	
<p>oxybutynin chloride er (generic for DITROPAN XL) - Tier 1; QL  oxybutynin chloride oral - Tier 1; QL  OXYTROL FOR WOMEN - Tier 2; QL  tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL  trospium chloride - Tier 1; ST; QL</p>	<p>DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL  DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; QL  DITROPAN XL (brand for oxybutynin chloride er) - Tier 2; PA; QL  MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL  MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL  TOVIAZ (brand for fesoterodine fumarate er) - 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
	VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL
Benign Prostatic Hypertrophy Agents	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i>  <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i>  <i>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</i>  <i>terazosin hcl - Tier 1; QL</i></p>	
Genitourinary Agents, Other	
<p><i>bethanechol chloride oral - Tier 1</i>  ELMIRON - Tier 2; DX2RX; QL  <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i></p>	<p>CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP  DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL  THIOLA (brand for tiopronin) - Tier 2; PA; SP  THIOLA EC - Tier 2; PA; SP; QL</p>
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<p><i>azo (generic for PHENAZO) - Tier 1</i>  <i>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i>  <i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1</i>  <i>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL</i>  <i>phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i>  PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL  <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i>  <i>urinary pain relief tablet 95 mg oral 95 mg (generic for PHENAZO) - Tier 1</i></p>	
Glycemic Agents - Diabetic Drugs	

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

Preferred Agents	Non-Preferred Agents
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i>  <i>dexamethasone oral elixir - Tier 1; QL</i>  <i>dexamethasone oral solution - Tier 1; QL</i>  <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i>  <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i>  <i>fludrocortisone acetate oral - Tier 1; QL</i>  <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL</i>  MEDROL ORAL TABLET 2 MG - Tier 2  <i>methylprednisolone oral (generic for MEDROL) - Tier 1; QL</i>  <i>prednisolone oral - Tier 1; QL</i>  <i>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</i>  <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i>  <i>prednisone oral solution - Tier 1; QL</i>  <i>prednisone oral tablet - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p>	<p>ACTHAR - Tier 2; PA; SP; QL  CORTROPHIN - Tier 2; PA; SP; QL  EMFLAZA ORAL TABLET 6 MG - Tier 2; PA; SP; QL  TAPERDEX 12-DAY - Tier 2; PA; QL  TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA  TAPERDEX 7-DAY - Tier 2; PA; QL</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX  <i>desmopressin ace spray refrig - Tier 1; QL</i>  <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i>  <i>desmopressin acetate spray - Tier 1; QL</i>  INCRELEX - Tier 2; PA; SP  NOCDURNA - Tier 2; PA; QL  NORDITROPIN FLEXPRO - Tier 2; PA; SP</p>	<p>GENOTROPIN - Tier 2; PA; SP  GENOTROPIN MINIQUICK - Tier 2; PA; SP  HUMATROPE - Tier 2; PA; SP  NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP  NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP  NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP  OMNITROPE - Tier 2; PA; SP  SAIZEN - 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
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (brand for chorionic gonadotropin) - Tier 2; DX2RX PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX ZOMACTON - Tier 2; PA; SP	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM - Tier 2; PA; SP; QL <i>methergine</i> (generic for METHERGINE) - Tier 1; QL <i>methylergonovine maleate oral</i> (generic for METHERGINE) - Tier 1; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<i>danazol oral</i> - Tier 1; QL <i>testosterone cypionate intramuscular</i> (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL <i>testosterone enanthate intramuscular</i> - Tier 1; QL <i>testosterone transdermal gel 12.5 mg/act (1%)</i> (generic for VOGELXO PUMP) - Tier 1; PA; QL <i>testosterone transdermal gel 25 mg/2.5gm (1%)</i> (generic for ANDROGEL) - Tier 1; PA; QL <i>testosterone transdermal gel 50 mg/5gm (1%)</i> (generic for TESTIM) - Tier 1; PA; QL	ANDRODERM - Tier 2; PA; QL ANDROGEL (brand for testosterone) - Tier 2; PA; QL ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL FORTESTA (brand for testosterone) - Tier 2; PA NATESTO - Tier 2; PA; QL TESTIM (brand for testosterone) - Tier 2; PA; QL VOGELXO (brand for testosterone) - Tier 2; PA; QL XYOSTED - Tier 2; PA; QL
Estrogens	
<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) - Tier 1; QL; GE <i>alyacen 7/7/7</i> (generic for DASETTA 7/7/7) - Tier 1; QL; GE <i>apri</i> (generic for APRI) - Tier 1; QL; GE	ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL ANGELIQ - Tier 2; PA; QL ANNOVERA - Tier 2; PA; QL BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL BIJUVA - Tier 2; PA; QL CLIMARA (brand for 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

aranelle - Tier 1; QL; GE  
 aubra (generic for AFIRMELLE) - Tier 1; QL; GE  
 aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE  
 aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE  
 aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE  
 aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
 aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE  
 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 fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
 blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE  
 briellyn (generic for BALZIVA) - Tier 1; QL; GE  
 chateal (generic for ALTAVERA) - Tier 1; QL; GE  
 chateal eq (generic for ALTAVERA) - Tier 1; QL; GE  
 cryselle-28 - Tier 1; QL; GE  
 cyred (generic for APRI) - Tier 1; QL; GE  
 cyred eq (generic for APRI) - Tier 1; QL; GE  
 dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE  
 dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE  
 delyla (generic for AFIRMELLE) - Tier 1; QL; GE  
 DEPO-ESTRADIOL - Tier 2; PA; QL  
 desogestrel-ethinyl estradiol (generic for APRI) - Tier 1; QL; GE  
 dottii (generic for DOTTI) - Tier 1; QL  
 DUAVEE - Tier 2; QL  
 elinest - Tier 1; QL; GE  
 eluryng (generic for ELURYNG) - Tier 1; QL; GE  
 enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; GE  
 enskyce (generic for APRI) - Tier 1; QL; GE  
 estarylla (generic for ESTARYLLA) - Tier 1; QL; GE  
 estradiol oral (generic for ESTRACE) - Tier 1; PA; QL  
 estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1;  
 QL  
 estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; PA;  
 QL

## Non-Preferred Agents

CLIMARA PRO - Tier 2; PA; QL  
 COMBIPATCH - Tier 2; PA; QL  
 DIVIGEL (brand for estradiol) - Tier 2; PA; QL  
 ELESTRIN - Tier 2; PA  
 ESTRACE (brand for estradiol) - Tier 2; PA; QL  
 estradiol transdermal gel (generic for DIVIGEL) - Tier 1; PA; QL  
 ESTRING - Tier 2; PA; QL  
 EVAMIST - Tier 2; PA; QL  
 FEMRING - Tier 2; PA; QL  
 fyavolv - Tier 1; PA; QL  
 jinteli - Tier 1; PA; QL  
 LO LOESTRIN FE - Tier 2; PA; QL  
 loryna - Tier 1; PA; QL  
 MENEST - Tier 2; PA; QL  
 mimvey - Tier 1; 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  
 ocella - Tier 1; PA; QL  
 PREFEST - Tier 2; PA; QL  
 PREMARIN VAGINAL - Tier 2; PA; QL  
 SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL  
 SEASONIQUE (brand for levonorgest-eth estrad 91-day) - Tier 2; PA; QL  
 syeda - Tier 1; PA; QL  
 VAGIFEM (brand for estradiol) - Tier 2; PA; QL  
 vestura - Tier 1; 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**

**Non-Preferred Agents**

*estradiol vaginal (generic for ESTRACE) - 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*  
*femynor (generic for ESTARYLLA) - Tier 1; QL; GE*  
*hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*iclevia (generic for ICLEVIA) - Tier 1; QL*  
*introvale (generic for ICLEVIA) - Tier 1; QL*  
*isibloom (generic for APRI) - Tier 1; QL; GE*  
*jolessa (generic for ICLEVIA) - Tier 1; QL*  
*juleber (generic for APRI) - 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 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*kalliga (generic for APRI) - Tier 1; QL; GE*  
*kariva (generic for AZURETTE) - Tier 1; QL; GE*  
*kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE*  
*kelnor 1/50 (generic for KELNOR 1/50) - 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 fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*leena - Tier 1; QL; GE*  
*lessina (generic for AFIRMELLE) - Tier 1; QL; GE*  
*levonest (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*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*

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

**Preferred Agents**

levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE  
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE  
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE  
low-ogestrel - Tier 1; QL; GE  
luteru (generic for AFIRMELLE) - Tier 1; QL; GE  
lyllana (generic for DOTI) - Tier 1; QL  
marlissa (generic for ALTAVERA) - 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  
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE  
mili (generic for ESTARYLLA) - Tier 1; QL; GE  
mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE  
necon 0.5/35 (28) - Tier 1; QL; GE  
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE  
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL; GE  
norgestimate-eth estradiol (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) - Tier 1; QL; GE  
nortrel 1/35 (28) (generic for DASETTA 1/35) - 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) - Tier 1; QL; GE  
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE  
nymyo (generic for ESTARYLLA) - Tier 1; QL; GE  
philith (generic for BALZIVA) - Tier 1; QL; GE  
pimtrea (generic for AZURETTE) - Tier 1; QL; GE  
pirmella 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE  
pirmella 7/7/7 (generic for DASETTA 7/7/7) - 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

*portia-28 (generic for ALTAVERA) - Tier 1; QL; GE*  
 PREMARIN ORAL - Tier 2; PA; QL  
 PREMPHASE - Tier 2; QL  
 PREMPRO - Tier 2; QL  
*reclipsen (generic for APRI) - Tier 1; QL; GE*  
*setlakin (generic for ICLEVIA) - Tier 1; QL*  
*simliya (generic for AZURETTE) - Tier 1; QL; GE*  
*sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE*  
*sronyx (generic for AFIRMELLE) - Tier 1; QL; GE*  
*tarina fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*tilia fe (generic for TILIA FE) - Tier 1; QL; GE*  
*tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE*  
*tri-legest fe (generic for TILIA FE) - Tier 1; QL; GE*  
*tri-lynyah (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-nymyo (generic for TRI-ESTARYLLA) - Tier 1; QL; GE*  
*tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; GE*  
*trivora (28) (generic for ENPRESSE-28) - 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*  
*tyblume - Tier 1; QL; GE*  
*velivet - 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*  
*xulane - Tier 1; QL; GE*  
*yuvaferm (generic for YUVAFEM) - Tier 1; QL*  
*zafemy - Tier 1; QL; GE*

## Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p><i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE</i></p>	
<p>Progestins</p>	
<p><i>camila (generic for CAMILA) - Tier 1; QL; GE</i>  <i>deblitane (generic for CAMILA) - Tier 1; QL; GE</i>  DEPO-SUBQ PROVERA 104 - Tier 2; QL  <i>errin (generic for CAMILA) - Tier 1; QL; GE</i>  <i>heather (generic for CAMILA) - 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>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>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i>  <i>megestrol acetate oral suspension 40 mg/ml - Tier 1; QL</i>  <i>megestrol acetate oral tablet 20 mg - Tier 1</i>  <i>megestrol acetate oral tablet 40 mg - Tier 1; QL</i>  <i>nora-be (generic for CAMILA) - Tier 1; QL; GE</i>  <i>norethindrone acetate oral (generic for AYGESTIN) - Tier 1; QL</i>  <i>norethindrone oral (generic for CAMILA) - Tier 1; QL; GE</i>  <i>norlyroc (generic for CAMILA) - Tier 1; QL; GE</i>  <i>progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL</i>  <i>sharobel (generic for CAMILA) - Tier 1; QL; GE</i></p>	
<p>Selective Estrogen Receptor Modifying Agents</p>	
<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>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</p>	
<p>Progestins - Hormone Replacement/Modifying Drugs</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
<i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>econtra ez (generic for AFTERA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; QL; GE</i>	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
<i>clomiphene citrate oral (generic for CLOMID) - Tier 1</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	<i>TIROSINT (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>TIROSINT-SOL - Tier 2; PA; QL</i>
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID - 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
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline</i> - Tier 1; QL <i>leuprolide acetate injection</i> - Tier 1; PA; SP LEUPROLIDE ACETATE INTRAMUSCULAR - Tier 2; PA; SP; QL 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; QL <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN)</i> - Tier 1; SP <i>octreotide acetate injection solution 1000 mcg/ml</i> - Tier 1; SP; QL <i>octreotide acetate injection solution 200 mcg/ml</i> - Tier 1; SP <i>octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN)</i> - Tier 1; SP; QL <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i> - Tier 1; SP <i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i> - Tier 1; SP; QL ORLISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	ELIGARD - Tier 2; PA; SP; QL FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral</i> - Tier 1; QL	

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



Preferred Agents	Non-Preferred Agents
<i>propylthiouracil oral</i> - Tier 1; QL	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL	BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP <i>FIRAZYR (brand for icatibant acetate)</i> - Tier 2; PA; SP; QL TAKHZYRO - Tier 2; PA; SP; QL
Immunological Agents, Other	
COSENTYX - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OTEZLA - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP; QL XOLAIR - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS - Tier 2; PA; SP; QL DUPIXENT - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI (150 MG DOSE) - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL TALTZ - Tier 2; PA; SP; QL TREMFYA - 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
	XELJANZ - Tier 2; PA; SP; QL XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG - Tier 2; PA; SP; QL XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG - Tier 2; PA
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT - Tier 2; PA; SP PEGASYS - Tier 2; PA; SP; QL	
Immunosuppressants	
<i>azathioprine tablet 50 mg oral (generic for IMURAN) - Tier 1; QL</i> <i>CIMZIA - Tier 2; PA; SP; QL</i> <i>cyclosporine modified (generic for GENGRAF) - Tier 1; SP; QL</i> <i>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; SP; QL</i> <i>ENBREL - Tier 2; PA; SP; QL</i> <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg (generic for ZORTRESS) - Tier 1; SP</i> <i>everolimus oral tablet 1 mg (generic for ZORTRESS) - Tier 1</i> <i>gengraf oral capsule (generic for GENGRAF) - Tier 1; SP; QL</i> <i>HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL</i> <i>HUMIRA PEN-PSOR/UEVEIT STARTER - Tier 2; PA; SP; QL</i> <i>HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL</i> <i>HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL</i> <i>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML - Tier 2; PA; SP; QL</i> <i>leflunomide oral (generic for ARAVA) - Tier 1; QL</i> <i>methotrexate oral - Tier 1</i> <i>methotrexate sodium - Tier 1</i>	ENSPRYNG - Tier 2; PA; SP; QL OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL REDITREX - Tier 2; PA; QL SIMPONI - Tier 2; PA; SP; QL TREXALL - 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
<p><i>methotrexate sodium (pf) - Tier 1</i>  <i>mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; SP; QL</i>  <i>mycophenolate sodium (generic for MYFORTIC) - Tier 1; SP; QL</i>  <i>sirolimus oral solution (generic for RAPAMUNE) - Tier 1; SP; QL</i>  <i>sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; SP; QL</i>  <i>sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1; SP</i>  <i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1; SP</i>  <i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; SP; QL</i></p>	
Vaccines	
<p>ACTHIB - Tier 2  ADACEL - Tier 2; QL  BEXSERO - Tier 2; QL  BOOSTRIX - Tier 2; QL  DAPTACEL - Tier 2; QL  DIPHTHERIA-TETANUS TOXOIDS DT - Tier 2; QL  ENGERIX-B - Tier 2; QL  GARDASIL 9 - Tier 2; QL  HAVRIX - Tier 2; QL  HIBERIX - Tier 2  INFANRIX - Tier 2; QL  IPOL - Tier 2  MENACTRA - Tier 2; QL  MENQUADFI - Tier 2; QL  MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED - Tier 2; QL  M-M-R II - Tier 2; QL  PEDIARIX - Tier 2; QL  PEDVAX HIB - Tier 2  PENTACEL - Tier 2; QL  PREHEVBRIO - Tier 2; QL  PROQUAD - Tier 2; QL  QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL</p>	

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

Preferred Agents	Non-Preferred Agents
<p>RECOMBIVAX HB - Tier 2; QL            ROTARIX - Tier 2            ROTATEQ - Tier 2            SHINGRIX - Tier 2; QL; AL  <i>TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i>            TENIVAC - Tier 2; QL  <i>TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i>            TRUMENBA - Tier 2; QL            TWINRIX - Tier 2; QL            VAQTA - Tier 2; QL            VARIVAX - Tier 2; QL            VAXNEUVANCE - Tier 2; QL</p>	
<p>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</p>	
<p>Vaccines</p>	
<p>AFLURIA QUADRIVALENT - Tier 2; QL            DENG VAXIA - Tier 2; QL            FLUAD QUADRIVALENT - Tier 2; QL            FLUARIX QUADRIVALENT - Tier 2; QL            FLUBLOK QUADRIVALENT - Tier 2; QL            FLUCELVAX QUADRIVALENT - Tier 2; QL            FLULAVAL QUADRIVALENT - Tier 2; QL            FLUMIST QUADRIVALENT - Tier 2; QL            FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL            FLUZONE QUADRIVALENT - Tier 2; QL            HEPLISAV-B - Tier 2; QL; AL            HYPERTET - Tier 2; QL            NOVAVAX COVID-19 VACCINE - Tier 2; QL            PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL            PNEUMOVAX 23 - Tier 2; QL            PREVNAR 13 - Tier 2; QL            PREVNAR 20 - Tier 2; 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
<b>Inflammatory Bowel Disease Agents</b>	
<b>Aminosalicylates</b>	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> <i>SFROWASA - Tier 2; QL</i> <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>ASACOL HD (brand for mesalamine) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> <i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</i> <i>DIPENTUM - Tier 2; PA; QL</i> <i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</i>
<b>Glucocorticoids</b>	
<i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</i>	<i>CORTIFOAM - Tier 2; PA; QL</i> <i>UCERIS (brand for budesonide er) - Tier 2; PA; QL</i>
<b>Metabolic Bone Disease Agents</b>	
<i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i>	<i>ACTONEL (brand for risedronate sodium) - Tier 2; PA; QL</i> <i>ATELVIA (brand for risedronate sodium) - Tier 2; PA; QL</i> <i>FORTEO - Tier 2; PA; SP; QL</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i> <i>FOSAMAX PLUS D - Tier 2; PA; QL</i> <i>RAYALDEE - Tier 2; PA; QL</i> <i>TERIPARATIDE (RECOMBINANT) - Tier 2; PA; SP; QL</i>

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

Preferred Agents	Non-Preferred Agents
TYMLOS - Tier 2; PA; SP; QL	
<b>Miscellaneous Therapeutic Agents</b>	
<p><i>advanced acne spot treat (generic for CLEAN &amp; CLEAR ACNE SCRUB) - Tier 1</i></p> <p><i>ALCOHOL PREP PADS PAD (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>ALCOHOL PREP PADS PAD 70 % (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</i></p> <p><i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</i></p> <p><i>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>anti-fungal external powder (generic for LOTRIMIN AF) - Tier 1</i></p> <p><i>antifungal tolnaftate (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>arthritis pain relieving - Tier 1; QL</i></p> <p><i>aspirin adults (generic for BAYER ASPIRIN) - Tier 1; QL</i></p> <p><i>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</i></p> <p><i>aspirin ec oral tablet 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i></p> <p><i>aspirin ec oral tablet delayed release 325 mg (generic for ECOTRIN) - Tier 1; QL</i></p> <p><i>aspirin oral tablet 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i></p> <p><i>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</i></p> <p><i>aspirin oral tablet delayed release 325 mg (generic for ECOTRIN) - Tier 1; QL</i></p> <p><i>aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i></p> <p><i>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2; QL</i></p> <p><i>aspirin rectal suppository 300 mg - Tier 1</i></p> <p><i>aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i></p> <p><i>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</i></p> <p><i>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i></p> <p><i>bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL</i></p>	<p><i>ARMONAIR DIGIHALER - Tier 2; PA; QL</i></p> <p><i>EMPAVELI - Tier 2; PA; SP; QL</i></p> <p><i>GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL</i></p> <p><i>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i></p> <p><i>MOUNJARO - Tier 2; PA; QL</i></p> <p><i>OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL</i></p> <p><i>OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL</i></p> <p><i>ORLADEYO - Tier 2; PA; SP; QL</i></p> <p><i>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - 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

*bacitracin zinc external - Tier 1; QL*  
*bacitracin zinc first aid - Tier 1; QL*  
*bacitracin zinc-aloe - Tier 1; QL*  
*BAYER ASPIRIN (brand for aspirin) - Tier 2; QL*  
*BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL*  
*BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL*  
*BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at-home test) - Tier 2; QL*  
*bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL*  
*bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL*  
*bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL*  
*bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL*  
*BREATHE COMFORT HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL*  
*CALQUENCE ORAL TABLET - Tier 2; PA; SP; QL*  
*capsaicin external cream (generic for CAPZASIN-HP) - Tier 1; QL*  
*capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL*  
*CARESTART COVID-19 HOME TEST (brand for covid-19 at-home test) - Tier 2; QL*  
*CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for hypodermic needle) - Tier 2; QL*  
*childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL*  
*c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL*  
*COMIRNATY (brand for pfizer-biont covid-19 vac-tris) - Tier 2; QL*  
*corn and callus remover (generic for COMPOUND W) - Tier 1*  
*daily acne wash (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1*  
*DERMACINRX ATRIX ANTIBAC WASH (brand for cvs daily acne wash) - Tier 2*  
*DERMACINRX ATRIX CLARIFY TONER (brand for cvs daily acne wash) - Tier 2*  
*DERMACINRX PENETRAL (brand for capsaicin) - Tier 2; QL*  
*DERMELEVE ADVANCED FORMULA - 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**

DEXCOM G6 TRANSMITTER - Tier 2; PA; QL  
 double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1  
 DROPSAFE ALCOHOL PREP (brand for alcohol prep) - 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  
 ED-SPAZ (brand for hyoscyamine sulfate) - Tier 2; QL  
 enteric aspirin (generic for ECOTRIN) - Tier 1; QL  
 EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL  
 fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL  
 FLEET BISACODYL - Tier 2; QL  
 FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at-home test) - Tier 2; QL  
 folic acid oral tablet 1 mg - Tier 1; QL  
 folic acid oral tablet 400 mcg - Tier 1  
 foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1  
 FORMULA 3 THE TREATMENT (brand for tinaspore) - Tier 2  
 FORMULA 7 THE SOLUTION (brand for tinaspore) - Tier 2  
 fungi-guard (generic for TINACTIN) - Tier 1; QL  
 gentle laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL  
 gentle laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL  
 gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL  
 genuine aspirin (generic for BAYER ASPIRIN) - Tier 1; QL  
 h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL  
 hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL  
 hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL  
 hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL  
 hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL

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



## Preferred Agents

## Non-Preferred Agents

*hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL*  
*IHEALTH COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2; QL*  
*INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL*  
*INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2; QL*  
*jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*  
*jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*  
*laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL*  
*laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL*  
*LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL*  
*magnesium oxide (antacid) oral tablet - Tier 1; AL*  
*magnesium oxide oral tablet 400 mg - Tier 1; AL*  
*medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1*  
*MICOTRIN AL (brand for tinaspore) - Tier 2*  
*mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*MODERNA COVID-19 VACC 6M-5Y - Tier 2; QL*  
*MYCOZYL AL (brand for tinaspore) - Tier 2*  
*NEODOT THERMOMETER - Tier 2; QL*  
*NEUTROGENA OIL-FREE ACNE WASH (brand for cvs daily acne wash) - Tier 2*  
*NULEV (brand for hyoscyamine sulfate) - Tier 2; QL*  
*ONELAX (brand for bisacodyl) - Tier 2; QL*  
*OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2*  
*OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2*  
*PANOXYL (brand for bp wash) - Tier 2*  
*PFIZER COVID-19 VAC BIVAL 5-11 - Tier 2*  
*PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL*  
*PFIZER-BIONT COVID-19 VAC-TRIS (brand for pfizer-biont covid-19 vac-tris) - Tier 2; QL*  
*poly bacitracin (generic for POLYSPORIN) - 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	Non-Preferred Agents
<p>POLYSPORIN (brand for cvs poly bacitracin) - Tier 2  PREZISTA ORAL SUSPENSION - Tier 2; SP; QL  PREZISTA ORAL TABLET - Tier 2; DX2RX; SP; QL  QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at-home test) - Tier 2; QL  sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1  ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL  sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1  sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL  the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL  TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL  tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1  tolnaftate antifungal (generic for TINACTIN) - Tier 1; QL  tolnaftate external cream (generic for TINACTIN) - Tier 1; QL  tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1  wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1  womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL  womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL  womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</p>	
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p>ALECENSA - Tier 2; PA; SP; QL  ALUNBRIG - Tier 2; PA; SP; QL  BOSULIF - Tier 2; PA; SP; QL  BRUKINSA - Tier 2; PA; SP; QL  CABOMETYX - Tier 2; PA; SP; QL  CALQUENCE ORAL CAPSULE - Tier 2; PA; SP; QL  CAPRELSA - Tier 2; PA; SP; QL  COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL</p>	<p>GAVRETO - Tier 2; PA; SP; QL  GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL  LORBRENA - Tier 2; PA; SP; QL  RETEVMO - Tier 2; PA; SP; QL  TABRECTA - Tier 2; PA; SP; QL  TAGRISSO - Tier 2; PA; SP; QL  TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL  VIZIMPRO - 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
<p>COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL  COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL  <i>erlotinib hcl (generic for TARCEVA)</i> - Tier 1; PA; SP; QL  GILOTRIF - Tier 2; PA; SP; QL  ICLUSIG - Tier 2; PA; SP; QL  <i>imatinib mesylate (generic for GLEEVEC)</i> - Tier 1; PA; 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  IRESSA - Tier 2; PA; SP; QL  <i>lapatinib ditosylate (generic for TYKERB)</i> - 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  SPRYCEL - Tier 2; PA; SP; QL  TASIGNA - Tier 2; PA; SP; QL  TURALIO - Tier 2; PA; SP; QL  VOTRIENT - Tier 2; PA; SP; QL  XALKORI - Tier 2; PA; SP; QL</p>	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	<p>PONVORY - Tier 2; PA; SP; QL  PONVORY STARTER PACK - Tier 2; PA; SP; QL</p>
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide Analogs	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i></p>	<p>LUMIGAN - Tier 2; PA; QL            TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL            VYZULTA - Tier 2; PA; QL            XALATAN (brand for latanoprost) - Tier 2; PA; QL            XELPROS - Tier 2; PA; QL            ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL</p>
<p>Ophthalmic Agents, Other</p>	
<p><i>altafrin (generic for ALTAFRIN) - Tier 1</i>  <i>atropine sulfate ophthalmic ointment - Tier 1</i>  <i>atropine sulfate ophthalmic solution 1 % (generic for ISOPTO ATROPINE) - Tier 1; QL</i>  <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCYN HC) - Tier 1; QL</i>  <i>cyclopentolate hcl ophthalmic solution 1 % (generic for CYCLOGYL) - Tier 1; QL</i>            CYSTARAN - Tier 2; DX2RX; SP; QL  <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i>  <i>ISOPTO ATROPINE (brand for atropine sulfate) - Tier 2; QL</i>  <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i>  <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i>  <i>neo-polycin hc (generic for NEO-POLYCYN HC) - Tier 1; QL</i>  <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i>            PRED-G S.O.P. - Tier 2  <i>sulfacetamide-prednisolone - Tier 1</i>            TOBRADEX OPHTHALMIC OINTMENT - Tier 2; QL  <i>tobramycin-dexamethasone (generic for TOBRADEX) - Tier 1; QL</i>            XIIDRA - Tier 2; PA; QL</p>	<p>CEQUA - Tier 2; PA; QL            COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL            COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL            COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL            RESTASIS (brand for cyclosporine) - Tier 2; PA; QL            RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL            ROCKLATAN - Tier 2; PA; QL            TOBRADEX ST - Tier 2; PA; QL            TYRVAYA - Tier 2; PA; QL            ZYLET - Tier 2; PA; QL</p>
<p>Ophthalmic Anti-allergy Agents</p>	
<p><i>azelastine hcl ophthalmic - Tier 1; ST</i>  <i>cromolyn sodium ophthalmic - Tier 1; QL</i></p>	<p><i>BEPREVE (brand for bepotastine besilate) - 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>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></p>	
<p>Ophthalmic Anti-Infectives</p>	
<p><i>ak-poly-bac (generic for POLYICIN) - Tier 1; QL</i>  <i>bacitracin ophthalmic - Tier 1; QL</i>  <i>bacitracin-polymyxin b ophthalmic (generic for POLYICIN) - Tier 1; QL</i>  <i>ciprofloxacin hcl ophthalmic - Tier 1; QL</i>  <i>erythromycin ophthalmic - Tier 1; QL</i>  <i>gentak - Tier 1; QL</i>  <i>gentamicin sulfate ophthalmic - Tier 1; QL</i>  <i>neomycin-bacitracin zn-polymyx (generic for NEO-POLYICIN) - Tier 1</i>  <i>neomycin-polymyxin-gramicidin - Tier 1; QL</i>  <i>neo-polycin (generic for NEO-POLYICIN) - Tier 1</i>  <i>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</i>  <i>polycin (generic for POLYICIN) - Tier 1; QL</i>  <i>polymyxin b-trimethoprim (generic for POLYTRIM) - Tier 1; QL</i>  <i>sulfacetamide sodium ophthalmic - Tier 1; QL</i>  <i>tobramycin ophthalmic - Tier 1; QL</i>  <i>trifluridine - Tier 1; QL</i></p>	<p><i>AZASITE - Tier 2; PA; QL</i>  <i>BESIVANCE - Tier 2; PA; QL</i>  <i>CILOXAN - Tier 2; PA; QL</i>  <i>OCUFLOX (brand for ofloxacin) - Tier 2; PA; QL</i>  <i>VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL</i>  <i>ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL</i></p>
<p>Ophthalmic Anti-inflammatories</p>	
<p><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>prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL</i>  <i>prednisolone acetate p-f (generic for PRED FORTE) - Tier 1; QL</i></p>	<p><i>ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA</i>  <i>ACUVAIL - Tier 2; PA; QL</i>  <i>BROMSITE - Tier 2; PA; QL</i>  <i>DUREZOL (brand for difluprednate) - Tier 2; PA; QL</i>  <i>EYSUVIS - Tier 2; PA; QL</i>  <i>FLAREX - Tier 2; PA; QL</i>  <i>FML - Tier 2; PA; QL</i>  <i>FML FORTE - Tier 2; PA; QL</i>  <i>ILEVRO - Tier 2; PA; QL</i>  <i>INVELTYS - Tier 2; PA; QL</i>  <i>LOTEMAX (brand for loteprednol etabonate) - 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
<i>prednisolone sodium phosphate ophthalmic - Tier 1</i>	LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL PROLENSA - Tier 2; PA; QL
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>	
<i>betaxolol hcl ophthalmic - Tier 1; QL</i> <i>carteolol hcl - Tier 1; QL</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution (generic for TIMOPTIC) - Tier 1; QL</i>	BETIMOL - Tier 2; PA; QL BETOPTIC-S - Tier 2; PA; QL ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL TIMOPTIC (brand for timolol maleate) - Tier 2; PA; QL TIMOPTIC OCUDOSE (brand for timolol maleate ocudose) - Tier 2; PA; QL TIMOPTIC-XE (brand for timolol maleate) - Tier 2; PA; QL
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>	
<i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic (generic for ALPHAGAN P) - Tier 1; QL</i> <i>DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC (brand for dorzolamide hcl) - Tier 2; QL</i> <i>dorzolamide hcl solution 2 % ophthalmic (generic for TRUSOPT) - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> PHOSPHOLINE IODIDE - Tier 2 <i>pilocarpine hcl ophthalmic - Tier 1; QL</i>	ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL AZOPT (brand for brinzolamide) - Tier 2; PA; QL RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL TRUSOPT (brand for dorzolamide hcl) - Tier 2; PA; QL
<b>Ophthalmic Agents - Drugs to Treat Eye Conditions</b>	
<b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs</b>	
<i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i> <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i> <i>altalube (generic for ALTALUBE) - Tier 1; QL</i> <i>artificial eye (generic for ALTALUBE) - Tier 1; QL</i> <i>artificial tears ophthalmic solution (generic for SYSTANE CONTACTS) - Tier 1</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

*artificial tears ophthalmic solution 1.4 % - Tier 1*  
*astringent eye drops (generic for VISINE-AC) - Tier 1; QL*  
*BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2*  
*carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL*  
*dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1; QL*  
*dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL*  
*eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1*  
*eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL*  
*eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL*  
*eye lubricant (generic for ALTALUBE) - Tier 1; QL*  
*for sty relief (generic for ALTALUBE) - Tier 1; QL*  
*GENTEAL SEVERE - Tier 2; QL*  
*GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2*  
*GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2*  
*GENTEAL TEARS SEVERE DAY/NIGHT (brand for dry eye relief) - Tier 2; QL*  
*HYPOTEARS (brand for artificial eye) - Tier 2; QL*  
*lubricant drops fast act (generic for SYSTANE) - Tier 1; QL*  
*lubricant drops long last (generic for SYSTANE) - Tier 1; QL*  
*lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL*  
*lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL*  
*lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1*  
*lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL*  
*lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - 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**

*lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1*  
*lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL*  
*lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*lubricant eye pm (generic for ALTALUBE) - Tier 1; QL*  
*lubricant pm (generic for ALTALUBE) - Tier 1; QL*  
*lubricating eye drop (generic for BIOLLE TEARS) - Tier 1*  
*lubricating eye drops (generic for SYSTANE) - Tier 1; QL*  
*lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL*  
*lubricating plus (generic for BIOLLE TEARS) - Tier 1*  
*lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1*  
*lubricating tears (generic for SYSTANE) - Tier 1; QL*  
*lubricating tears eye drops (generic for GENTEAL TEARS) - Tier 1*  
*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 GENTEAL TEARS MODERATE PF) - Tier 1*  
*nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL*  
*polyvinyl alcohol ophthalmic - Tier 1*  
*REFRESH LACRI-LUBE (brand for artificial eye) - Tier 2; QL*  
*REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2*  
*REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL*  
*relief eye drops (generic for VISINE-AC) - Tier 1; QL*  
*restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1*  
*restore pm (generic for ALTALUBE) - Tier 1; QL*  
*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*

**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>SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL</i>  <i>SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL</i>  <i>SYSTANE CONTACTS (brand for sm artificial tears) - Tier 2</i>  <i>SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</i>  <i>SYSTANE OPHTHALMIC SOLUTION (brand for cvs lubricant drops fast act) - Tier 2; QL</i>  <i>SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</i>  <i>SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL</i>  <i>SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</i>  <i>ultra fresh (generic for ULTRA FRESH) - Tier 1; QL</i>  <i>ultra fresh pm (generic for ALTALUBE) - Tier 1; QL</i>  <i>ultra lubricant drop (generic for SYSTANE) - Tier 1; QL</i>  <i>ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL</i>  <i>ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL</i> </p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p><i>VISINE (brand for allergy eye) - Tier 2</i></p>	
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p> <i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</i>  <i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</i>  <i>allergy eye drops (generic for ALAWAY) - Tier 1; QL</i>  <i>CLARITIN EYE (brand for cvs allergy eye drops) - Tier 2; QL</i>  <i>eye itch relief ophthalmic solution 0.025 % (generic for ALAWAY) - Tier 1; QL</i>  <i>ketotifen fumarate ophthalmic (generic for ALAWAY) - 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
ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL	
<b>Otic Agents</b>	
<p>acetic acid otic - Tier 1; QL</p> <p>ciprofloxacin-dexamethasone (generic for CIPRODEX) - Tier 1; DX2RX; QL</p> <p>hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1; QL</p> <p>neomycin-polymyxin-hc otic - Tier 1; QL</p> <p>ofloxacin otic - Tier 1; QL</p>	<p>CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL</p> <p>CIPRO HC - Tier 2; PA; QL</p> <p>CIPRODEX (brand for ciprofloxacin-dexamethasone) - Tier 2; DX2RX; QL</p> <p>ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; PA; QL</p> <p>OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL</p>
<b>Otic Agents - Drugs to Treat Ear Conditions</b>	
<b>Otic Agents - Drugs for the Ear</b>	
<p>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2</p> <p>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2</p> <p>ear drops otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p>	
<b>Respiratory Tract/Pulmonary Agents</b>	
<b>Antihistamines</b>	

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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**

all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL  
 allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL  
 allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL  
 allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
 allergy medication (generic for BANOPHEN) - Tier 1; QL  
 allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL  
 allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
 allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL  
 allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL  
 allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
 allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL  
 allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
 allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL  
 allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
 allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL  
 allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
 allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL  
 allergy relief tablet 25 mg oral 25 mg (generic for BANOPHEN) - Tier 1; QL  
 allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL  
 allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL  
 aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL  
 anti-hist allergy (generic for BANOPHEN) - Tier 1; QL  
 azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL  
 banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL  
 banophen oral tablet (generic for BANOPHEN) - Tier 1; QL

DYMISTA (brand for azelastine-fluticasone) - 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**

*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 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL*  
*cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL*  
*childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*clemastine fumarate oral tablet 2.68 mg - Tier 1; QL*  
*complete allergy (generic for BANOPHEN) - Tier 1; QL*  
*complete allergy medicine oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL*  
*complete allergy relief (generic for BANOPHEN) - Tier 1; QL*  
*cyproheptadine hcl oral - Tier 1; QL*  
*DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate) - Tier 2; QL*  
*diphenhydramine oral tablet (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*diphen (generic for BANOPHEN) - Tier 1; QL*  
*diphenhist (generic for BANOPHEN) - Tier 1; QL*  
*diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL*  
*geri-dryl (generic for BANOPHEN) - Tier 1; QL*  
*h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL*  
*levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL*  
*liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*MM ALLER-BEN (brand for allergy relief) - Tier 2; QL*  
*NARAMIN (brand for allergy childrens) - 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
<p><i>pharbedryl (generic for BANOPHEN) - Tier 1; QL</i>  <i>allergy relief tablet 25 mg oral 25 mg (generic for BANOPHEN) - Tier 1; QL</i>  <i>siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i>  <i>SOMINEX NIGHTTIME SLEEP-AID (brand for allergy relief) - Tier 2; QL</i>  <i>total allergy (generic for BANOPHEN) - Tier 1; QL</i>  <i>total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i>  <i>ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL</i></p>	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>	
<p><i>ASMANEX (120 METERED DOSES) - Tier 2; PA; QL</i>  <i>ASMANEX (14 METERED DOSES) - Tier 2; PA; QL</i>  <i>ASMANEX (30 METERED DOSES) - Tier 2; PA; QL</i>  <i>ASMANEX (60 METERED DOSES) - Tier 2; PA; QL</i>  <i>ASMANEX HFA - Tier 2; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members &gt;= 5 years of age will require PA; QL; AL</i>  <i>FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL; AL</i>  <i>fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL</i></p>	<p><i>ALVESCO - Tier 2; PA; QL</i>  <i>ARNUITY ELLIPTA - Tier 2; PA; QL</i>  <i>BECONASE AQ - Tier 2; PA; QL</i>  <i>FLOVENT DISKUS - Tier 2; PA; QL</i>  <i>FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; PA; QL; AL</i>  <i>OMNARIS - Tier 2; PA; QL</i>  <i>PULMICORT FLEXHALER - Tier 2; PA; QL</i>  <i>PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members &gt;= 5 years of age will require PA; QL; AL</i>  <i>QNASL - Tier 2; PA; QL</i>  <i>QNASL CHILDRENS - Tier 2; PA; QL</i>  <i>QVAR REDHALER - Tier 2; PA; QL</i>  <i>XHANCE - Tier 2; PA; QL</i>  <i>ZETONNA - Tier 2; PA; QL</i></p>
<b>Antileukotrienes</b>	
<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>ZYFLO - 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
<b>Bronchodilators, Anticholinergic</b>	
<p>ATROVENT HFA - Tier 2; QL            INCRUSE ELLIPTA - Tier 2; QL  <i>ipratropium bromide inhalation</i> - Tier 1; QL  <i>ipratropium bromide nasal</i> - Tier 1; QL</p>	<p>LONHALA MAGNAIR REFILL KIT - Tier 2; PA; QL            LONHALA MAGNAIR STARTER KIT - Tier 2; PA; QL            SPIRIVA HANDIHALER - Tier 2; PA; QL            SPIRIVA RESPIMAT - Tier 2; PA; QL            YUPELRI - Tier 2; PA; QL</p>
<b>Bronchodilators, Sympathomimetic</b>	
<p><i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA)</i> - Tier 1; QL            ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL  <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i> - Tier 1; QL  <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i> - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL            ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL  <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> - Tier 1; QL  <i>albuterol sulfate oral syrup</i> - Tier 1; QL  <i>epinephrine injection solution auto-injector (generic for AUVI-Q)</i> - Tier 1; QL  <i>levalbuterol hcl inhalation (generic for XOPENEX)</i> - Tier 1; ST; QL            STRIVERDI RESPIMAT - Tier 2; QL            SYMJEPI - Tier 2; QL</p>	<p>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (brand for epinephrine) - Tier 2; PA; QL            BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL            EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL            EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL            PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL            PROAIR RESPICLICK - Tier 2; PA; QL            PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL            SEREVENT DISKUS - Tier 2; PA; QL            VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL            XOPENEX NEB (brand for levalbuterol hcl) - Tier 2; PA; ST; QL            XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</p>
<b>Cystic Fibrosis Agents</b>	
<p>CAYSTON - Tier 2; DX2RX; SP; QL            KALYDECO - 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</p>	<p>BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL            TOBI PODHALER - 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
ORKAMBI ORAL TABLET - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS)</i> - Tier 1; DX2RX; SP; QL TRIKAFTA - Tier 2; PA; SP; QL	
Mast Cell Stabilizers	
<i>cromolyn sodium inhalation</i> - Tier 1; QL	
Phosphodiesterase Inhibitors, Airways Disease	
<i>elixophyllin (generic for ELIXOPHYLLIN)</i> - Tier 1; QL THEO-24 - Tier 2; QL <i>theophylline (generic for ELIXOPHYLLIN)</i> - Tier 1; QL <i>theophylline er</i> - Tier 1; QL	
Pulmonary Antihypertensives	
ADEMPAS - Tier 2; DX2RX; SP; QL <i>ambrisentan (generic for LETAIRIS)</i> - Tier 1; DX2RX; SP; QL <i>bosentan (generic for TRACLEER)</i> - Tier 1; DX2RX; SP; QL OPSUMIT - Tier 2; DX2RX; SP; QL <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO)</i> - Tier 1; PA; SP; QL	<i>ADCIRCA (brand for tadalafil (pah))</i> - Tier 2; PA; SP; QL <i>LETAIRIS (brand for ambrisentan)</i> - Tier 2; DX2RX; SP; QL ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL <i>REVATIO ORAL (brand for sildenafil citrate)</i> - Tier 2; PA; SP; QL <i>tadalafil (pah) (generic for ADCIRCA)</i> - Tier 1; PA; SP; QL <i>TRACLEER (brand for bosentan)</i> - Tier 2; DX2RX; SP; QL UPTRAVI ORAL TABLET - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents	
OFEV - Tier 2; PA; SP; QL	<i>ESBRIET (brand for pirfenidone)</i> - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other	
<p> <i>acetylcysteine inhalation solution 10 % - Tier 1; QL</i>  <i>acetylcysteine inhalation solution 20 % - Tier 1</i>            FASENRA PEN - Tier 2; PA; SP; QL            NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL            NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL  <i>promethazine vc - Tier 1; QL; AL</i> </p>	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p> <i>4-WAY MENTHOL (brand for cvs sinus relief ext st) - Tier 2</i>  <i>altamist spray (generic for AYR) - Tier 1</i>  <i>altarussin (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL</i>  <i>AYR (brand for altamist spray) - Tier 2</i>  <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL</i>  <i>chest congestion childrens (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL</i>  <i>chest congestion relief oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL</i>  <i>chest congestion relief oral tablet (generic for XPECT) - Tier 1</i>  <i>CORICIDIN HBP COUGH/COLD (brand for cvs cough &amp; cold hbp) - Tier 2; AL</i>  <i>cough &amp; cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL</i>  <i>cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL</i>  <i>deep sea nasal spray (generic for AYR) - Tier 1</i>  <i>ephrine nose drops (generic for 4-WAY MENTHOL) - Tier 1</i>  <i>geri-tussin (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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**

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

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

*nasal four spray (generic for 4-WAY MENTHOL) - Tier 1*

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

*nasal spray fast acting nasal solution 1 % (generic for 4-WAY MENTHOL) - Tier 1*

*nasal spray saline (generic for AYR) - Tier 1*

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

*nose drops extstrength (generic for 4-WAY MENTHOL) - Tier 1*

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

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

*pharbinex (generic for XPECT) - Tier 1*

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

*pseudoephedrine-bromphen-dm - Tier 1; QL; AL*

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

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

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

*saline mist spray (generic for AYR) - Tier 1*

*saline nasal spray (generic for AYR) - Tier 1*

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

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

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

*sinus relief ext st (generic for 4-WAY MENTHOL) - Tier 1*

*sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*

*SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs nasal decongestant pe) - Tier 2*

*SUDAFED PE SINUS CONGESTION (brand for cvs nasal decongestant pe) - Tier 2*

*tab tussin (generic for XPECT) - 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	Non-Preferred Agents
------------------	----------------------

*tusnel-ex (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin adult chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin chest congestion oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin expectorant adult (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL*  
*tussin mucus & chest cong (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin mucus & chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin mucus/chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin mucus/congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin mucus+chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin mucus+chest congest sf (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin mucus+chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*tussin oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*  
*XPECT (brand for chest congestion relief) - Tier 2*

**Antihistamines - Allergy Drugs**

*12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*allergy relief d oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*

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

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

*allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier 1; QL; AL*  
*desgen dm oral liquid (generic for DESGEN DM) - Tier 1; AL*  
*robafen cf multi-symptom cold (generic for DESGEN DM) - Tier 1; AL*  
*ROBITUSSIN PEAK COLD MULTI-SYM (brand for goodsense tussin cf) - Tier 2; AL*  
*tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL*  
*tussin multi-symptom cold cf (generic for DESGEN DM) - Tier 1; AL*  
*ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL*

**Antihistamines - Drugs to Treat Allergies**

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

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

**Preferred Agents**

**Non-Preferred Agents**

allergy relief childrens oral syrup 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - 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 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL  
 allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL  
 allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL  
 allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL  
 childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL  
 chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL  
 CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; QL  
 CHLOR-TRIMETON ORAL SYRUP (brand for ed chlorped jr) - Tier 2; QL  
 CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL  
 CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL  
 CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; QL  
 fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL  
 loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL  
 loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL  
 loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL  
 loratadine childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>loratadine childrens oral syrup (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>loratadine oral syrup 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>loratadine oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL</i></p> <p><i>TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL</i></p>	
<p>Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs</p>	
<p><i>24 hour nasal allergy nasal aerosol 55 mcg/act (generic for KLS ALLER-CORT) - Tier 1; QL</i></p> <p><i>aller-cort (generic for KLS ALLER-CORT) - Tier 1; QL</i></p> <p><i>allergy spray 24 hour nasal aerosol (generic for KLS ALLER-CORT) - Tier 1; QL</i></p> <p><i>NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL</i></p> <p><i>nasal allergy 24 hour (generic for KLS ALLER-CORT) - Tier 1; QL</i></p> <p><i>nasal allergy nasal aerosol 55 mcg/act (generic for KLS ALLER-CORT) - Tier 1; QL</i></p> <p><i>nasal allergy spray (generic for KLS ALLER-CORT) - Tier 1; QL</i></p>	
<p>Bronchodilators, Sympathomimetic - Asthma/Lung Drugs</p>	
<p><i>ANORO ELLIPTA - Tier 2; QL</i></p> <p><i>BREO ELLIPTA (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</i></p> <p><i>BUDESONIDE-FORMOTEROL FUMARATE (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL</i></p> <p><i>COMBIVENT RESPIMAT - Tier 2; QL</i></p> <p><i>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; PA; QL</i></p> <p><i>FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL</i></p>	<p><i>ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i></p> <p><i>ADVAIR HFA - Tier 2; PA; QL</i></p> <p><i>BEVESPI AEROSPHERE - Tier 2; PA; QL</i></p> <p><i>BREZTRI AEROSPHERE - Tier 2; PA; QL</i></p> <p><i>DUAKLIR PRESSAIR - Tier 2; PA; QL</i></p> <p><i>DULERA - Tier 2; PA; QL</i></p> <p><i>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL</i></p> <p><i>TRELEGY ELLIPTA - 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
<i>ipratropium-albuterol - Tier 1; QL</i> <i>STIOLTO RESPIMAT - Tier 2; QL</i> <i>wixela inhub (generic for WIXELA INHUB) - Tier 1; PA; QL</i>	
Mast Cell Stabilizers - Drugs for the Lungs	
<i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i> <i>NASALCROM (brand for cromolyn sodium) - Tier 2; QL</i>	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
<i>12 hour decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>ADVIL COLD/SINUS (brand for cold &amp; sinus) - Tier 2; AL</i> <i>AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2</i> <i>ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; QL; AL</i> <i>allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy &amp; congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy &amp; congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; 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

*allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*aprodine - Tier 1; AL*  
*benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL*  
*chest congest/cough child (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*childrens cold & allergy - Tier 1; AL*  
*childrens cough (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*childrens mucus relief cough (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL*  
*cold & allergy - Tier 1; AL*  
*cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL*  
*cold & cough childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL*  
*cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL*  
*cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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

*cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*cough & chest congestion (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*cough childrens (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*cough dm (generic for DELSYM) - Tier 1; QL; AL*  
*cough dm childrens oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL*  
*cough dm er (generic for DELSYM) - Tier 1; QL; AL*  
*DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL*  
*DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2*  
*DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL*  
*dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL*  
*dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*dm maximum adult (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL*  
*g tussin ac - Tier 1; QL; AL*  
*geri-tussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*guaicon dms (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*guaifenesin ac - Tier 1; QL; AL*

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

**Preferred Agents**

**Non-Preferred Agents**

*guaifenesin/pseudoephedrine (generic for MUCINEX D) - Tier 1; AL*  
*guaifenesin-codeine - Tier 1; QL; AL*  
*guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL*  
*ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL*  
*long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL*  
*meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2*  
*MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2*  
*MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2*  
*MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL*  
*MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL*  
*MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL; AL*  
*MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2*

Tier 1: Generic; Tier 2: Brand; AL: Limited to members of 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

*MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2*  
*MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2*  
*mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus d extended release (generic for MUCINEX D) - Tier 1; AL*  
*mucus d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL*  
*mucus relief cough children oral liquid 5-100 mg/5ml (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*mucus relief cough childrens (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL*  
*mucus relief dm max oral liquid (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL*  
*mucus-d (generic for MUCINEX D) - Tier 1; AL*  
*mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL*  
*nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*nasal decongestant max strength (generic for SUDOGEST) - Tier 1; QL*  
*nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*  
*nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*

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

## Preferred Agents

## Non-Preferred Agents

*nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nebulal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1*  
*no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*promethazine vc/codeine - Tier 1; QL; AL*  
*promethazine-codeine - Tier 1; QL; AL*  
*promethazine-dm - 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 oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL*  
*ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL*  
*ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL*  
*ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2*  
*rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*rynex pe - Tier 1; AL*  
*siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*

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

## Preferred Agents

## Non-Preferred Agents

*sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL*  
*sinus nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*sodium chloride inhalation nebulization solution 0.9 % - Tier 1*  
*sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1*  
*sodium chloride nebulization solution 7 % inhalation 7 % (generic for HYPERSAL) - Tier 1*  
*SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL*  
*SUDAFED CHILDRENS - Tier 2; QL*  
*SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL*  
*SUDAFED SINUS CONGESTION 12HR (brand for cvs 12 hour nasal decongestant) - Tier 2*  
*sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL*  
*sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*  
*suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*  
*suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*tussin cf oral liquid 30-10-100 mg/5ml - Tier 1*  
*tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL*  
*tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*tussin dm max (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*tussin dm max adult (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1*  
*tussin dm max daytime (generic for DELSYM COUGH/CHEST CONGEST DM) - 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	Non-Preferred Agents
<p><i>tussin dm max st (generic for DELSYM COUGH/CHEST CONGEST DM) - Tier 1</i>  <i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</i></p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p><i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i>  <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i>  <i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i>  <i>orphenadrine citrate er - Tier 1; QL</i></p>	<p><i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i>  <i>LORZONE (brand for chlorzoxazone) - Tier 2; PA; QL</i></p>
Sleep Disorder Agents	
Sleep Promoting Agents	
<p><i>eszopiclone oral tablet 1 mg (generic for LUNESTA) - Tier 1; QL</i>  <i>eszopiclone oral tablet 2 mg, 3 mg (generic for LUNESTA) - Tier 1</i>  <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i>  <i>triazolam (generic for HALCION) - Tier 1; QL</i>  <i>zaleplon - Tier 1; QL</i>  <i>zolpidem tartrate oral (generic for AMBIEN) - Tier 1; QL</i></p>	<p><i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL</i>  <i>AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA</i>  <i>BELSOMRA - Tier 2; PA</i>  <i>DAYVIGO - Tier 2; PA; QL</i>  <i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL</i>  <i>EDLUAR - Tier 2; PA; QL</i>  <i>estazolam - Tier 1; PA; QL</i>  <i>HALCION (brand for triazolam) - Tier 2; PA; QL</i>  <i>LUNESTA ORAL TABLET 1 MG (brand for eszopiclone) - Tier 2; PA; QL</i>  <i>LUNESTA ORAL TABLET 2 MG, 3 MG (brand for eszopiclone) - Tier 2; PA</i>  <i>ramelteon (generic for ROZEREM) - Tier 1; PA; QL</i>  <i>RESTORIL (brand for temazepam) - Tier 2; PA; QL</i>  <i>ROZEREM (brand for ramelteon) - Tier 2; PA; QL</i>  <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i></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
	<i>temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i>
<b>Wakefulness Promoting Agents</b>	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	<i>NUVIGIL (brand for armodafinil) - Tier 2; DX2RX; QL</i> <i>PROVIGIL (brand for modafinil) - Tier 2; DX2RX; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM - Tier 2; PA; SP; QL</i>
<b>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</b>	
<b>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</b>	
<i>ascorbic acid tablet 500 mg oral (generic for PUREWAY-C) - Tier 1; QL</i> <i>biocel (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>BPROTECTED VITAMIN C (brand for liquid c) - Tier 2; QL</i> <i>calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL</i> <i>calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL</i> <i>calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL</i> <i>calcium fast dissolution - Tier 1; QL</i> <i>calcium high potency - Tier 1; QL</i> <i>calcium oral tablet 1500 (600 ca) mg - Tier 1; QL</i> <i>calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL</i> <i>calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1; QL</i> <i>CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL; AL</i> <i>chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL</i> <i>chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL</i> <i>childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - 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

*childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL; AL*  
*daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*daily vitamin formula+iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*effer-k oral tablet effervescent 25 meq - Tier 1; QL*  
*ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL*  
*FOLAGENT DHA (brand for v-c forte) - Tier 2; QL*  
*FOLAMED DHA (brand for v-c forte) - Tier 2; QL*  
*fruity c - Tier 1; QL*  
*gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL; AL*  
*klor-con/ef - Tier 1; QL*  
*k-prime - Tier 1; QL*  
*liquid c (generic for BPROTECTED VITAMIN C) - Tier 1; QL*  
*lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL*  
*multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*MULTIPRO (brand for v-c forte) - Tier 2; QL*  
*multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL*  
*OBSTETRIX EC - Tier 2*  
*OBTREX - Tier 2*  
*OCUVEL (brand for v-c forte) - Tier 2; QL*  
*one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*oyster shell calcium tablet 500 mg oral - Tier 1; QL*  
*prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1*  
*v-c forte (generic for VIC-FORTE) - Tier 1; QL*  
*vic-forte (generic for VIC-FORTE) - Tier 1; QL*  
*vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL*  
*vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL*  
*vitamin c er oral tablet extended release 1500 mg - 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>vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL</i>  <i>vitamin c oral tablet 250 mg - Tier 1; QL</i>  <i>vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL</i>  <i>vitamin c oral tablet chewable 250 mg - Tier 1; QL</i>  <i>vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL</i>  <i>vitamin c tablet 250 mg oral 250 mg - Tier 1; QL</i>  <i>vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL</i>  <i>vitamin c/rose hips oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL</i>  <i>vitamin c-rose hips oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL</i>  <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL</i>  <i>zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL</i> </p>	
<p>Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p> <i>b-1 - Tier 1; QL</i>  <i>b6 - Tier 1; QL</i>  <i>vitamin e capsule 180 mg (400 unit) oral 180 mg (400 unit) - Tier 1; QL</i>  <i>cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL</i>  <i>DODEX (brand for cyanocobalamin) - Tier 2; QL</i>  <i>pyridoxine hcl oral - Tier 1; QL</i>  <i>thiamine hcl oral - Tier 1; QL</i>  <i>vitamin b1 - Tier 1; QL</i>  <i>vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1</i>  <i>vitamin b-6 - Tier 1; QL</i>  <i>vitamin e capsule 180 mg (400 unit) oral 180 mg (400 unit) - Tier 1; QL</i> </p>	<p>NASCOBAL - Tier 2; PA; QL</p>
<p>Vaccines</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**

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

JANSSEN COVID-19 VACCINE - 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

Prior Authorization / Class Criteria

Title	Drugs Impacted	Prior Authorization Criteria / 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

<b>1</b>			
12 hour allergy-d.....	120		
12 hour decongestant nasal .....	124		
12 hour nasal decongestant nasal .....	124		
12 hour nasal relief spray.....	124		
12 hour nasal spray .....	124		
12hr allergy relief .....	121		
<b>2</b>			
24 hour nasal allergy nasal aerosol 55 mcg/act.....	123		
24hr allergy relief .....	121		
<b>4</b>			
4-WAY MENTHOL.....	117		
<b>8</b>			
8 hour arthritis pain .....	8		
8 hour arthritis pain reliever.....	8		
8 hour arthritis relief .....	8		
8 hour pain relief oral tablet extended release 650 mg .....	8		
8 hour pain reliever .....	8		
8 hr arthritis pain relief.....	8		
8hr arthritis pain relief.....	8		
8hr muscle aches & pain .....	8		
<b>A</b>			
a-25.....	65		
abacavir sulfate oral solution.....	37		
abacavir sulfate oral tablet .....	37		
abacavir sulfate-lamivudine.....	37		
abatineX.....	72		
ABILIFY.....	34		
ABILIFY MAINTENA.....	34		
abiraterone acetate .....	28		
ABREVA.....	60		
ABSORICA.....	54		
ABSORICA LD.....	54		
acamprosate calcium .....	13		
ACANYA .....	54		
acarbose oral.....	40		
ACCOLATE.....	114		
ACCU-CHEK AVIVA PLUS TEST STRIPS .....	60		
ACCU-CHEK FASTCLIX LANCET KIT ....	60		
ACCU-CHEK GUIDE TEST STRIPS.....	60		
ACCU-CHEK SMARTVIEW.....	60		
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT .....	60		
accutane .....	54		
acebutolol hcl oral .....	47		
acetaminophen 8 hour.....	8		
acetaminophen 8 hours.....	8		
acetaminophen childrens oral suspension 160 mg/5ml .....	8		
acetaminophen childrens oral tablet chewable 160 mg .....	8		
acetaminophen er.....	8		
acetaminophen ex st oral liquid 500 mg/15ml .....	8		
acetaminophen ex st oral tablet 500 mg.....	8		
acetaminophen extra strength.....	8		
acetaminophen infants.....	8		
acetaminophen oral liquid 160 mg/5ml.....	9		
acetaminophen oral liquid 500 mg/15ml .....	9		
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml.....	9		
acetaminophen oral suspension 160 mg/5ml .....	9		
acetaminophen oral tablet 325 mg .....	9		
acetaminophen oral tablet 500 mg .....	9		
acetaminophen oral tablet chewable 160 mg .....	9		
acetaminophen rectal suppository 120 mg .	9		
acetaminophen rectal suppository 650 mg .	9		
acetaminophen-codeine .....	7		
acetaminophen-codeine #2.....	7		
acetaminophen-codeine #3.....	7		
acetaminophen-codeine #4.....	7		
acetazolamide er .....	48		
acetazolamide oral.....	48		
acetic acid otic.....	111		
acetylcysteine inhalation solution 10 %... 117			
acetylcysteine inhalation solution 20 %... 117			
acid controller.....	70		
acid gone oral suspension .....	72		
acid reducer oral tablet .....	70		
acid reducer oral tablet 200 mg.....	70		
acidophilus lactobacillus oral.....	72		
acidophilus oral capsule , 10 mg .....	72		
acidophilus probiotic oral capsule 10 mg .. 72			
acidophilus probiotic oral tablet 0.5 mg..... 72			
acidophilus/l-sporogenes .....	72		
ACIPHEX .....	71		
acitretin .....	54		
ACTEMRA ACTPEN.....	94		
ACTEMRA SUBCUTANEOUS.....	94		
ACTHAR.....	85		
ACTHIB.....	96		
ACTIMMUNE.....	95		
ACTIVELLA.....	86		
ACTONEL.....	98		
ACULAR LS .....	106		
ACUVAIL.....	106		
acyclovir oral .....	36		
ACZONE.....	58		
ADACEL.....	96		
ADBRY.....	94		
ADCIRCA.....	116		
ADDERALL XR .....	52		
ADEMPAS.....	116		
ADHANSIA XR .....	51		
ADLYXIN.....	40		
ADLYXIN STARTER PACK.....	40		
ADMELOG .....	42		
ADMELOG SOLOSTAR.....	42		
adult 50+ probiotic.....	72		

adult probiotic.....	72	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation .....	115	allergy oral capsule 25 mg .....	112
ADVAIR DISKUS .....	123	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION.....	115	allergy oral liquid 12.5 mg/5ml.....	112
ADVAIR HFA.....	123	albuterol sulfate oral syrup.....	115	allergy oral tablet 25 mg.....	112
advanced acne spot treat.....	99	alclometasone dipropionate external ointment.....	55	allergy rel child (loratadine).....	121
advanced antacid.....	72	ALCOHOL PREP PADS PAD .....	99	allergy relief (cetirizine) oral tablet 10 mg	112
advanced healing external ointment .....	59	ALCOHOL PREP PADS PAD 70 % .....	99	allergy relief (loratadine).....	121
ADVIL COLD/SINUS.....	124	ALECENSA.....	103	allergy relief adult .....	112
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE.....	5	alendronate sodium oral solution .....	98	allergy relief cetirizine .....	112
ADVIL ORAL TABLET .....	5	alendronate sodium oral tablet 10 mg, 35 mg .....	98	allergy relief childrens oral liquid 12.5 mg/5ml .....	112
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG .....	30	alendronate sodium oral tablet 70 mg .....	98	allergy relief childrens oral syrup 5 mg/5ml .....	122
AFINITOR ORAL TABLET 7.5 MG.....	30	ALEVE ORAL TABLET.....	5	allergy relief childrens oral tablet chewable 12.5 mg.....	112
afirmelle.....	86	alfuzosin hcl er.....	84	allergy relief d oral tablet extended release 12 hour.....	120
AFLURIA QUADRIVALENT .....	97	all day allergy d .....	120	allergy relief d-12.....	124
AFREZZA.....	42	all day allergy oral tablet 10 mg.....	112	allergy relief d-24.....	124
AFRIN NODRIP ORIGINAL.....	124	all day allergy relief oral tablet 10 mg.....	121	allergy relief max st.....	112
aftera.....	92	all day allergy-d oral tablet extended release 12 hour 5-120 mg .....	120	allergy relief nasal decong .....	124
AIMOVIG.....	26	all day pain relief .....	5	allergy relief oral capsule 25 mg.....	112
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	26	all day relief.....	5	allergy relief oral liquid 25 mg/10ml .....	112
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	26	ALLEGRA ALLERGY .....	121	allergy relief oral tablet 10 mg .....	122
ak-poly-bac.....	106	allerclear .....	121	allergy relief oral tablet 180 mg .....	122
AKYNZEO ORAL.....	23	allerclear d-12hr .....	124	allergy relief oral tablet 25 mg .....	112
ala-cort .....	55	allerclear d-24hr .....	124	allergy relief oral tablet 60 mg .....	122
ALAVERT ALLERGY/SINUS.....	124	aller-cort.....	123	allergy relief oral tablet dispersible 10 mg	122
ALAWAY .....	110	aller-ease.....	121	allergy relief oral tablet extended release 12 hour 5-120 mg .....	121
ALAWAY CHILDRENS ALLERGY.....	110	aller-fex.....	121	allergy relief oral tablet extended release 12 mg.....	122
albendazole oral .....	32	allergy & congestion oral tablet extended release 24 hour 10-240 mg.....	124	allergy relief tablet 25 mg oral 25 mg.....	112, 114
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation.....	115	allergy & congestion relief.....	124	allergy relief (cetirizine).....	112
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION .....	115	allergy (cetirizine).....	112	allergy relief/indoor/outdoor oral tablet 10 mg .....	112
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml.....	115	allergy 24hour indoor/outdoor .....	112	allergy relief/indoor/outdoor oral tablet 180 mg.....	122
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml .....	115	allergy 24-hr.....	121	allergy relief/nasal decong .....	125
		allergy childrens oral liquid.....	112	allergy relief/nasal decongest oral tablet extended release 12 hour.....	121
		allergy childrens oral syrup .....	121		
		allergy eye drops.....	110		
		allergy medication .....	112		

allergy relief/nasal decongest oral tablet	aminocaproic acid oral.....	45	antacid anti-gas ex st oral suspension 400-
extended release 24 hour.....	amiodarone hcl oral tablet 200 mg, 400 mg	47	400-40 mg/5ml.....
allergy relief-d oral tablet extended release	AMITIZA.....	69	antacid anti-gas max strength .....
12 hour 5-120 mg.....	amitriptyline hcl oral.....	22	antacid calcium.....
allergy relief-d oral tablet extended release	amlodipine besylate oral.....	48	antacid calcium rich .....
24 hour 10-240 mg.....	ammonium lactate external.....	55	antacid extra strength oral suspension 400-
allergy relief-d12.....	amnesteem.....	54	400-40 mg/5ml.....
allergy spray 24 hour nasal aerosol.....	amoxapine .....	22	antacid extra strength oral tablet chewable
allergy/congestion relief.....	amoxicillin oral capsule.....	16	750 mg.....
aller-tec.....	amoxicillin oral suspension reconstituted..	16	antacid extra strength tablet chewable 750
aller-tec d.....	amoxicillin oral tablet 875 mg.....	16	mg oral 750 mg.....
allopurinol tablet 100 mg oral .....	amoxicillin oral tablet chewable.....	16	antacid fast relief .....
allopurinol tablet 300 mg oral .....	amoxicillin-potassium clavulanate .....	17	antacid i.....
almacone double strength.....	amphetamine-dextroamphetamine.....	52	antacid iii.....
ALOGLIPTIN BENZOATE.....	amphetamine-dextroamphetamine er.....	52	antacid kids.....
ALOGLIPTIN-METFORMIN HCL.....	ampicillin .....	17	antacid liquid .....
ALOGLIPTIN-PIOGLITAZONE.....	AMPYRA.....	53	antacid m .....
ALORA.....	AMRIX.....	131	antacid maximum .....
ALPHAGAN P.....	AMZEEQ.....	58	antacid maximum strength.....
alprazolam oral tablet.....	anagrelide hcl.....	44	antacid maximum strength oral tablet
altachlore ophthalmic ointment.....	ANASPAZ .....	99	chewable 1000 mg.....
altachlore ophthalmic solution .....	anastrozole oral.....	29	antacid oral suspension 200-200-20 mg/5ml,
altafrin .....	ANDRODERM.....	86	400-400-40 mg/10ml.....
altalube.....	ANDROGEL.....	86	antacid oral tablet chewable 1000 mg .....
altamist spray .....	ANDROGEL PUMP.....	86	antacid oral tablet chewable 500 mg .....
altarussin.....	anecream external cream.....	13	antacid oral tablet chewable 750 mg .....
altarussin dm.....	anefrin spray .....	125	antacid plus antigas.....
altavera .....	ANGELIQ.....	86	antacid regular strength oral suspension..
ALTOPREV .....	ANNOVERA.....	86	antacid regular strength oral tablet chewable
alum sulfate-ca acetate .....	ANORO ELLIPTA.....	123	.....
ALUNBRIG.....	antacid & anti-gas oral suspension 200-200-		antacid ultra strength oral tablet chewable
ALVESCO .....	20 mg/5ml.....	72	1000 mg .....
alyacen 1/35.....	antacid & anti-gas oral suspension 400-400-	72	antacid/antigas .....
alyacen 7/7/7.....	40 mg/5ml.....	72	antacid/anti-gas max st.....
amantadine hcl oral capsule.....	antacid & gas relief.....	72	antacid/anti-gas oral suspension 200-200-20
amantadine hcl oral solution.....	antacid advanced .....	72	mg/5ml .....
AMBIEN .....	antacid advanced max st oral suspension		antacid/anti-gas oral suspension 400-400-40
AMBIEN CR.....	400-400-40 mg/5ml.....	72	mg/5ml .....
ambrisentan.....	antacid anti-gas.....	72	antacid/gas relief max st.....
amiloride hcl oral.....			ANTARA .....
amiloride-hydrochlorothiazide.....			antibiotic.....

anti-diarr/ant-gas.....	74	ARANESP (ALBUMIN FREE) INJECTION		aspirin oral tablet chewable 81 mg.....	99
anti-diarrheal oral liquid 1 mg/5ml.....	69	SOLUTION PREFILLED SYRINGE 100		aspirin oral tablet delayed release 325 mg	99
anti-diarrheal oral suspension 262 mg/15ml		MCG/0.5ML, 150 MCG/0.3ML, 200		aspirin oral tablet delayed release 81 mg.	99
.....	74	MCG/0.4ML, 25 MCG/0.42ML, 300		ASPIRIN ORAL TABLET DELAYED	
anti-diarrheal oral tablet 2 mg.....	69	MCG/0.6ML, 40 MCG/0.4ML, 500		RELEASE 81 MG.....	99
anti-diarrheal/anti-gas .....	74	MCG/ML, 60 MCG/0.3ML .....	45	aspirin rectal suppository 300 mg.....	99
antifungal (tolnaftate).....	99	ARICEPT ORAL TABLET 10 MG, 5 MG ..	21	aspirin regimen.....	99
antifungal external cream.....	25	ARICEPT ORAL TABLET 23 MG.....	21	astrigent eye drops.....	108
antifungal external powder.....	25	ARIKAYCE.....	15	astrigent solution .....	59
anti-fungal external powder.....	99	aripiprazole oral solution.....	34	atazanavir sulfate .....	38
antifungal foot care .....	25	aripiprazole oral tablet.....	34	ATELVIA.....	98
antifungal miconazole .....	25	aripiprazole oral tablet dispersible.....	34	atenolol oral.....	47
antifungal tolinaftate.....	99	ARISTADA.....	34	atenolol-chlorthalidone.....	48
anti-gas oral capsule 180 mg .....	74	ARISTADA INITIO.....	34	athletes foot.....	25
anti-hist allergy.....	112	armodafinil .....	132	athletes foot (terbinafine) .....	25
anti-itch aloe.....	55	ARMONAIR DIGIHALER.....	99	athletes foot (tolnaftate) external aerosol	
anti-itch intensive heal.....	55	ARMOUR THYROID .....	92	powder 1 % .....	99
anti-itch intensive healing.....	55	ARNUITY ELLIPTA.....	114	athletes foot (tolnaftate) external cream 1 %	
anti-itch maximum strength external cream 1		arthritis pain oral tablet extended release		.....	99
%.....	55	650 mg.....	9	athletes foot external aerosol powder 2 %	25
anti-nausea.....	24	arthritis pain relief oral tablet extended		athletes foot external cream 1 %.....	25
antiseptic.....	18	release 650 mg.....	9	athletes foot external powder 2 % .....	25
apap-caff-dihydrocodeine.....	7	arthritis pain reliever oral .....	9	athletes foot spray external aerosol 2 %...	25
APIDRA SOLOSTAR.....	42	arthritis pain relieving.....	99	atomoxetine hcl .....	51
APIDRA VIAL .....	42	artificial eye.....	107	atorvastatin calcium oral .....	50
APOKYN .....	33	artificial tears ophthalmic solution .....	107	atovaquone .....	32
apraclonidine hcl.....	107	artificial tears ophthalmic solution 1.4 %.	108	ATRALIN.....	54
aprepitant .....	23	ASACOL HD .....	98	atropine sulfate ophthalmic ointment.....	105
apri.....	86	ascomp-codeine.....	7	atropine sulfate ophthalmic solution 1 %.	105
APRISO.....	98	ascorbic acid tablet 500 mg oral.....	132	ATROVENT HFA.....	115
aprodine .....	125	ASMANEX (120 METERED DOSES).....	114	AUBAGIO.....	53
APTENSIO XR.....	51	ASMANEX (14 METERED DOSES) .....	114	aubra.....	87
APTIOM .....	20	ASMANEX (30 METERED DOSES) .....	114	aubra eq.....	87
APTIVUS.....	38	ASMANEX (60 METERED DOSES) .....	114	aurovela 1.5/30.....	87
aqueous vitamin d.....	65	ASMANEX HFA .....	114	aurovela 1/20.....	87
aranelle .....	87	aspirin adults.....	99	aurovela fe 1.5/30.....	87
ARANESP (ALBUMIN FREE) INJECTION		aspirin childrens .....	99	aurovela fe 1/20.....	87
SOLUTION.....	44	aspirin ec oral tablet 325 mg.....	99	AURYXIA .....	65
ARANESP (ALBUMIN FREE) INJECTION		aspirin ec oral tablet delayed release 325		AUSTEDO.....	52
SOLUTION PREFILLED SYRINGE 10		mg.....	99		
MCG/0.4ML .....	44	aspirin oral tablet 325 mg.....	99		

AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML.....	115	balziva .....	87	betamethasone dipropionate external lotion .....	55
AVEDANA GLYCERIN (ADULT).....	80	banophen oral capsule 25 mg.....	112	betamethasone dipropionate external ointment .....	55
aviane .....	87	banophen oral tablet.....	112	betamethasone valerate external cream... 55	
AVITA EXTERNAL CREAM.....	54	BAQSIMI ONE PACK.....	41	betamethasone valerate external lotion.... 55	
AVONEX PEN .....	53	BAQSIMI TWO PACK.....	42	betamethasone valerate external ointment55	
AVONEX PREFILLED.....	53	BARACLUDE ORAL SOLUTION .....	36	BETAPACE .....	47
AYR.....	117	BASAGLAR KWIKPEN.....	42	BETAPACE AF.....	47
ayuna .....	87	BAYER ASPIRIN.....	100	BETASERON .....	53
AZASITE .....	106	BAYER LOW DOSE ORAL TABLET CHEWABLE .....	100	betatemp childrens .....	9
azathioprine tablet 50 mg oral .....	95	b-complex oral tablet .....	66	betaxolol hcl ophthalmic.....	107
azelaic acid external .....	54	b-complex with b-12 .....	66	betaxolol hcl oral.....	47
azelastine hcl nasal solution 0.1 %, 137 mcg/spray.....	112	b-complex/b-12 oral.....	66	bethanechol chloride oral.....	84
azelastine hcl ophthalmic.....	105	BD AUTOSHIELD DUO PEN NEEDLES..	60	BETHKIS.....	115
azithromycin oral suspension reconstituted .....	17	BD ULTRA-FINE INSULIN SYRINGES... 60		BETIMOL .....	107
azithromycin oral tablet .....	17	BD ULTRA-FINE PEN NEEDLES.....	60	BETOPTIC-S.....	107
azo .....	84	beauty 360 pure glycerin .....	59	BEVESPI AEROSPHERE .....	123
AZOPT .....	107	beauty 360 soothing bath.....	59	bexarotene.....	31
AZSTARYS .....	52	BECONASE AQ .....	114	BEXSERO.....	96
azurette.....	87	BELBUCA.....	6	BEYAZ .....	86
<b>B</b>		BELSOMRA.....	131	bicalutamide .....	28
b complex.....	66	BENADRYL ALLERGY CHILDRENS ORAL LIQUID.....	113	BIDIL.....	48
b complex vitamins .....	66	BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE.....	113	BIJUVA .....	86
b-1.....	134	BENADRYL ALLERGY ORAL TABLET..	113	BIKTARVY ORAL TABLET 30-120-15 MG36	
b6.....	134	BENADRYL ALLERGY ULTRATABS....	113	BIKTARVY ORAL TABLET 50-200-25 MG36	
baby basics diaper rash .....	59	benazepril hcl oral .....	46	BINAXNOW COVID-19 AG HOME TEST100	
bac .....	7	benazepril-hydrochlorothiazide .....	48	biocel .....	132
bacitracin external.....	99	BENLYSTA SUBCUTANEOUS.....	94	BIOLLE TEARS.....	108
bacitracin ophthalmic .....	106	BENZAC AC WASH .....	100	biotinex.....	74
bacitracin zinc external.....	100	BENZAMYCIN.....	54	bisacodyl ec .....	100
bacitracin zinc first aid.....	100	BENZNIDAZOLE.....	32	bisacodyl laxative .....	100
bacitracin zinc-aloe.....	100	benzonatate oral capsule 100 mg, 200 mg .....	125	bisacodyl oral tablet delayed release 5 mg .....	100
bacitracin-polymyxin b ophthalmic .....	106	benztropine mesylate oral.....	33	bisacodyl rectal.....	100
bacitra-neomycin-polymyxin-hc.....	105	BEPREVE .....	105	bismatrol oral tablet chewable.....	74
baclofen oral tablet.....	35	BERINERT.....	94	bismuth .....	74
BAFIERTAM.....	53	BESIVANCE .....	106	bismuth subsalicylate oral.....	74
balsalazide disodium.....	98	betamethasone dipropionate aug.....	55	bisoprolol fumarate oral .....	47
BALVERSA .....	30			bisoprolol-hydrochlorothiazide.....	48
				blisovi fe 1.5/30 .....	87



blisovi fe 1/20.....	87	bupropion hcl oral.....	22	calcium carbonate antacid oral tablet	
BLOOD GLUCOSE TEST STRIPS.....	60	buspirone hcl oral.....	40	chewable.....	74
BONINE.....	23	butalbital-acetaminophen oral tablet 50-325		calcium carbonate oral tablet 1500 (600 ca)	
BOOSTRIX.....	96	mg.....	7	mg.....	132
boro-packs.....	59	butalbital-apap-caff-cod oral capsule 50-325-		calcium carbonate oral tablet chewable 1250	
bosentan.....	116	40-30 mg.....	7	(500 ca) mg.....	132
BOSULIF.....	103	butalbital-apap-caffeine oral capsule 50-325-		calcium citrate oral tablet 950 (200 ca) mg	63
boudreauxs butt paste ointment 40 %		40 mg.....	7	calcium citrate+d3 oral tablet.....	63
external.....	59	butalbital-apap-caffeine oral tablet.....	7	calcium fast dissolution.....	132
BOUDREAUXS BUTT PASTE OINTMENT		butalbital-asa-caff-codeine.....	7	calcium high potency.....	132
40 % EXTERNAL.....	59	butalbital-aspirin-caffeine.....	7	calcium oral tablet 1500 (600 ca) mg.....	132
b-plex plus.....	132	butorphanol tartrate nasal.....	7	calcium oyster shell oral tablet 1250 (500 ca)	
BPROTECTED PEDIA D-VITE.....	66	BUTRANS.....	6	mg.....	132
BPROTECTED PEDIA IRON.....	63	BYDUREON BCISE AUTOINJECTOR....	40	calcium plus vitamin d oral tablet 500-5 mg-	
BPROTECTED VITAMIN C.....	132	BYETTA 10 MCG PEN.....	40	mcg.....	63
BREATHE COMFORT HUMIDIFIER.....	100	BYETTA 5 MCG PEN.....	40	calcium plus vitamin d oral tablet 600-10 mg-	
BREO ELLIPTA.....	123	<b>C</b>		mcg.....	63
BREZTRI AEROSPHERE.....	123	cabergoline.....	93	calcium plus vitamin d3.....	63
briellyn.....	87	CABLIVI.....	45	calcium soft chews oral tablet chewable 500-	
BRILINTA.....	45	CABOMETYX.....	103	200-40 mg-unt-mcg.....	132
brimonidine tartrate ophthalmic.....	107	caffeine citrate oral.....	52	cal-gest antacid.....	74
BRIVIACT ORAL.....	19	calcipotriene external cream.....	57	CALQUENCE ORAL CAPSULE.....	103
bromocriptine mesylate oral.....	33	calcipotriene external ointment.....	57	CALQUENCE ORAL TABLET.....	100
BROMSITE.....	106	calcipotriene external solution.....	57	camila.....	91
BRONCHITOL.....	54	calcitonin (salmon) nasal.....	98	CANASA.....	98
BROVANA.....	115	calcitriol external.....	57	capecitabine.....	31
BRUKINSA.....	103	calcitriol oral capsule.....	98	CAPLYTA ORAL CAPSULE 10.5 MG, 21	
BRYHALI.....	55	calcitriol oral solution.....	98	MG.....	34
BUCKLEYS CHEST CONGESTION.....	117	calcium 600 oral tablet 1500 (600 ca) mg	132	CAPLYTA ORAL CAPSULE 42 MG.....	34
budesonide inhalation.....	114	calcium 600/vitamin d.....	63	CAPRELSA.....	103
budesonide oral.....	98	calcium 600/vitamin d-3.....	63	capsaicin external cream.....	100
BUDESONIDE-FORMOTEROL FUMARATE		calcium 600+d oral tablet 600-10 mg-mcg	63	capsaicin pain relief.....	100
.....	123	calcium acetate (phos binder) oral tablet..	65	captopril oral.....	46
bumetanide oral.....	49	calcium acetate oral tablet 667 mg.....	65	CARAC.....	57
buprenorphine.....	6	calcium antacid.....	74	carbamazepine er.....	20
buprenorphine hcl sublingual.....	8	calcium antacid ex st oral tablet chewable		carbamazepine oral.....	20
buprenorphine hcl-naloxone hcl.....	13	750 mg.....	74	carbidopa oral.....	33
bupropion hcl er (smoking det).....	14	calcium antacid extra strength.....	74	carbidopa-levodopa er.....	33
bupropion hcl er (sr).....	22	calcium carb-cholecalciferol oral tablet 600-		carbidopa-levodopa oral tablet.....	33
bupropion hcl er (xl) oral tablet extended		10 mg-mcg.....	63	carboxymethylcellulose sodium ophthalmic	
release 24 hour 150 mg, 300 mg.....	22			solution.....	108

CARESTART COVID-19 HOME TEST... 100	chewable c..... 132	CIMZIA..... 95
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8..... 99	chewable c with rose hips..... 132	cinacalcet hcl..... 98
carglumic acid..... 61	chewy not chalky flavor..... 74	CINRYZE..... 94
carteolol hcl..... 107	childrens acetaminophen..... 9	CIPRO HC..... 111
cartia xt..... 48	childrens allergy oral liquid 12.5 mg/5ml. 113	CIPRO ORAL SUSPENSION RECONSTITUTED..... 17
carvedilol..... 47	childrens apap..... 9	CIPRODEX..... 111
cavarest..... 61	childrens aspirin oral tablet chewable 81 mg ..... 100	ciprofloxacin hcl ophthalmic..... 106
CAVILON..... 25	childrens chewable vitamins..... 132	ciprofloxacin hcl oral..... 17
CAYSTON..... 115	childrens cold & allergy..... 125	ciprofloxacin hcl otic..... 111
cefacloz oral capsule..... 16	childrens cough..... 125	ciprofloxacin-dexamethasone..... 111
cefadroxil..... 16	childrens loratadine..... 122	citalopram hydrobromide oral solution..... 22
cefdinir..... 16	childrens mucus relief cough..... 125	citalopram hydrobromide oral tablet..... 22
cefixime oral capsule..... 16	childrens non-aspirin..... 9	citroma..... 80
cefprozil..... 16	childrens silapap..... 9	CITRUCEL ORAL TABLET..... 80
cefuroxime axetil..... 16	childrens soothe..... 74	claravis..... 54
celecoxib oral..... 5	childrens vitamins/iron..... 133	clarithromycin er..... 17
CELEXA..... 22	childs non-aspirin..... 9	clarithromycin oral..... 17
CELONTIN..... 19	chlordiazepoxide hcl..... 40	CLARITIN ALLERGY CHILDRENS..... 122
CENTANY..... 58	chlorhexidine gluconate mouth/throat..... 54	CLARITIN EYE..... 110
CENTRUM FLAVOR BURST KIDS..... 132	chloroquine phosphate oral..... 32	CLARITIN ORAL TABLET..... 122
CENTRUM SPECIALIST PRENATAL..... 66	chlorpheniramine maleate er..... 122	CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG..... 122
cephalexin oral capsule..... 16	chlorpromazine hcl oral tablet..... 34	CLARITIN-D 12 HOUR..... 125
cephalexin oral suspension reconstituted.. 16	chlorthalidone..... 49	classic prenatal..... 66
CEQUA..... 105	CHLOR-TRIMETON ALLERGY..... 122	c-lax laxative..... 100
CERDELGA..... 83	CHLOR-TRIMETON ORAL SYRUP..... 122	CLEARCANAL EARWAX SOFTENER... 111
cerovel..... 60	chlorzoxazone oral tablet 500 mg..... 131	clearlax oral powder 17 gm/scoop..... 79
cetiri-d..... 121	CHOLBAM..... 83	clemastine fumarate oral tablet 2.68 mg. 113
cetirizine allergy relief..... 113	cholestyramine light oral powder..... 50	CLENPIQ..... 70
cetirizine hcl oral solution 1 mg/ml..... 113	cholestyramine oral packet..... 50	CLIMARA..... 86
cetirizine hcl oral tablet..... 113	cholestyramine oral powder..... 50	CLIMARA PRO..... 87
cetirizine-pseudoephedrine er..... 121	CHORIONIC GONADOTROPIN INTRAMUSCULAR..... 85	clindacin etz external swab..... 58
CETRAXAL..... 111	CIBINQO..... 60	clindacin-p..... 58
chateal..... 87	ciclodan..... 58	CLINDAGEL..... 58
chateal eq..... 87	ciclopirox external solution..... 58	clindamycin hcl oral capsule 150 mg, 300 mg..... 15
CHEMET..... 65	cilostazol..... 45	clindamycin palmitate hcl..... 15
chest congest/cough child..... 125	CILOXAN..... 106	clindamycin phosphate external gel..... 58
chest congestion childrens..... 117	CIMDUO..... 37	clindamycin phosphate external lotion..... 58
chest congestion relief dm oral syrup..... 125	cimetidine hcl..... 70	clindamycin phosphate external solution.. 58
chest congestion relief oral liquid..... 117	cimetidine oral..... 70	
chest congestion relief oral tablet..... 117		

clindamycin phosphate external swab .....	58	cold & cough childrens oral liquid 2.5-1-5 mg/5ml .....	125	CORLANOR.....	48
clindamycin phosphate vaginal.....	15	cold & sinus.....	125	corn and callus remover.....	100
CLINDESSE .....	15	cold & sinus relief oral tablet 30-200 mg.	125	CORTIFOAM.....	98
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION .....	111	cold/cough .....	125	cortisone intense healing .....	55
clobazam .....	20	cold/cough childrens.....	126	cortisone maximum strength external cream .....	56
clobetasol prop emollient base .....	55	cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml .....	126	CORTROPHIN .....	85
clobetasol propionate e .....	55	cold/cough dm oral liquid 2.5-1-5 mg/5ml	126	COSENTYX .....	94
clobetasol propionate external cream .....	55	COLESTID.....	50	COSOPT.....	105
clobetasol propionate external ointment....	55	col-rite oral capsule 250 mg.....	80	COSOPT PF.....	105
clobetasol propionate external solution....	55	COMBIGAN .....	105	COTELLIC.....	30
CLOBEX.....	55	COMBIPATCH.....	87	cough & chest congestion.....	126
CLOBEX SPRAY .....	55	COMBIVENT RESPIMAT .....	123	cough & cold hbp.....	117
clomiphene citrate oral.....	92	COMETRIQ (100 MG DAILY DOSE).....	103	cough childrens .....	126
clonazepam oral tablet.....	40	COMETRIQ (140 MG DAILY DOSE).....	104	cough dm.....	126
clonidine hcl oral.....	46	COMETRIQ (60 MG DAILY DOSE) .....	104	cough dm childrens oral suspension extended release 30 mg/5ml .....	126
clopidogrel bisulfate oral.....	45	comfort gel.....	74	cough dm er .....	126
clorazepate dipotassium.....	40	comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml.....	74	cough relief oral syrup 15 mg/5ml.....	117
clotrimazole 3 vaginal cream 2 % .....	25	COMIRNATY .....	100	CREON.....	83
clotrimazole 7 .....	25	COMPLERA.....	37	CRESTOR.....	50
clotrimazole external cream 1 %.....	59	complete allergy.....	113	cromolyn sodium inhalation.....	116
clotrimazole external solution 1 % .....	59	complete allergy medicine oral capsule 25 mg.....	113	cromolyn sodium nasal .....	124
clotrimazole mouth/throat troche 10 mg....	24	complete allergy relief.....	113	cromolyn sodium ophthalmic.....	105
clotrimazole vaginal .....	25	COMPLETENATE.....	66	crotan.....	58
clotrimazole vaginal cream 1 %.....	25	compro.....	23	CRUEX PRESCRIPTION STRENGTH....	25
clotrimazole-betamethasone .....	58	COMTAN .....	33	cryselle-28.....	87
clozapine oral tablet 100 mg, 25 mg, 50 mg .....	35	CO-NATAL FA .....	66	CUPRIMINE .....	84
CLOZARIL ORAL TABLET 100 MG, 25 MG, 50 MG.....	35	CONCERTA.....	51	cyanocobalamin injection solution 1000 mcg/ml.....	134
CLOZARIL ORAL TABLET 200 MG .....	35	constulose.....	69	cyclobenzaprine hcl oral tablet 10 mg, 5 mg .....	131
codeine sulfate oral tablet 30 mg, 60 mg ....	7	CONTOUR NEXT EZ KIT W/DEVICE.....	60	cyclopentolate hcl ophthalmic solution 1 % .....	105
COLACE .....	80	CONTOUR NEXT MONITOR KIT W/DEVICE .....	60	cyclophosphamide oral capsule .....	28
COLAZAL.....	98	CONTOUR NEXT ONE KIT.....	60	CYCLOPHOSPHAMIDE ORAL TABLET..	28
COLCHICINE ORAL CAPSULE.....	26	CONTOUR NEXT TEST STRIPS.....	61	cycloserine oral .....	27
colchicine oral tablet .....	26	CONTOUR TEST STRIPS.....	61	cyclosporine modified .....	95
COLCRYS.....	26	COPAXONE.....	53	cyclosporine oral.....	95
cold & allergy.....	125	COPIKTRA.....	30	CYMBALTA.....	52
cold & allergy childrens oral elixir 1-15 mg/5ml.....	125	CORICIDIN HBP COUGH/COLD.....	117	cycproheptadine hcl oral.....	113

cyred.....	87	DENTA 5000 PLUS.....	61	DIACOMIT.....	21
cyred eq.....	87	DENTAGEL.....	61	diamode.....	69
CYSTAGON.....	83	DEPEN TITRATABS.....	84	diaper rash external ointment 40 %.....	59
CYSTARAN.....	105	DEPO-ESTRADIOL.....	87	diarrhea.....	74
CYTOTEC.....	71	DEPO-SUBQ PROVERA 104.....	91	diazepam oral solution.....	40
<b>D</b>		DERMACINRX ATRIX ANTIBAC WASH 100.....	100	diazepam oral tablet.....	40
d3-50.....	66	DERMACINRX ATRIX CLARIFY TONER.....	100	diazepam rectal.....	20
daily acne wash.....	100	DERMACINRX PENETRAL.....	100	dibromm childrens cold/cgh.....	126
daily fiber oral capsule 0.52 gm.....	79	DERMELEVE ADVANCED FORMULA..	100	diclofenac potassium oral tablet 50 mg.....	5
daily multiple vitamins.....	66	DESCOVY ORAL TABLET 120-15 MG....	37	diclofenac sodium er.....	5
daily multivitamins/iron.....	133	DESCOVY ORAL TABLET 200-25 MG....	37	diclofenac sodium external gel 1 %.....	5
daily vitamin formula+iron.....	133	DESENEX EXTERNAL POWDER.....	25	diclofenac sodium external solution 1.5 %..	5
daily vitamins.....	66	DESENEX JOCK ITCH.....	25	diclofenac sodium ophthalmic.....	106
daily vite.....	66	desgen dm oral liquid.....	121	diclofenac sodium oral.....	5
daily vites.....	66	desipramine hcl oral.....	23	dicloxacillin sodium.....	17
daily-vite.....	66	desmopressin ace spray refrig.....	85	dicyclomine hcl oral capsule.....	69
danazol oral.....	86	desmopressin acetate oral.....	85	dicyclomine hcl oral solution.....	69
dantrolene sodium oral.....	35	desmopressin acetate spray.....	85	dicyclomine hcl oral tablet.....	69
dapsone oral.....	27	desogestrel-ethinyl estradiol.....	87	DIFFERIN EXTERNAL CREAM.....	54
DAPTACEL.....	96	DETROL.....	83	DIFFERIN EXTERNAL GEL 0.1 %.....	54
dasetta 1/35.....	87	DETROL LA.....	83	DIFFERIN EXTERNAL GEL 0.3 %.....	54
dasetta 7/7/7.....	87	dexamethasone intensol.....	85	DIFFERIN EXTERNAL LOTION.....	54
DAURISMO.....	30	dexamethasone oral elixir.....	85	DIFICID.....	17
DAYHIST ALLERGY 12 HOUR RELIEF.....	113	dexamethasone oral solution.....	85	DIFLUCAN.....	24
DAYTRANA.....	51	dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg.....	85	digestive probiotic capsule oral.....	74
DAYVIGO.....	131	dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg.....	85	digestive probiotic oral capsule 250 mg....	74
deblitane.....	91	dexamethasone sodium phosphate ophthalmic.....	106	digitek.....	48
deep sea nasal spray.....	117	DEXCOM G6 RECEIVER.....	60	digoxin oral solution.....	48
deferasirox granules.....	65	DEXCOM G6 SENSOR.....	60	digoxin oral tablet 125 mcg, 250 mcg.....	49
deferasirox oral packet.....	65	DEXCOM G6 TRANSMITTER.....	101	dihydroergotamine mesylate injection.....	26
deferasirox oral tablet.....	65	DEXILANT.....	71	DILANTIN ORAL CAPSULE 30 MG.....	20
deferasirox oral tablet soluble.....	65	dexmethylphenidate hcl.....	51	diltiazem hcl er.....	48
DELSTRIGO.....	37	dexmethylphenidate hcl er.....	51	diltiazem hcl er beads.....	48
DELSYM COUGH CHILDRENS.....	126	dextromethorphan polistirex er.....	126	diltiazem hcl er coated beads oral capsule extended release 24 hour.....	48
DELSYM COUGH/CHEST CONGEST DM .....	126	dextromethorphan-guaifenesin oral syrup .....	126	diltiazem hcl oral.....	48
DELSYM ORAL SUSPENSION EXTENDED RELEASE.....	126	DHIVY.....	33	dilt-xr.....	48
delyla.....	87			dimaphen dm cold/cough.....	126
DELZICOL.....	98			dimethyl fumarate oral.....	53
DENGVAXIA.....	97			dimethyl fumarate starter pack.....	53
				diotame instydose.....	74

DIPENTUM.....	98
diphedryl allergy.....	113
diphen.....	113
diphenhist.....	113
diphenhydramine hcl oral.....	113
diphenoxylate-atropine.....	69
DIPHTHERIA-TETANUS TOXOIDS DT.....	96
dipyridamole oral.....	45
disopyramide phosphate.....	47
disulfiram oral.....	13
DITROPAN XL.....	83
DIURIL.....	49
divalproex sodium er oral tablet extended release 24 hour 500 mg.....	40
divalproex sodium oral capsule delayed release sprinkle.....	40
divalproex sodium oral tablet delayed release.....	40
DIVIGEL.....	87
dm maximum adult.....	126
docosanol external.....	60
docu.....	80
docu liquid.....	80
docusate calcium.....	80
docusate mini.....	80
docusate sodium oral capsule.....	81
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml.....	81
docusate sodium oral syrup.....	81
docuzen.....	81
DODEX.....	134
dofetilide.....	47
donepezil hcl oral tablet 23 mg.....	21
donepezil hcl oral tablet 5 mg.....	21
donepezil hcl tablet 10 mg oral.....	21
DOPTelet.....	45
DORYX.....	18
dorzolamide hcl solution 2 % ophthalmic.....	107
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	107
dorzolamide hcl-timolol mal.....	105

dotti.....	87
double antibiotic external ointment 500- 10000 unit/gm.....	101
DOVATO.....	36
DOVONEX.....	57
doxazosin mesylate oral.....	46
doxepin hcl external.....	55
doxepin hcl oral capsule.....	23
doxepin hcl oral concentrate.....	23
doxepin hcl oral tablet.....	131
doxycycline hyclate oral capsule.....	18
doxycycline hyclate oral tablet 100 mg.....	18
doxycycline monohydrate oral capsule 100 mg.....	18
doxycycline monohydrate oral capsule 50 mg.....	18
DR SMITHS ADULT BARRIER.....	59
DR SMITHS DIAPER QUICK RELIEF.....	59
driminate.....	23
dronabinol.....	23
DROPSAFE ALCOHOL PREP.....	101
DROXIA ORAL CAPSULE 200 MG, 300 MG .....	45
DROXIA ORAL CAPSULE 400 MG.....	45
dry eye relief ophthalmic gel 0.4-0.3 %..	108
dry-eye relief nighttime.....	108
dss.....	81
DUAKLIR PRESSAIR.....	123
DUAVEE.....	87
DUEXIS.....	5
DULERA.....	123
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	52
DUOBRII.....	57
DUPIXENT.....	94
DUREZOL.....	106
D-VI-SOL.....	66
d-vite pediatric.....	66
DYANAVEL XR.....	52
DYMISTA.....	112

<b>E</b>	
E.E.S. 400.....	17
ear drops otic solution 6.5 %.....	111
ear wax kit.....	111
ear wax removal.....	111
ear wax removal system.....	111
earwax removal.....	111
earwax removal drops.....	111
earwax removal kit otic solution 6.5 %....	111
EASIVENT.....	101
EASIVENT MASK LARGE.....	101
EASIVENT MASK MEDIUM.....	101
EASIVENT MASK SMALL.....	101
easygel.....	61
easy-lax plus.....	81
ec-naproxen.....	5
econtra ez.....	92
econtra one-step.....	92
eczema anti-itch.....	56
ed-apap.....	9
EDARBI.....	46
EDARBYCLOR.....	48
EDLUAR.....	131
ED-SPAZ.....	101
EDURANT.....	37
efavirenz.....	37
efavirenz-emtricitab-tenofo df.....	37
efavirenz-lamivudine-tenofovir.....	37
effer-k oral tablet effervescent 25 meq ...	133
EFFIENT.....	45
EFUDEX.....	57
electrolyte solution.....	63
ELESTRIN.....	87
ELIDEL.....	55
ELIGARD.....	93
elinest.....	87
ELIQUIS.....	44
ELIQUIS DVT/PE STARTER PACK.....	44
elixophyllin.....	116
ELMIRON.....	84
eluryng.....	87

EMEND ORAL.....	23	EPIDIOLEX.....	19	ethynodiol diac-eth estradiol.....	88
EMETROL.....	24	EPIDUO.....	54	etodolac.....	5
EMFLAZA ORAL TABLET 6 MG.....	85	EPIDUO FORTE.....	54	etonogestrel-ethinyl estradiol.....	88
EMGALITY.....	26	epinephrine injection solution auto-injector.....	115	etoposide oral.....	29
EMGALITY (300 MG DOSE).....	26	EPIPEN 2-PAK.....	115	etravirine.....	37
EMPAVELI.....	99	EPIPEN JR 2-PAK.....	115	EUCRISA.....	56
emtricitabine.....	38	epitol.....	20	euthyrox.....	92
emtricitabine-tenofovir df.....	38	EPIVIR HBV ORAL SOLUTION.....	36	EVAC.....	79
EMTRIVA ORAL SOLUTION.....	38	EPOGEN.....	44	EVAMIST.....	87
EMVERM.....	32	ergocalciferol oral capsule.....	133	EVEKEO.....	52
enalapril maleate oral solution.....	46	ERIVEDGE.....	30	EVEKEO ODT.....	52
enalapril maleate oral tablet.....	46	ERLEADA.....	28	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg.....	95
enalapril-hydrochlorothiazide.....	49	erlotinib hcl.....	104	everolimus oral tablet 1 mg.....	95
ENBREL.....	95	errin.....	91	everolimus oral tablet 10 mg, 2.5 mg, 5 mg.....	30
ENDACOF-DM.....	126	ERYTHROCIN STEARATE.....	17	everolimus oral tablet 7.5 mg.....	30
ENDARI.....	61	erythromycin base oral.....	17	everolimus oral tablet soluble.....	30
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	7	erythromycin ethylsuccinate oral.....	17	EVISTA.....	91
enema.....	74	erythromycin external.....	59	EVOCLIN.....	58
enema disposable.....	75	erythromycin ophthalmic.....	106	EVOTAZ.....	39
enema ready-to-use.....	75	erythromycin oral.....	17	EVRYSDI.....	83
enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml.....	75	ESBRIET.....	116	EXCEDRIN EXTRA STRENGTH.....	9
ENEMEEZ MINI.....	81	escitalopram oxalate oral tablet.....	22	EXCEDRIN MIGRAINE.....	9
ENFAMIL ENFALYTE.....	63	esomeprazole magnesium oral capsule delayed release.....	71	EXELON.....	21
ENFAMIL EXPECTA.....	66	esomeprazole magnesium oral packet.....	71	exemestane.....	29
ENGERIX-B.....	96	essential one daily.....	66	EXKIVITY.....	30
enoxaparin sodium.....	44	estarylla.....	87	EX-LAX MAXIMUM STRENGTH.....	81
enpresse-28.....	87	estazolam.....	131	EX-LAX ULTRA.....	101
enskyce.....	87	ESTRACE.....	87	EXTAVIA.....	53
ENSPRYNG.....	95	estradiol oral.....	87	eye drops ophthalmic solution 0.05 %.....	108
ENSTILAR.....	57	estradiol transdermal gel.....	87	eye drops ophthalmic solution 0.05-0.1-1-1 %.....	108
entacapone.....	33	estradiol transdermal patch twice weekly.....	87	eye drops ophthalmic solution 0.05-0.25 %.....	108
entecavir.....	36	estradiol transdermal patch weekly.....	87	eye drops ophthalmic solution 0.05-0.25 %.....	108
enteric aspirin.....	101	estradiol vaginal.....	88	eye itch relief ophthalmic solution 0.025 %.....	110
ENTRESTO.....	49	ESTRING.....	87	eye lubricant.....	108
enulose.....	69	eszopiclone oral tablet 1 mg.....	131	EYSUVIS.....	106
EPCLUSA ORAL PACKET.....	36	eszopiclone oral tablet 2 mg, 3 mg.....	131	ezetimibe.....	50
EPCLUSA ORAL TABLET 200-50 MG.....	36	ethambutol hcl oral tablet 100 mg.....	27		
EPCLUSA ORAL TABLET 400-100 MG.....	36	ethambutol hcl oral tablet 400 mg.....	28		
ephrine nose drops.....	117	ethosuximide oral.....	19		

<b>F</b>		
falmina.....	88	
famotidine acid reducer oral tablet 10 mg	70	
famotidine oral suspension reconstituted 40 mg/5ml.....	70	
famotidine oral tablet 10 mg.....	70	
famotidine oral tablet 20 mg.....	70	
famotidine oral tablet 40 mg.....	70	
famotidine orig st.....	70	
FANAPT.....	34	
FANAPT TITRATION PACK.....	34	
FARXIGA.....	41	
FASENRA PEN.....	117	
fast relief laxative.....	101	
febuxostat.....	26	
felbamate oral suspension.....	19	
felbamate oral tablet.....	19	
felodipine er.....	48	
FEMRING.....	87	
femynor.....	88	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg.....	50	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	50	
fenofibrate oral tablet 145 mg.....	50	
fenofibrate oral tablet 160 mg, 54 mg.....	50	
FENOGLIDE.....	50	
FENSOLVI (6 MONTH).....	93	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....	6	
ferate.....	63	
FER-IN-SOL.....	63	
ferosul.....	63	
ferrex 150 capsule 150 mg oral.....	63	
FERREX 150 CAPSULE 150 MG ORAL..	63	
FERRIC X-150.....	63	
FERRIPROX ORAL TABLET 1000 MG....	65	
ferrous gluconate oral tablet 240 (27 fe) mg.....	63	
ferrous gluconate oral tablet 324 (37.5 fe) mg.....	63	
ferrous gluconate oral tablet 324 (38 fe) mg.....	63	
ferrous sulfate oral elixir.....	63	
ferrous sulfate oral solution 75 (15 fe) mg/ml.....	63	
ferrous sulfate oral tablet delayed release	63	
ferrous sulfate tablet 325 (65 fe) mg oral..	63	
FETZIMA.....	22	
fever reducer/pain reliever.....	9	
fever reducing childrens.....	10	
feverall adults.....	10	
feverall childrens.....	10	
FEVERALL INFANTS.....	10	
FEVERALL JUNIOR STRENGTH.....	10	
fe-vite iron.....	63	
fexofenadine hcl oral.....	122	
FIASP.....	42	
FIASP FLEXTOUCH.....	42	
FIASP PENFILL.....	42	
fiber laxative + calcium.....	81	
fiber laxative oral capsule 0.52 gm.....	79	
fiber laxative oral tablet 500 mg.....	81	
fiber oral capsule 0.52 gm.....	79	
fiber oral powder 28.3 %.....	79	
fiber oral powder 48.57 %.....	79	
fiber oral powder 58.6 %.....	79	
fiber oral tablet 500 mg.....	81	
fiber oral tablet 625 mg.....	81	
fiber powder 28.3 % oral 28.3 %.....	80	
fiber therapy oral capsule 0.52 gm.....	79	
fiber therapy oral powder 28.3 %.....	79	
fiber therapy oral tablet 500 mg.....	81	
fiber therapy oral tablet 625 mg.....	81	
fiber-caps.....	81	
fiber-lax.....	81	
FINACEA.....	54	
finasteride oral tablet 5 mg.....	84	
fingolimod hcl.....	53	
FINTEPLA.....	19	
FIRAZYR.....	94	
first aid antibiotic external ointment 3.5-400-5000 , 3.5-400-5000 mg-unit.....	18	
first aid antiseptic external solution 10 %..	18	
FIRVANQ.....	16	
FLAGYL.....	15	
FLAREX.....	106	
flecainide acetate.....	47	
FLECTOR.....	5	
FLEET BISACODYL.....	101	
FLEET ENEMA.....	75	
FLEET PEDIATRIC.....	75	
floranex tablet oral.....	75	
FLORANEX TABLET ORAL.....	75	
FLOVENT DISKUS.....	114	
FLOVENT HFA.....	114	
FLOWFLEX COVID-19 AG HOME TEST	101	
FLUAD QUADRIVALENT.....	97	
FLUARIX QUADRIVALENT.....	97	
FLUBLOK QUADRIVALENT.....	97	
FLUCELVAX QUADRIVALENT.....	97	
fluconazole oral.....	24	
fludrocortisone acetate oral.....	85	
FLULAVAL QUADRIVALENT.....	97	
FLUMIST QUADRIVALENT.....	97	
fluocinolone acetonide body.....	56	
fluocinolone acetonide external cream 0.025 %.....	56	
fluocinolone acetonide external ointment..	56	
fluocinolone acetonide external solution..	56	
fluocinolone acetonide scalp.....	56	
fluocinonide emulsified base.....	56	
fluocinonide external cream.....	56	
fluocinonide external solution.....	56	
fluorometholone.....	106	
fluorouracil external cream 5 %.....	58	
fluorouracil external solution.....	58	
fluoxetine hcl oral capsule.....	22	
fluoxetine hcl oral solution.....	22	
fluphenazine decanoate injection.....	34	
fluphenazine hcl injection.....	34	

fluphenazine hcl oral concentrate.....	34	FREESTYLE LIBRE 14 DAY READER....	60	gas relief oral tablet chewable 80 mg .....	75
fluphenazine hcl oral elixir.....	34	FREESTYLE LIBRE 14 DAY SENSOR....	60	gas relief ultra strength .....	75
fluphenazine hcl oral tablet.....	34	FREESTYLE LIBRE 2 READER.....	60	gas relief ultstrength .....	75
flurbiprofen sodium .....	106	FREESTYLE LIBRE 2 SENSOR.....	60	GAS-X EXTRA STRENGTH ORAL	
flutamide.....	28	FREESTYLE LIBRE 3 SENSOR.....	61	CAPSULE.....	75
fluticasone propionate external cream .....	56	FREESTYLE LIBRE READER.....	60	GAS-X EXTRA STRENGTH ORAL TABLET	
fluticasone propionate external ointment..	56	FREESTYLE PRECISION NEO TEST .....	61	CHEWABLE .....	76
FLUTICASONE PROPIONATE HFA.....	114	FREESTYLE TEST .....	61	GATTEX.....	70
fluticasone propionate nasal.....	114	freeze dried acidophilus.....	75	gavilax oral powder.....	79
fluticasone-salmeterol inhalation aerosol		FROVA .....	27	gavilyte-c.....	70
powder breath activated 100-50 mcg/act,		fruity c.....	133	gavilyte-g.....	70
250-50 mcg/act, 500-50 mcg/act.....	123	FULPHILA.....	44	GAVICON .....	76
FLUTICASONE-SALMETEROL		fungi-guard.....	101	GAVRETO.....	103
INHALATION AEROSOL POWDER		furosemide oral solution 10 mg/ml.....	49	GELUSIL.....	76
BREATH ACTIVATED 113-14 MCG/ACT,		furosemide oral tablet.....	49	gemfibrozil oral .....	50
232-14 MCG/ACT, 55-14 MCG/ACT..	123	FUZEON.....	38	GEMTESA.....	35
fluvoxamine maleate .....	22	fyavolv .....	87	generlac.....	69
FLUZONE HIGH-DOSE QUADRIVALENT97		FYCOMPA.....	19	gengraf oral capsule.....	95
FLUZONE QUADRIVALENT.....	97	<b>G</b>		GENOTROPIN .....	85
FML.....	106	g tussin ac.....	126	GENOTROPIN MINIQUICK.....	85
FML FORTE.....	106	gabapentin oral capsule.....	20	gentak.....	106
foaming antacid oral tablet chewable 80-20		gabapentin oral solution 250 mg/5ml.....	20	gentamicin sulfate external .....	59
mg.....	75	gabapentin oral tablet 600 mg, 800 mg ....	20	gentamicin sulfate ophthalmic.....	106
FOCALIN.....	51	galantamine hydrobromide oral solution..	21	GENTEAL SEVERE .....	108
FOLAGENT DHA.....	133	galantamine hydrobromide oral tablet 12 mg,		GENTEAL TEARS MODERATE PF .....	108
FOLAMED DHA.....	133	8 mg.....	21	GENTEAL TEARS PF.....	108
folic acid oral tablet 1 mg.....	101	galantamine hydrobromide oral tablet 4 mg		GENTEAL TEARS SEVERE DAY/NIGHT	
folic acid oral tablet 400 mcg.....	101	.....	21	.....	108
foot & sneaker .....	101	GARDASIL 9.....	96	gentle laxative oral tablet delayed release 5	
foot care (terbinafine).....	25	gas relief drops infants.....	75	mg.....	101
for sty relief.....	108	gas relief extra strength oral capsule 125 mg		gentle laxative rectal suppository 10 mg.	101
FORFIVO XL.....	22	.....	75	gentle laxative womens.....	101
FORMULA 3 THE TREATMENT .....	101	gas relief extra strength oral tablet chewable		gentlelax.....	79
FORMULA 7 THE SOLUTION.....	101	125 mg.....	75	genuine aspirin.....	101
FORTEO .....	98	gas relief extstrength.....	75	GENVOYA .....	36
FORTESTA.....	86	gas relief infants.....	75	GEODON ORAL.....	34
FOSAMAX.....	98	gas relief infants drops.....	75	geri-dryl.....	113
FOSAMAX PLUS D.....	98	gas relief infants oral suspension.....	75	geri-kot.....	81
fosamprenavir calcium.....	39	gas relief oral capsule 125 mg .....	75	geri-lanta.....	76
fosinopril sodium.....	46	gas relief oral capsule 180 mg .....	75	geri-lanta maximum strength.....	76
fosinopril sodium-hctz.....	49	gas relief oral tablet chewable 125 mg .....	75	geri-mox.....	76



geri-tussin.....	117	griseofulvin microsize oral.....	24	heartburn relief oral tablet chewable 160-105	
geri-tussin dm.....	126	griseofulvin ultramicrosize.....	24	mg.....	76
GILENYA ORAL CAPSULE 0.5 MG.....	53	guaicon dms.....	126	heartland gas relief.....	76
GILOTRIF.....	104	guaifenesin ac.....	126	heather.....	91
giltuss severe sinus.....	126	guaifenesin oral liquid.....	118	h-e-b aspirin.....	101
glatiramer acetate.....	53	guaifenesin oral tablet 400 mg.....	118	h-e-b childrens allergy.....	113
glatopa.....	53	guaifenesin/pseudoephedrine.....	127	HEMANGEOL.....	47
GLEEVEC.....	103	guaifenesin-codeine.....	127	HEMLIBRA.....	46
glimepiride.....	41	guaifenesin-dm oral syrup.....	127	hemorrhoidal rectal suppository 0.25-3-85.5	
glipizide er.....	41	guanfacine hcl.....	46	%.....	60
glipizide ir.....	41	guanfacine hcl er.....	51	heparin sodium (porcine).....	44
glipizide xl.....	41	GUARDIAN CONNECT TRANSMITTER.....	99	heparin sodium (porcine) pf.....	44
GLUCAGEN HYPOKIT.....	42	GUARDIAN LINK 3 TRANSMITTER.....	99	HEPLISAV-B.....	97
GLUCAGON EMERGENCY INJECTION		GUARDIAN SENSOR (3).....	61	hi cal.....	63
SOLUTION RECONSTITUTED.....	42	GUARDIAN SENSOR 3.....	61	HIBERIX.....	96
glucagon emergency kit 1 mg injection.....	42	gummy dinos.....	133	high potency probiotic.....	76
GLUCAGON EMERGENCY KIT 1 MG		GVOKE KIT.....	42	HORIZANT.....	52
INJECTION.....	41	GVOKE PFS.....	42	HUMALOG.....	42
glucose oral tablet chewable 4 gm.....	43	GYNAZOLE-1.....	24	HUMALOG JUNIOR KWIKPEN.....	42
glucose tablet chewable 4 gm oral 4 gm.....	44	GYNE-LOTRIMIN.....	25	HUMALOG KWIKPEN.....	42
glyburide micronized.....	41	GYNE-LOTRIMIN 3.....	25	HUMALOG MIX 50/50.....	42
glyburide oral.....	41	<b>H</b>		HUMALOG MIX 50/50 KWIKPEN.....	42
glyburide-metformin.....	41	habitrol.....	14	HUMALOG MIX 75/25.....	42
glycerin (adult) rectal suppository 2 gm.....	81	HAEGARDA.....	94	HUMALOG MIX 75/25 KWIKPEN.....	42
glycerin (infants & children) rectal		hailey 1.5/30.....	88	HUMATROPE.....	85
suppository 1 gm.....	81	hailey fe 1.5/30.....	88	HUMIRA PEN-PEDIATRIC UC START.....	95
glycerin adult rectal suppository 2 gm.....	81	hailey fe 1/20.....	88	HUMIRA PEN-PSOR/UEVIT STARTER... 95	
glycerin child rectal suppository 1 gm, 1.2		HALCION.....	131	HUMIRA SUBCUTANEOUS PEN-	
gm.....	81	halobetasol propionate external cream.....	56	INJECTOR KIT 40 MG/0.4ML, 40	
glycerin childrens.....	81	haloperidol decanoate intramuscular.....	34	MG/0.8ML.....	95
glycerin external.....	59	haloperidol oral.....	34	HUMIRA SUBCUTANEOUS PEN-	
glycerin external liquid 99.5 %.....	59	HARVONI.....	36	INJECTOR KIT 80 MG/0.8ML.....	95
glycerin pediatric rectal suppository 1.2 gm		HAVRIX.....	96	HUMIRA SUBCUTANEOUS PREFILLED	
.....	81	headache formula.....	10	SYRINGE KIT 10 MG/0.1ML, 20	
glycolax.....	79	headache relief.....	10	MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML,	
glycopyrrolate oral tablet 1 mg.....	70	headache relief extra str.....	10	80 MG/0.8ML, 80 MG/0.8ML &	
glycopyrrolate oral tablet 2 mg.....	70	heartburn antacid ex st.....	76	40MG/0.4ML.....	95
GLYXAMBI.....	41	heartburn prevention oral tablet 10 mg.....	70	HUMULIN 70/30 KWIKPEN.....	42
GOCOVRI.....	33	heartburn relief ex st.....	76	HUMULIN 70/30 VIAL.....	42
GRALISE ORAL TABLET.....	52	heartburn relief oral tablet 10 mg.....	70	HUMULIN N KWIKPEN.....	42
GRANIX.....	44	heartburn relief oral tablet 200 mg.....	70	HUMULIN N VIAL.....	42

HUMULIN R U-500 KWIKPEN .....	42	hyoscyamine sulfate er.....	101	imipramine hcl oral.....	23
HUMULIN R U-500 VIAL (CONCENTRATED).....	42	hyoscyamine sulfate oral .....	101	imiquimod external cream 5 % .....	58
HUMULIN R VIAL.....	42	hyoscyamine sulfate sl.....	101	IMITREX .....	27
HYCAMTIN ORAL .....	29	hyoscyamine sulfate sublingual.....	102	IMODIUM A-D ORAL TABLET.....	69
hydralazine hcl oral.....	51	HYPERTET.....	97	IMODIUM MULTI-SYMPTOM RELIEF .....	76
hydrochlorothiazide oral .....	49	HYPOTEARs.....	108	INBRIJA .....	33
hydrocodone bit-homatrop mbr.....	101	HYSINGLA ER.....	6	incassia.....	91
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml.....	7	<b>I</b>		INCRELEX.....	85
hydrocodone-acetaminophen oral tablet 10- 325 mg, 5-325 mg, 7.5-325 mg.....	7	IBRANCE.....	30	INCRUSE ELLIPTA.....	115
hydrocortisone (perianal) external cream 2.5 %.....	98	ibu-200.....	5	indapamide.....	49
hydrocortisone anti-itch.....	56	ibuprofen.....	5	indomethacin oral .....	6
hydrocortisone butyrate external ointment	56	ibuprofen childrens oral tablet chewable 100 mg.....	5	indoor/outdoor allergy rif .....	113
hydrocortisone butyrate external solution..	56	ibuprofen cold/sinus oral tablet 30-200 mg .....	127	INFANRIX .....	96
hydrocortisone external cream 0.5 %, 2.5 % .....	56	ibu-profen cold/sinus oral tablet 30-200 mg .....	127	infant gas relief .....	76
hydrocortisone external cream 1 %.....	56	ibuprofen ib childrens .....	5	INFANTS ADVIL.....	6
hydrocortisone external lotion 2.5 %.....	56	ibuprofen ib oral tablet 200 mg.....	5	infants gas relief .....	76
hydrocortisone external ointment 0.5 %....	56	ibuprofen infants oral suspension 50 mg/1.25ml .....	5	infants ibuprofen.....	6
hydrocortisone external ointment 1 %.....	56	ibuprofen junior .....	5	infants pain & fever.....	10
hydrocortisone external ointment 2.5 %....	56	ibuprofen junior strength oral tablet chewable 100 mg .....	5	infants pain relief drops.....	10
hydrocortisone max st external cream .....	56	ibuprofen oral suspension 100 mg/5ml.....	5	infants pain/fever .....	10
hydrocortisone max st/12 moist.....	57	ibuprofen oral tablet 200 mg .....	5	INGREZZA.....	52
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg.....	85	ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	5	INLYTA.....	104
hydrocortisone plus 12.....	57	icatibant acetate .....	94	INSPIREASE.....	102
hydrocortisone plus external cream 1 %...57		iclevia.....	88	instacort 5.....	57
hydrocortisone rectal enema 100 mg/60ml	98	ICLUSIG .....	104	INSULIN ASP PROT & ASP FLEXPEN....	42
hydrocortisone/aloe max str .....	57	IDEAL BOWEL SUPPORT .....	76	INSULIN ASPART .....	42
hydrocortisone-acetic acid.....	111	IDHIFA ORAL TABLET 50 MG .....	29	INSULIN ASPART FLEXPEN .....	42
hydrocortisone-aloe max st .....	57	ifereX 150.....	63	INSULIN ASPART PENFILL .....	42
hydromorphone hcl oral.....	7	IHEALTH COVID-19 RAPID TEST.....	102	INSULIN ASPART PROT & ASPART.....	42
hydromorphone hcl rectal.....	7	ILEVRO.....	106	INSULIN GLARGINE.....	42
hydroxychloroquine sulfate oral tablet 200 mg.....	32	ILUMYA.....	94	INSULIN GLARGINE-YFGN .....	42
hydroxyurea oral.....	29	imatinib mesylate.....	104	INSULIN LISPRO.....	42
hydroxyzine hcl oral .....	40	IMBRUVICA ORAL CAPSULE.....	104	INSULIN LISPRO (1 UNIT DIAL).....	43
hydroxyzine pamoate oral .....	40	IMBRUVICA ORAL SUSPENSION .....	104	INSULIN LISPRO JUNIOR KWIKPEN....	43
		IMBRUVICA ORAL TABLET .....	104	INSULIN LISPRO PROT & LISPRO.....	43
				INSULIN PEN NEEDLES 29G X 12.7MM.	99
				INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM .....	99
				INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM.....	61

INSULIN SYRINGES 28G X 1/2.....	99	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	54	KAZANO .....	41
INSULIN SYRINGES 29G X 1/2.....	99	ISTALOL.....	107	kelnor 1/35 .....	88
INSULIN SYRINGES 30G X 1/2.....	99	itraconazole oral.....	24	kelnor 1/50 .....	88
INSULIN SYRINGES 30G X 5/16.....	99	ivermectin oral.....	32	KERENDIA.....	48
INSULIN SYRINGES 31G X 5/16.....	99	<b>J</b>		KERYDIN .....	58
INTELENCE ORAL TABLET 25 MG.....	37	JAKAFI .....	30	KESIMPTA.....	53
INTELISWAB COVID-19 RAPID TEST... 102		JANSSEN COVID-19 VACCINE .....	135	ketoconazole external cream .....	59
INTRON A INJECTION SOLUTION		jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg.....	44	ketoconazole external shampoo.....	59
RECONSTITUTED 10000000 UNIT,		jantoven oral tablet 6 mg .....	44	ketoconazole oral .....	24
50000000 UNIT.....	95	JANUMET.....	41	ketoprofen oral capsule 50 mg.....	6
introvale.....	88	JANUMET XR.....	41	ketorolac tromethamine ophthalmic solution 0.4 %.....	106
INTUNIV.....	51	JANUVIA.....	41	ketorolac tromethamine ophthalmic solution 0.5 %.....	106
INVEGA.....	34	JARDIANCE.....	41	ketorolac tromethamine oral.....	6
INVEGA HAFYERA .....	34	jencycla.....	91	ketotifen fumarate ophthalmic .....	110
INVEGA SUSTENNA.....	34	JENTADUETO .....	41	KEVZARA .....	94
INVEGA TRINZA .....	34	JENTADUETO XR .....	41	KINERET .....	94
INVELTYS.....	106	jinteli .....	87	KISQALI (200 MG DOSE).....	30
INVOKAMET .....	41	jock itch external cream 1 %.....	25	KISQALI (400 MG DOSE).....	30
INVOKAMET XR.....	41	jock itch max st.....	102	KISQALI (600 MG DOSE).....	30
INVOKANA.....	41	jock itch spray powder.....	102	KISQALI FEMARA (400 MG DOSE).....	30
IPOL.....	96	jolessa .....	88	KISQALI FEMARA (600 MG DOSE).....	30
ipratropium bromide inhalation .....	115	JORNAY PM.....	51	KISQALI FEMARA(200 MG DOSE).....	30
ipratropium bromide nasal.....	115	JUBLIA .....	58	klor-con.....	61
ipratropium-albuterol.....	124	juleber.....	88	klor-con 10 .....	61
irbesartan .....	46	JULUCA.....	37	klor-con m10.....	61
IRESSA.....	104	junel 1.5/30 .....	88	klor-con m20.....	62
iron infant/toddler.....	63	junel 1/20.....	88	klor-con/ef .....	133
iron oral tablet 240 (27 fe) mg.....	63	junel fe oral tablet 1.5-30 mg-mcg.....	88	KLOXXADO .....	14
iron oral tablet 325 (65 fe) mg.....	64	junel fe oral tablet 1-20 mg-mcg.....	88	KOMBIGLYZE XR .....	41
iron supplement childrens .....	64	JUST RIGHT 5000 DENTAL GEL.....	61	konsyl daily fiber oral powder 28.3 %.....	79
ISENTRESS HD .....	36	JYNARQUE ORAL TABLET THERAPY PACK 15 MG.....	65	KORLYM.....	86
ISENTRESS ORAL PACKET .....	37	<b>K</b>		KOSELUGO .....	30
ISENTRESS ORAL TABLET .....	37	KALETRA ORAL SOLUTION.....	38	k-prime.....	133
ISENTRESS ORAL TABLET CHEWABLE37		KALETRA ORAL TABLET .....	39	KRINTAFEL .....	32
isibloom.....	88	kalliga .....	88	kurvelo .....	88
isoniazid oral.....	28	KALYDECO .....	115	KUVAN ORAL PACKET 100 MG .....	83
ISOPTO ATROPINE.....	105	KAPVAY .....	52	KYNMOBI.....	33
isosorbide dinitrate.....	51	kariva .....	88	<b>L</b>	
isosorbide mononitrate.....	51			labetalol hcl oral.....	47
isosorbide mononitrate er.....	51				

lacosamide oral tablet.....	20	laxative oral tablet delayed release 5 mg	102	levonorgestrel-ethinyl estrad oral tablet 0.1-	
lactobacillus oral tablet.....	76	laxative pills max st.....	81	20 mg-mcg .....	88
lacto-pectin.....	76	laxative pills oral tablet 25 mg.....	81	levonorgestrel-ethinyl estrad oral tablet 0.15-	
lactulose encephalopathy.....	69	laxative rectal suppository 10 mg.....	102	30 mg-mcg .....	89
lactulose oral solution.....	69	LEDIPASVIR-SOFOSBUVIR.....	36	levonorg-eth estrad triphasic.....	89
LAGEVRIO.....	39	leena.....	88	levora 0.15/30 (28).....	89
LAMISIL AT EXTERNAL CREAM.....	25	leflunomide oral.....	95	levo-t.....	92
LAMISIL AT JOCK ITCH.....	25	lenalidomide.....	28	levothyroxine sodium oral tablet.....	92
lamivudine oral solution.....	38	LENVIMA (10 MG DAILY DOSE).....	104	levoxyl.....	92
lamivudine oral tablet 100 mg.....	36	LENVIMA (12 MG DAILY DOSE).....	104	LEXAPRO .....	22
lamivudine oral tablet 150 mg, 300 mg .....	38	LENVIMA (14 MG DAILY DOSE).....	104	LEXIVA ORAL SUSPENSION.....	39
lamivudine-zidovudine.....	38	LENVIMA (18 MG DAILY DOSE).....	104	LIALDA.....	98
lamotrigine oral tablet.....	19	LENVIMA (20 MG DAILY DOSE).....	104	LICART .....	5
lamotrigine oral tablet chewable .....	19	LENVIMA (24 MG DAILY DOSE).....	104	lice killing.....	32, 58
lamotrigine starter kit-blue.....	19	LENVIMA (4 MG DAILY DOSE).....	104	lice killing max st external shampoo 0.33-4	
lamotrigine starter kit-green.....	19	LENVIMA (8 MG DAILY DOSE).....	104	%.....	32
lamotrigine starter kit-orange.....	19	LESCOL XL .....	50	lice killing maximum strength .....	32
LANCETS.....	60	lessina .....	88	lice maximum strength.....	32
lansoprazole oral capsule delayed release		LETAIRIS.....	116	lice treatment creme rinse.....	58
15 mg .....	71	letrozole oral .....	29	lice treatment external liquid 1 %.....	58
lansoprazole oral capsule delayed release		leucovorin calcium oral tablet 10 mg .....	31	lice treatment external lotion 1 %.....	58
30 mg .....	71	leucovorin calcium oral tablet 15 mg, 25 mg,		lice treatment external shampoo 0.33-4 %	32
lansoprazole oral tablet delayed release		5 mg.....	31	lidocaine cream 4 % external .....	13
dispersible 15 mg.....	71	LEUKERAN.....	28	lidocaine external patch 5 %.....	13
lansoprazole oral tablet delayed release		LEUKINE .....	45	lidocaine hcl external cream 3 %.....	13
dispersible 30 mg.....	71	leuprolide acetate injection .....	93	lidocaine hcl urethral/mucosal external gel	13
LANTUS SOLOSTAR .....	43	LEUPROLIDE ACETATE		lidocaine viscous hcl.....	13
LANTUS U-100 VIAL .....	43	INTRAMUSCULAR.....	93	lidocaine-prilocaine external cream .....	13
lapatinib ditosylate .....	104	levalbuterol hcl inhalation.....	115	lidopin external cream 3 %.....	13
larin 1.5/30.....	88	LEVIBID.....	102	linezolid oral suspension reconstituted .....	16
larin 1/20 .....	88	LEVEMIR U-100 FLEXTOUCH.....	43	linezolid oral tablet.....	16
larin fe 1.5/30.....	88	LEVEMIR U-100 VIAL .....	43	LINZESS.....	69
larin fe 1/20.....	88	levetiracetam oral solution.....	19	liothyronine sodium oral .....	92
latanoprost ophthalmic .....	105	levetiracetam oral tablet.....	19	LIPITOR.....	50
LATUDA.....	34	levobunolol hcl .....	107	LIPOFEN.....	50
laxacin .....	81	levocetirizine dihydrochloride oral tablet.	113	liquid acetaminophen.....	10
laxaclear .....	79	levofloxacin oral tablet.....	17	liquid allergy relief.....	113
laxative max str.....	81	levonest .....	88	liquid c.....	133
laxative maximum strength oral tablet 25 mg		levonorgest-eth estrad 91-day oral tablet		liquid pain relief .....	10
.....	81	0.15-0.03 mg .....	88	lisinopril oral .....	46
laxative oral powder 17 gm/scoop.....	79	levonorgestrel.....	92	lisinopril-hydrochlorothiazide .....	49

lithium carbonate er .....	40	LOTEMAX SM.....	107	LUPRON DEPOT (6-MONTH)	
lithium carbonate oral.....	40	lovastatin oral.....	50	INTRAMUSCULAR KIT 45MG .....	93
LIVALO.....	50	LOVAZA.....	50	LUPRON DEPOT-PED (1-MONTH).....	93
LMX 4.....	13	low-ogestrel.....	89	LUPRON DEPOT-PED (3-MONTH).....	93
LO LOESTRIN FE.....	87	loxapine succinate.....	34	lutera.....	89
LOKELMA.....	65	LUBIPROSTONE.....	69	LUXIQ.....	55
long acting nasal spray .....	127	lubricant drops fast act.....	108	LYBALVI .....	34
long lasting antacid .....	76	lubricant drops long last.....	108	lyleq .....	91
long lasting nasal spray.....	127	lubricant drops ophthalmic solution.....	108	lyllana.....	89
LONHALA MAGNAIR REFILL KIT.....	115	lubricant eye drops (pf) ophthalmic solution		LYMEPAK.....	18
LONHALA MAGNAIR STARTER KIT .....	115	0.4-0.3 %.....	108	LYNPARZA .....	30
LONSURF .....	29	lubricant eye drops (pf) ophthalmic solution		LYRICA CR.....	52
loperamide hcl oral capsule.....	69	0.5 %.....	108	lysiplex plus oral tablet.....	133
loperamide hcl oral tablet.....	69	lubricant eye drops ophthalmic solution 0.4-		LYSODREN .....	93
loperamide-simethicone .....	76	0.3 %.....	108	LYUMJEV.....	43
lopinavir-ritonavir oral solution.....	39	lubricant eye drops ophthalmic solution 0.5		LYUMJEV KWIKPEN.....	43
lopinavir-ritonavir oral tablet.....	39	% .....	108	lyza .....	91
loradamed .....	122	lubricant eye drops ophthalmic solution 0.6		<b>M</b>	
lorata-d.....	127	% .....	108	MAALOX CHILDRENS .....	76
loratadine allergy relief oral tablet 10 mg	122	lubricant eye drops pf.....	109	MAALOX MAX ORAL SUSPENSION.....	76
loratadine allergy relief oral tablet dispersible		lubricant eye nighttime.....	109	MAALOX MULTI SYMPTOM MAX ST.....	76
10 mg .....	122	lubricant eye ophthalmic solution 0.4-0.3 %		mag-al plus.....	76
loratadine childrens oral solution 5 mg/5ml		.....	109	mag-al plus xs .....	76
.....	122	lubricant eye pm.....	109	magnesium citrate oral solution.....	81
loratadine childrens oral syrup.....	123	lubricant pm .....	109	magnesium oral tablet 500 mg.....	64
lorata-dine d.....	127	lubricating eye drop.....	109	magnesium oxide (antacid) oral tablet....	102
loratadine d 12hr.....	127	lubricating eye drops .....	109	magnesium oxide oral tablet 400 mg.....	102
loratadine oral syrup 5 mg/5ml .....	123	lubricating eye/overnight.....	109	magnesium oxide oral tablet 500 mg.....	64
loratadine oral tablet 10 mg.....	123	lubricating plus.....	109	magnesium oxide tablet 400 (240 mg) mg	
loratadine oral tablet dispersible 10 mg..	123	lubricating plus eye drops .....	109	oral.....	64
loratadine-d .....	127	lubricating tears.....	109	magnesium-oxide.....	64
loratadine-d 12hr.....	127	lubricating tears eye drops.....	109	malathion .....	58
loratadine-d 24hr.....	127	LUMAKRAS .....	31	mapap arthritis pain .....	10
lorazepam oral tablet.....	40	LUMIGAN .....	105	mapap childrens.....	10
LORBRENA.....	103	LUNESTA ORAL TABLET 1 MG.....	131	mapap oral capsule .....	10
LOREEV XR.....	40	LUNESTA ORAL TABLET 2 MG, 3 MG .	131	maraviroc .....	38
loryna .....	87	LUPKYNIS.....	94	marlissa.....	89
LORZONE.....	131	LUPRON DEPOT (1-MONTH).....	93	MATULANE.....	28
losartan potassium oral .....	46	LUPRON DEPOT (3-MONTH).....	93	MAVENCLAD (10 TABS).....	53
losartan potassium-hctz .....	49	LUPRON DEPOT (4-MONTH)		MAVENCLAD (4 TABS).....	53
LOTEMAX.....	106	INTRAMUSCULAR KIT 30MG .....	93	MAVENCLAD (5 TABS).....	53

MAVENCLAD (6 TABS).....	53
MAVENCLAD (7 TABS).....	53
MAVENCLAD (8 TABS).....	53
MAVENCLAD (9 TABS).....	53
MAVYRET ORAL PACKET.....	36
MAVYRET ORAL TABLET.....	36
MAXALT.....	27
maxi-tuss gmx .....	127
MAYZENT.....	53
MAYZENT STARTER PACK.....	53
m-dryl.....	113
meclizine hcl oral tablet.....	23
meclizine hcl oral tablet chewable .....	23
medicated spot.....	102
medifin 400.....	118
medifin mucus relief child.....	118
medi-first triple antibiotic.....	18
mediproxen.....	6
MEDPURA HYDROCORTISONE.....	57
MEDROL ORAL TABLET 2 MG .....	85
medroxyprogesterone acetate intramuscular .....	91
medroxyprogesterone acetate oral .....	91
mefloquine hcl.....	32
mega probiotic.....	76
megestrol acetate oral suspension 40 mg/ml .....	91
megestrol acetate oral tablet 20 mg.....	91
megestrol acetate oral tablet 40 mg.....	91
meijer allergy relief-d.....	127
meijer antacid .....	77
meijer anti-diarrheal .....	69
MEKINIST .....	30
meloxicam oral tablet.....	6
melphalan.....	31
memantine hcl oral solution.....	21
memantine hcl oral tablet.....	21
MENACTRA.....	96
MENEST .....	87
MENQUADFI.....	96

MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED.....	96
mercaptapurine oral.....	29
mesalamine oral capsule delayed release 400 mg.....	98
mesalamine rectal.....	98
MESNEX ORAL .....	31
metformin hcl er .....	41
metformin hcl er (osm).....	41
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	41
methazolamide oral.....	107
methenamine hippurate.....	16
methergine.....	86
methimazole oral.....	93
methocarbamol oral tablet 500 mg, 750 mg .....	131
methotrexate oral .....	95
methotrexate sodium.....	95
methotrexate sodium (pf).....	96
methoxsalen rapid .....	58
methylergonovine maleate oral .....	86
METHYLIN.....	52
methylphenidate hcl er (cd).....	51
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg.....	51
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	52
methylphenidate hcl er oral tablet extended release.....	52
methylphenidate hcl er oral tablet extended release 24 hour .....	52
methylphenidate hcl oral tablet .....	52
methylprednisolone oral.....	85
metoclopramide hcl oral solution.....	23
metoclopramide hcl oral tablet .....	23
metolazone .....	49
metoprolol succinate er.....	47

metoprolol tartrate oral tablet 100 mg, 50 mg .....	47
metoprolol tartrate oral tablet 25 mg.....	47
METROGEL.....	15
metronidazole external.....	16
metronidazole oral tablet.....	16
metronidazole vaginal.....	16
mexiletine hcl oral.....	47
micaderm .....	26
MICATIN.....	26
miconazole 3.....	24
miconazole 3 combo pack app.....	24
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm).....	24
miconazole 7 day treatment.....	24
miconazole 7 vaginal cream 2 %.....	24
miconazole 7 vaginal suppository 100 mg .....	24
miconazole antifungal .....	26
miconazole nitrate external cream.....	26
miconazole nitrate vaginal.....	24
miconazorb af.....	26
MICOTRIN AL.....	102
MICOTRIN AP.....	26
microgestin 1.5/30 .....	89
microgestin 1/20.....	89
microgestin fe 1.5/30 .....	89
microgestin fe 1/20 .....	89
midodrine hcl.....	46
MIGERGOT.....	26
migraine formula.....	10
migraine headache relief.....	10
migraine relief.....	10
MIGRANAL .....	26
mili .....	89
milk of magnesia.....	77
mimvey.....	87
mineral oil enema .....	79
mineral oil heavy oral.....	79
mineral oil oral oil.....	79
mineral oil rectal enema.....	79
mini nicotine .....	14

MINIVELLE.....	87	MOTRIN IB ORAL TABLET .....	6	mucus relief d oral tablet extended release	
minocycline hcl oral capsule 100 mg .....	18	MOTRIN INFANTS DROPS.....	6	12 hour 60-600 mg.....	128
minocycline hcl oral capsule 50 mg .....	18	MOUNJARO .....	99	mucus relief dm max oral liquid.....	128
minoxidil oral.....	51	MOVANTIK.....	69	mucus relief dm oral liquid 20-400 mg/20ml	
mintox maximum strength .....	77	MOVIPREP .....	70	.....	128
MIRALAX ORAL POWDER.....	80	m-pap .....	10	mucus relief dm oral tablet extended release	
MIRCERA INJECTION SOLUTION		MS CONTIN.....	6	12 hour 30-600 mg.....	128
PREFILLED SYRINGE 100 MCG/0.3ML,		MUCINEX CHILDRENS FREEFROM ORAL		mucus relief er oral tablet extended release	
200 MCG/0.3ML, 50 MCG/0.3ML, 75		LIQUID 5-100 MG/5ML .....	127	12 hour 1200 mg.....	118
MCG/0.3ML .....	45	MUCINEX CHILDRENS STUFFY NOSE	127	mucus relief max st.....	118
mirtazapine oral tablet 15 mg, 30 mg.....	22	MUCINEX COUGH CHILDRENS.....	127	mucus relief max strength oral tablet	
mirtazapine oral tablet 45 mg, 7.5 mg.....	22	MUCINEX D.....	127	extended release 12 hour 1200 mg ....	118
MIRVASO.....	54	MUCINEX D MAX STRENGTH.....	127	mucus relief oral tablet 400 mg .....	118
misoprostol oral .....	71	MUCINEX D MAX STRENGTH.....	127	mucus relief oral tablet extended release 12	
MITIGARE.....	26	MUCINEX DM.....	127	hour 1200 mg .....	118
mm acetaminophen ex str.....	10	MUCINEX FAST-MAX CHEST CONG MS		mucus+chest congestion .....	118
MM ALLER-BEN.....	113	.....	118	mucus-d.....	128
mm aspirin .....	102	MUCINEX FAST-MAX DM MAX.....	127	mucus-dm.....	128
mm clearlax .....	80	MUCINEX MAXIMUM STRENGTH.....	118	mucus-er oral tablet extended release 12	
mm stool softener laxative.....	82	MUCINEX SINUS-MAX CLEAR & COOL	128	hour 1200 mg .....	118
M-M-R II .....	96	MUCINEX SINUS-MAX SINUS/ALLRGY	128	MULPLETA .....	45
M-NATAL PLUS.....	66	mucus & chest congestion.....	118	MULTAQ.....	47
modafinil.....	132	mucus d.....	128	multi vitamin .....	66
MODERNA COVID-19 VACC 6M-5Y.....	102	mucus d extended release.....	128	multi vitamin w/d-3.....	66
mometasone furoate external.....	57	mucus d max st er .....	128	multiple vitamins essential .....	66
mondoxyne nl.....	18	mucus dm extended release oral tablet		multiple vitamins/iron .....	133
MONOJECT HYPODERMIC NEEDLE 18G		extended release 12 hour 30-600 mg.	128	MULTIPRO.....	133
X 1.....	44	mucus er maximum str .....	118	MULTISTIX 10 SG.....	60
mono-linyah.....	89	mucus er oral tablet extended release 12		multi-vitamin .....	66
montelukast sodium oral .....	114	hour 1200 mg.....	118	multivitamin/fluoride oral tablet chewable .	66
mood support probiotic.....	77	mucus extended release oral tablet		multi-vitamin/iron .....	133
morphine sulfate (concentrate).....	7	extended release 12 hour 1200 mg....	118	mupirocin external .....	59
morphine sulfate er .....	6	mucus relief 12 hour max st.....	118	MURO 128 OPHTHALMIC OINTMENT..	109
morphine sulfate er beads.....	6	mucus relief chest oral tablet 400 mg....	118	MURO 128 OPHTHALMIC SOLUTION 5 %	
morphine sulfate oral.....	7	mucus relief childrens oral liquid 100 mg/5ml		.....	109
MOTEGRITY .....	69	.....	118	my choice.....	92
motion sickness oral tablet 50 mg.....	23	mucus relief cough children oral liquid 5-100		my way.....	92
motion sickness relief oral tablet 50 mg....	23	mg/5ml .....	128	mycophenolate mofetil oral .....	96
motion sickness relief oral tablet chewable		mucus relief cough childrens.....	128	mycophenolate sodium.....	96
25 mg .....	23	mucus relief d max strength.....	128	MYCOZYL AL.....	102
MOTRIN CHILDRENS .....	6	mucus relief d oral tablet extended release		MYCOZYL AP .....	26
		12 hour 120-1200 mg.....	128		

MYDAYIS.....	52	nasal decongestant pe oral tablet 30 mg	128	neomycin-bacitracin zn-polymyx .....	106
MYFEMBREE.....	69	nasal decongestant spray.....	129	neomycin-polymyxin-dexameth ophthalmic ointment.....	105
MYLERAN.....	28	nasal four spray.....	119	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1.....	105
MYLICON INFANTS GAS RELIEF.....	77	nasal mist nasal solution.....	129	neomycin-polymyxin-gramicidin .....	106
MYNEPHRON.....	66	NASAL MOIST NASAL SOLUTION.....	119	neomycin-polymyxin-hc otic.....	111
myorisan.....	54	nasal relief.....	129	NEONATAL PLUS.....	66
MYRBETRIQ ORAL SUSPENSION		nasal spray.....	129	neo-polycin.....	106
RECONSTITUTED ER.....	83	nasal spray 12 hour.....	129	neo-polycin hc.....	105
MYRBETRIQ ORAL TABLET EXTENDED		nasal spray extra moist.....	129	NEOSPORIN ORIGINAL.....	18
RELEASE 24 HOUR.....	83	nasal spray extra moisturizing.....	129	NESINA.....	41
MYTESI.....	69	nasal spray fast acting nasal solution 1 %	119	NEULASTA.....	45
<b>N</b>		.....	129	NEUPOGEN.....	44
nabumetone oral.....	6	nasal spray moisturizing.....	129	NEUPRO.....	33
naloxone hcl injection.....	14	nasal spray no drip.....	129	NEURONTIN.....	20
naloxone hcl nasal.....	14	nasal spray saline.....	119	NEUTROGENA OIL-FREE ACNE WASH	
naltrexone hcl oral.....	13	nasal spray sinus.....	129	.....	102
NAMZARIC.....	21	NASALCROM.....	124	NEVANAC.....	107
NAPRELAN ORAL TABLET EXTENDED		NASCOBAL.....	134	nevirapine er.....	37
RELEASE 24 HOUR 375 MG, 750 MG...5		NATAZIA.....	87	nevirapine oral suspension.....	37
NAPRELAN ORAL TABLET EXTENDED		nateglinide.....	41	nevirapine oral tablet.....	37
RELEASE 24 HOUR 500 MG.....	5	NATESTO.....	86	new day.....	92
NAPROSYN ORAL SUSPENSION.....	5	natural daily fiber.....	80	NEXAVAR.....	30
NAPROSYN ORAL TABLET.....	5	natural fiber oral powder 28.3 %.....	80	NEXIUM ORAL CAPSULE DELAYED	
naproxen oral suspension.....	6	natural fiber oral powder 58.6 %.....	80	RELEASE.....	71
naproxen oral tablet.....	6	natural fiber supplement.....	80	NEXIUM ORAL PACKET 10 MG, 20 MG, 40	
naproxen oral tablet delayed release.....	6	natural laxative.....	82	MG.....	71
naproxen sodium oral tablet 220 mg.....	6	natural senna laxative.....	82	NEXIUM ORAL PACKET 2.5 MG, 5 MG..	71
naproxen sodium tablet 220 mg oral 220 mg		natural tears pf.....	109	NEXLETOL.....	50
.....	6	natural vegetable.....	80	NEXLIZET.....	50
NARAMIN.....	113	natural vegetable fiber.....	80	NEXTSTELLIS.....	69
naratriptan hcl.....	27	natural vegetable laxative oral tablet 8.6 mg	82	niacin er (antihyperlipidemic).....	50
NARCAN.....	14	.....	80	niacin er capsule extended release 250 mg	
NASACORT ALLERGY 24HR.....	123	natura-lax.....	80	oral.....	66
nasal allergy 24 hour.....	123	nausea control.....	24	niacin er oral capsule extended release 500	
nasal allergy nasal aerosol 55 mcg/act...123		nausea relief.....	24	mg.....	66
nasal allergy spray.....	123	NAYZILAM.....	20	niacin er oral tablet extended release 500	
nasal decongestant 12hr.....	128	nebusal inhalation nebulization solution 3 %	129	mg.....	67
nasal decongestant max st.....	128	.....	129	NICODERM CQ.....	14
nasal decongestant oral tablet 30 mg.....	128	necon 0.5/35 (28).....	89	NICORETTE.....	14
nasal decongestant pe max st.....	118	NEODOT THERMOMETER.....	102		
nasal decongestant pe oral tablet 10 mg	119	neomycin sulfate oral.....	15		



NICORETTE MINI.....	14	no drip nasal relief.....	129	NOVOLIN 70/30 VIAL.....	42
NICORETTE STARTER KIT .....	14	no drip nasal spray.....	129	NOVOLIN N FLEXPEN.....	43
nicotine gum mouth/throat gum 2 mg.....	14	NOC DURNA.....	85	NOVOLIN N RELION.....	42
nicotine gum mouth/throat gum 4 mg.....	15	non-aspirin.....	10	NOVOLIN N VIAL.....	42
nicotine gum mouth/throat lozenge 2 mg ..	15	non-aspirin 8 hour .....	10	NOVOLIN R FLEXPEN.....	43
nicotine gum mouth/throat lozenge 4 mg ..	15	non-aspirin childrens oral suspension 160		NOVOLIN R RELION.....	42
nicotine mini.....	15	mg/5ml .....	10	NOVOLIN R VIAL.....	42
nicotine mouth/throat gum 2 mg .....	15	non-aspirin childrens oral tablet chewable 80		NOVOLOG FLEXPEN .....	43
nicotine mouth/throat gum 4 mg .....	15	mg.....	10	NOVOLOG FLEXPEN RELION.....	42
nicotine mouth/throat lozenge 2 mg.....	15	non-aspirin extra strength.....	10	NOVOLOG MIX 70/30 FLEXPEN.....	43
nicotine mouth/throat lozenge 4 mg.....	15	non-aspirin jr strength.....	11	NOVOLOG MIX 70/30 VIAL.....	43
nicotine polacrilex mini.....	15	non-aspirin pain relief.....	11	NOVOLOG PENFILL.....	43
nicotine polacrilex mouth/throat.....	15	non-pseudo sinus decongestant.....	119	NOVOLOG RELION.....	42
nicotine step 1 .....	14	nora-be .....	91	NOVOLOG U-100 VIAL .....	43
nicotine step 2 .....	14	NORDITROPIN FLEXPRO.....	85	NOXAFIL ORAL SUSPENSION.....	24
nicotine step 3 .....	14	norethin ace-eth estrad-fe oral tablet.....	89	NOXAFIL ORAL TABLET DELAYED	
nicotine transdermal patch 24 hour 14		norethindrone acetate oral.....	91	RELEASE.....	24
mg/24hr, 7 mg/24hr.....	14	norethindrone acet-ethinyl est.....	89	NUBEQA.....	28
nicotine transdermal patch 24 hour 21		norethindrone oral .....	91	NUCALA SUBCUTANEOUS SOLUTION	
mg/24hr .....	14	norethindron-ethinyl estrad-fe.....	89	AUTO-INJECTOR.....	117
nicotine transdermal system.....	14	norgestimate-eth estradiol .....	89	NUCALA SUBCUTANEOUS SOLUTION	
NICOTROL.....	14	norgestimate-ethinyl estradiol triphasic ....	89	PREFILLED SYRINGE 100 MG/ML....	117
NICOTROL NS.....	14	NORITATE.....	15	NUCYNTA.....	7
nifedipine er.....	48	norlyroc.....	91	NUCYNTA ER.....	6
nifedipine er osmotic release.....	48	NORPACE CR ORAL CAPSULE		NUDEXTA.....	52
nifedipine oral .....	48	EXTENDED RELEASE 12 HOUR 100 MG		NU-IRON.....	64
nighttime dry-eye relief.....	109	.....	47	NULEV.....	102
nimodipine oral.....	48	nortrel 0.5/35 (28).....	89	NURTEC.....	27
NINLARO .....	29	nortrel 1/35 (21).....	89	NUTRAPLUS EXTERNAL CREAM.....	60
nitazoxanide oral.....	32	nortrel 1/35 (28).....	89	nutrifac zx.....	133
NITRO-BID.....	51	nortrel 7/7/7.....	89	NUTROPIN AQ NUSPIN 10.....	85
NITRO-DUR.....	51	nortriptyline hcl oral.....	23	NUTROPIN AQ NUSPIN 20.....	85
nitrofurantoin.....	16	NORVIR ORAL PACKET.....	39	NUTROPIN AQ NUSPIN 5.....	85
nitrofurantoin macrocrystal.....	16	NORVIR ORAL SOLUTION.....	39	NUVARING .....	87
nitrofurantoin monohydrate macrocrystals	16	nose drops extstrength.....	119	NUVESSA.....	16
nitroglycerin sublingual.....	51	NOURIANZ.....	33	NUVIGIL.....	132
nitroglycerin transdermal.....	51	NOVAREL INTRAMUSCULAR SOLUTION		NUZYRA ORAL.....	18
nitroglycerin translingual.....	51	RECONSTITUTED 10000 UNIT.....	86	nyamyc.....	59
NITYR.....	83	NOVAVAX COVID-19 VACCINE .....	97	nylia 1/35.....	89
NIVA-PLUS .....	67	NOVOLIN 70/30 FLEXPEN .....	43	nylia 7/7/7.....	89
NIVESTYM.....	45	NOVOLIN 70/30 RELION .....	42	NYMALIZE.....	48

nymyo.....	89	omeprazole magnesium oral capsule delayed release .....	71	OPZELURA.....	60
nystatin external.....	59	omeprazole magnesium oral tablet delayed release .....	71	ORACEA.....	18
nystatin mouth/throat.....	24	omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg..	71	oralone.....	54
nystatin oral .....	24	omeprazole oral tablet delayed release 20 mg.....	71	ORENCIA CLICKJECT .....	94
nystop.....	59	OMNARIS.....	114	ORENCIA SUBCUTANEOUS.....	94
NYVEPRIA .....	45	OMNIPOD 5 G6 INTRO (GEN 5).....	99	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG	116
<b>O</b>		OMNIPOD 5 G6 POD (GEN 5).....	99	ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG.....	116
OBSTETRIX DHA.....	67	OMNITROPE .....	85	ORFADIN.....	83
OBSTETRIX EC .....	133	ondansetron hcl oral tablet 4 mg, 8 mg ....	23	ORGOVYX.....	15
OBTREX .....	133	ondansetron odt .....	23	ORIAHNN.....	93
OCEAN FOR KIDS .....	119	ONE VITE WOMENS .....	67	ORILISSA.....	93
OCEAN NASAL SPRAY.....	119	ONE VITE WOMENS PLUS .....	67	ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG.....	115
ocella.....	87	one-daily multi vitamins .....	67	ORKAMBI ORAL PACKET 75-94 MG ....	115
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml.....	93	one-daily multi-vitamin.....	67	ORKAMBI ORAL TABLET .....	116
octreotide acetate injection solution 1000 mcg/ml.....	93	one-daily multi-vitamin/iron.....	133	ORLADEYO .....	99
octreotide acetate injection solution 200 mcg/ml.....	93	ONELAX .....	102	orphenadrine citrate er.....	131
octreotide acetate injection solution 500 mcg/ml.....	93	ONELAX MAGNESIUM CITRATE .....	82	OS-CAL CALCIUM + D3.....	64
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	93	ONELAX SENNA .....	82	oseltamivir phosphate oral capsule .....	39
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml.....	93	ONETOUCH ULTRA 2 KIT W/DEVICE....	61	oseltamivir phosphate oral suspension reconstituted.....	39
OCUFLOX.....	106	ONETOUCH ULTRA CONTROL .....	61	OSENI.....	41
OCUVEL .....	133	ONETOUCH ULTRA MINI KIT W/DEVICE	61	OSMOLEX ER.....	33
ODEFSEY .....	38	ONETOUCH ULTRA TEST STRIPS.....	61	OSPHENA.....	91
ODOMZO .....	30	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE .....	61, 61	OTEZLA.....	94
OFEV.....	116	ONETOUCH VERIO IN VITRO SOLUTION .....	61	OTOVEL .....	111
ofloxacin ophthalmic .....	106	ONETOUCH VERIO IQ SYSTEM.....	61	OTREXUP.....	95
ofloxacin oral .....	17	ONETOUCH VERIO KIT W/DEVICE.....	61	OVACE PLUS WASH EXTERNAL LIQUID .....	102
ofloxacin otic.....	111	ONETOUCH VERIO REFLECT KIT W/DEVICE .....	61, 61	OVACE WASH .....	102
olanzapine oral tablet.....	34	ONETOUCH VERIO TEST STRIPS.....	61	oxaprozin .....	6
olanzapine oral tablet dispersible.....	34	ONEXTON.....	54	oxazepam.....	40
olmesartan medoxomil oral .....	46	ONGENTYS.....	33	OXBRYTA ORAL TABLET.....	45
olopatadine hcl ophthalmic.....	106	ONGLYZA.....	41	oxcarbazepine oral suspension.....	20
OLUMIANT ORAL TABLET 1 MG, 2 MG..	94	opcicon one-step.....	92	oxcarbazepine oral tablet.....	20
OLUX-E.....	55	OPSUMIT .....	116	OXTELLAR XR.....	20
OMECLAMOX-PAK .....	70	option 2.....	92	oxybutynin chloride er.....	83
omega-3-acid ethyl esters.....	50			oxybutynin chloride oral .....	83

oxycodone hcl oral concentrate 100 mg/5ml .....7	pain relief extra strength oral tablet 500 mg ..... 11	paromomycin sulfate oral..... 15
oxycodone hcl oral solution.....7	pain relief infants oral suspension 160 mg/5ml..... 11	paroxetine hcl oral tablet.....22
oxycodone hcl oral tablet.....13	pain relief oral liquid 500 mg/15ml..... 11	PASER.....28
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML.....7	pain relief oral tablet 325 mg..... 11	PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %..... 106
oxycodone-acetaminophen oral tablet 10- 325 mg, 5-325 mg, 7.5-325 mg.....7	pain relief oral tablet 500 mg..... 11	PAXIL.....22
OXYCONTIN.....6	pain relief oral tablet extended release 650 mg..... 11	PAXIL CR.....22
oxymorphone hcl er.....6	pain relief regular st..... 11	PAXLOVID (150/100).....39
OXYTROL FOR WOMEN.....83	pain relief regular strength..... 11	PAXLOVID (300/100).....39
oysco 500+d.....64	pain relief/rapid burst..... 11	ped electrolyte freeze pop.....64
oyster shell calcium + d oral tablet 500-10 mg-mcg.....64	pain relieve child dye-free..... 11	PEDIALYTE FREEZER POPS.....64
oyster shell calcium + d3.....64	pain reliever..... 11	PEDIALYTE ORAL SOLUTION.....64
oyster shell calcium plus d.....64	pain reliever childrens oral suspension 160 mg/5ml..... 11	PEDIALYTE SINGLES.....64
oyster shell calcium tablet 500 mg oral...133	pain reliever ex st oral liquid 500 mg/15ml12	PEDIARIX.....96
oyster shell calcium w/d.....64	pain reliever ex st oral tablet 500 mg.....12	pediatric electrolyte oral solution.....64
oyster shell calcium/vit d.....64	pain reliever extra strength oral tablet 250- 250-65 mg.....12	PEDVAX HIB.....96
oyster shell calcium/vit d3.....64	pain reliever extra strength oral tablet 500 mg.....12	peg 3350 oral powder.....80
oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral.....64	pain reliever oral tablet.....12	peg 3350-kcl-na bicarb-nacl.....70
oyster shell calcium-vit d.....64	pain reliever plus.....12	peg-3350/electrolytes.....70
OZEMPIC (2 MG/DOSE).....41	pain-off.....12	PEGASYS.....95
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML .....41	paliperidone er.....34	penicillamine oral tablet.....84
<b>P</b>	PANADOL CHILDRENS.....12	penicillin v potassium.....17
p col-rite.....82	PANADOL INFANTS.....12	PENTACEL.....96
PACERONE.....47	PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 37000-97300 UNIT, 4200-14200 UNIT.....83	pentamidine isethionate inhalation.....32
pain & fever child.....11	PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT .....83	PENTASA.....98
pain & fever childrens.....11	PANOXYL.....102	pentazocine-naloxone hcl.....7
pain & fever childrens oral suspension 160 mg/5ml.....11	PANRETIN.....31	pentoxifylline er.....49
pain & fever infants.....11	pantoprazole sodium oral packet.....71	PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML.....77
pain relief childrens oral suspension.....11	pantoprazole sodium oral tablet delayed release.....71	PERFOROMIST.....115
pain relief childrens oral tablet chewable 160 mg.....11		periogard.....54
pain relief extra st.....11		permethrin external.....58
pain relief extra strength oral liquid 500 mg/15ml.....11		perphenazine oral.....23
		perphenazine-amitriptyline.....22
		PERSERIS.....34
		PERTZYE.....83
		PFIZER COVID-19 VAC BIVAL 5-11.....102
		PFIZER COVID-19 VAC-TRIS 5-11Y.....97
		PFIZER COVID-19 VAC-TRIS 6M-4Y....102
		PFIZER-BIONT COVID-19 VAC-TRIS...102
		pharbedryl.....114

PHARBETOL EXTRA STRENGTH.....	12	pirmella 1/35.....	89	potassium citrate-citric acid.....	65
PHARBETOL ORAL TABLET 325 MG .....	12	pirmella 7/7/7 .....	89	povidone-iodine external solution.....	18
pharbinex.....	119	piroxicam oral.....	6	PRADAXA .....	44
PHAZYME.....	77	PLAN B ONE-STEP .....	92	PRALUENT.....	50
PHAZYME ULTRA STRENGTH.....	77	PLEGRIDY INTRAMUSCULAR.....	53	pramipexole dihydrochloride .....	33
phenazo oral tablet 200 mg.....	84	PLEGRIDY STARTER PACK .....	53	prasugrel hcl.....	45
phenazo oral tablet 95 mg.....	84	PLEGRIDY SUBCUTANEOUS.....	53	pravastatin sodium.....	50
phenazopyridine hcl oral tablet 100 mg.....	84	PLENVU .....	70	praziquantel oral.....	32
phenazopyridine hcl oral tablet 200 mg.....	84	PNEUMOVAX 23 .....	97	prazosin hcl oral .....	46
phenobarbital oral .....	20	podofilox external .....	58	PRECISION XTRA BLOOD GLUCOSE....	61
phenylephrine hcl ophthalmic .....	105	poly bacitracin .....	102	PRED FORTE .....	107
phenylephrine hcl oral.....	119	polycin .....	106	PRED-G S.O.P.....	105
phenytoin infatabs.....	20	polyethylene glycol 3350 oral powder.....	80	prednisolone acetate ophthalmic.....	106
phenytoin oral suspension 125 mg/5ml.....	20	polyethylene glycol 3350-grx oral powder.	80	prednisolone acetate p-f .....	106
phenytoin oral tablet chewable .....	20	poly-iron 150 .....	64	prednisolone oral.....	85
phenytoin sodium extended.....	20	polymyxin b-trimethoprim.....	106	prednisolone sodium phosphate ophthalmic	
philith.....	89	polysaccharide iron complex.....	64	.....	107
PHOSPHA 250 NEUTRAL.....	64	polysaccharide-iron complex.....	65	prednisolone sodium phosphate oral solution	
PHOSPHOLINE IODIDE.....	107	POLYSPORIN.....	103	15 mg/5ml.....	85
phosphorous.....	64	polyvinyl alcohol ophthalmic.....	109	prednisolone sodium phosphate oral solution	
phospho-trin 250 neutral .....	64	POMALYST .....	29	6.7 (5 base) mg/5ml.....	85
PHOSPHO-TRIN K500 .....	64	PONVORY.....	104	prednisone oral solution.....	85
phytonadione oral .....	67	PONVORY STARTER PACK.....	104	prednisone oral tablet.....	85
PIFELTRO.....	37	portia-28.....	90	prednisone oral tablet therapy pack 10 mg	
pilocarpine hcl ophthalmic .....	107	potassium chloride crys er oral tablet		(21).....	85
pilocarpine hcl oral.....	54	extended release 10 meq.....	62	prednisone oral tablet therapy pack 10 mg	
pimecrolimus .....	57	potassium chloride crys er oral tablet		(48), 5 mg (21), 5 mg (48) .....	85
pimozide.....	34	extended release 20 meq.....	62	PREFEST.....	87
pimtrea .....	89	potassium chloride er oral capsule extended		pregabalin .....	53
pink bismuth maximum strength.....	77	release 10 meq.....	62	PREGNYL.....	86
pink bismuth oral suspension 262 mg/15ml		potassium chloride er oral tablet extended		PREHEVBRIO.....	96
.....	77	release .....	62	PREMARIN ORAL.....	90
pink bismuth oral suspension 525 mg/15ml		potassium chloride oral packet.....	62	PREMARIN VAGINAL .....	87
.....	77	potassium chloride oral solution 20		PREMPHASE.....	90
pink bismuth oral tablet chewable 262 mg	77	meq/15ml (10%), 40 meq/15ml (20%) ..	62	PREMPRO.....	90
pink-bismuth.....	77	potassium citrate er oral tablet extended		prenatal 19 oral tablet.....	67
pioglitazone hcl.....	41	release 10 meq (1080 mg).....	62	prenatal 19 oral tablet chewable 29-1 mg.	67
PIP GLUCOSE CONTROL SOLUTION....	61	potassium citrate er oral tablet extended		prenatal formula oral tablet 28-0.8 mg.....	67
PIQRAY (200 MG DAILY DOSE).....	30	release 15 meq (1620 mg).....	62	prenatal gummy oral tablet chewable 0.4-	
PIQRAY (250 MG DAILY DOSE).....	30	potassium citrate er oral tablet extended		113.5 mg .....	133
PIQRAY (300 MG DAILY DOSE).....	30	release 5 meq (540 mg).....	62		

prenatal gummy oral tablet chewable 0.4-25 mg.....	67	procto-med hc.....	98	pyridoxine hcl oral.....	134
prenatal multi+dha.....	67	proctosol hc.....	98	pyrimethamine oral.....	32
prenatal multivitamins.....	67	proctozone-hc.....	98	<b>Q</b>	
prenatal oral tablet 27-0.8 mg.....	67	progesterone oral.....	91	QBREXZA.....	58
prenatal oral tablet 27-1 mg.....	67	PROLENSA.....	107	qc nasal decongestant pe tablet 10 mg oral 10 mg.....	119
prenatal oral tablet 28-0.8 mg.....	67	PROMACTA.....	45	qc pain relief extra strength tablet 500 mg oral 500 mg.....	12
prenatal vitamin plus low iron.....	67	promethazine hcl oral.....	23	QNASL.....	114
prenatal vitamins oral tablet 28-0.8 mg.....	67	promethazine hcl rectal.....	23	QNASL CHILDRENS.....	114
prenatal/iron.....	67	promethazine vc.....	117	QTERN.....	41
PREPARATION H EXTERNAL CREAM 1 %.....	57	promethazine vc/codeine.....	129	QUADRACEL INTRAMUSCULAR SUSPENSION.....	96
PREVACID.....	71	promethazine-codeine.....	129	QUESTRAN ORAL PACKET.....	50
PREVACID 24HR.....	71	promethazine-dm.....	129	QUESTRAN ORAL POWDER.....	50
prevalite oral packet.....	50	promethegan.....	23	quetiapine fumarate er.....	34
prevalite oral powder.....	50	propafenone hcl.....	47	quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg.....	34
PREVIDENT.....	62	propranolol hcl er.....	47	quetiapine fumarate oral tablet 150 mg.....	34
PREVIDENT 5000 DRY MOUTH.....	62	propranolol hcl oral.....	47	QUICKVUE AT-HOME COVID-19 TEST	103
PREVIDENT 5000 PLUS.....	62	propylthiouracil oral.....	94	quinapril hcl.....	46
PREVNAR 13.....	97	PROQUAD.....	96	quinapril-hydrochlorothiazide.....	49
PREVNAR 20.....	97	PROTOPIC EXTERNAL OINTMENT 0.03 %.....	55	quinidine gluconate er.....	47
PREZCOBIX.....	39	PROTOPIC EXTERNAL OINTMENT 0.1 %.....	55	quinidine sulfate.....	47
PREZISTA ORAL SUSPENSION.....	103	PROVENTIL HFA.....	115	quit2.....	15
PREZISTA ORAL TABLET.....	103	PROVIGIL.....	132	quit4.....	15
PRIFTIN.....	28	PROZAC.....	22	QULIPTA.....	26
primaquine phosphate.....	32	pseudoephedrine hcl er.....	129	QVAR REDIHALER.....	114
primidone oral.....	20	pseudoephedrine hcl oral tablet 30 mg..	129	<b>R</b>	
PRISTIQ.....	22	pseudoephedrine-bromphen-dm.....	119	raloxifene hcl.....	91
PROAIR RESPICLICK.....	115	pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg.	129	ramelteon.....	131
probenecid.....	26	PULMICORT FLEXHALER.....	114	ramipril.....	47
probiotic blend.....	77	PULMICORT SUSPENSION.....	114	ranolazine er.....	49
probiotic colon care.....	77	PULMOZYME.....	116	RASUVO.....	95
probiotic complex.....	77	purelax oral powder.....	80	RAVICTI.....	83
probiotic maximum strength.....	77	PURIXAN.....	29	RAYALDEE.....	98
probiotic oral capsule.....	77	PYLERA.....	70	RAZADYNE ER.....	21
probiotic oral capsule 250 mg.....	77	pyrazinamide oral.....	28	react.....	92
probiotic pearls ex st.....	77	PYRIDIUM.....	84	ready-to-use enema rectal enema.....	77
prochlorperazine.....	23	pyridostigmine bromide er.....	27	REBIF.....	53
prochlorperazine maleate oral.....	23	pyridostigmine bromide oral solution.....	27	REBIF REBIDOSE.....	53
PROCRIT.....	45	pyridostigmine bromide oral tablet 60 mg.	27		
PROCTOFOAM HC.....	58				

REBIF REBIDOSE TITRATION PACK.....	53	rifabutin.....	27	rynex pe.....	129
REBIF TITRATION PACK.....	53	rifampin oral.....	28	RYTARY.....	33
reclipsen.....	90	riluzole.....	52	RYTHMOL SR.....	47
RECOMBIVAX HB.....	97	RINVOQ.....	94	<b>S</b>	
RECTIV.....	51	RISAQUAD.....	77	saccharomyces boulardii.....	77
REDITREX.....	95	RISAQUAD-2.....	77	SAFYRAL.....	87
refenesen 400.....	119	RISPERDAL CONSTA.....	34	SAIZEN.....	85
REFRESH LACRI-LUBE.....	109	RISPERDAL ORAL SOLUTION.....	35	sajazir.....	94
REFRESH PLUS.....	109	RISPERDAL ORAL TABLET.....	35	saline enema.....	77
REFRESH TEARS.....	109	risperidone oral solution.....	34	saline mist spray.....	119
REHYDRALYTE.....	65	risperidone oral tablet.....	34	saline nasal spray.....	119
RELENZA DISKHALER.....	39	risperidone oral tablet dispersible.....	35	salsalate oral.....	13
relief eye drops.....	109	RITALIN.....	52	SANCUSO.....	23
RELION TRUE METRIX TEST STRIPS.....	61	ritonavir.....	39	SANTYL.....	58
RELISTOR.....	69	rivastigmine.....	21	SAPHRIS.....	35
RELPAK.....	27	rivastigmine tartrate.....	21	sapropterin dihydrochloride.....	83
repaglinide.....	41	rizatriptan benzoate.....	27	SAVAYSA.....	44
REPATHA.....	50	robafen cf multi-symptom cold.....	121	sb arthritis pain relief.....	12
RESTASIS.....	105	robafen mucus/chest congestion.....	119	sb docusate sodium/senna.....	82
RESTASIS MULTIDOSE.....	105	ROBITUSSIN 12 HOUR COUGH.....	129	sb lice killing max st.....	32
RESTORA.....	77	ROBITUSSIN 12 HOUR COUGH CHILD.....	129	sb mucus relief.....	119
restore plus lubricant eye.....	109	ROBITUSSIN COUGH+CHEST CONG DM.....		sb pain reliever childrens.....	12
restore pm.....	109	ORAL LIQUID 20-400 MG/20ML.....	129	SCEMBLIX.....	31
RESTORIL.....	131	ROBITUSSIN PEAK COLD MULTI-SYM.....	121	SCRUB CARE POVIDONE-IODINE.....	18
RETACRIT.....	45	ROCKLATAN.....	105	SEASONIQUE.....	87
RETEVMO.....	103	ropinirole hcl.....	33	SEGLUROMET.....	41
RETIN-A EXTERNAL CREAM.....	54	rosadan external cream.....	16	selegiline hcl oral.....	33
RETIN-A EXTERNAL GEL.....	54	rosadan external gel.....	16	SELZENTRY ORAL SOLUTION.....	38
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	54	rosuvastatin calcium.....	50	SELZENTRY ORAL TABLET 25 MG, 75 MG.....	38
RETIN-A MICRO PUMP EXTERNAL GEL.....		ROTARIX.....	97	.....	38
0.06 %, 0.08 %.....	55	ROTATEQ.....	97	SEMGLEE (YFGN).....	43
REVATIO ORAL.....	116	roweepra.....	19	SE-NATAL 19.....	67
REVLIMID.....	29	ROZEREM.....	131	senexon-s.....	82
REXULTI.....	35	ROZLYTREK.....	30	senior probiotic.....	77
REYATAZ ORAL CAPSULE.....	39	RUBRACA.....	30	senna lax.....	82
REYATAZ ORAL PACKET.....	39	RUCONEST.....	94	senna laxative.....	82
REYVOW.....	27	rufinamide.....	20	senna oral syrup.....	82
RHOFADE.....	55	RUKOBIA.....	38	senna oral tablet.....	82
RHOPRESSA.....	107	RYBELSUS.....	41	senna plus oral tablet.....	82
ribavirin oral.....	36	RYDAPT.....	30	senna s.....	82
RID LICE KILLING SHAMPOO.....	32	rynex dm.....	129	senna smooth.....	82

senna-docusate sodium.....	82	sinus nasal spray nasal solution 0.05 %.	130	sodium fluoride dental cream .....	62
senna-lax.....	82	sinus pe decongestant.....	119	sodium fluoride dental gel.....	62
senna-plus.....	82	sinus relief ext st.....	119	sodium fluoride mouth/throat.....	62
senna-s.....	82	sinus/congestion relief pe .....	119	sodium fluoride oral tablet chewable.....	62
senna-tabs.....	82	sirolimus oral solution.....	96	sodium phenylbutyrate oral powder.....	83
senna-time.....	82	sirolimus oral tablet 0.5 mg, 1 mg .....	96	sodium sulfacetamide wash.....	103
senna-time s.....	82	sirolimus oral tablet 2 mg.....	96	SOFOSBUVIR-VELPATASVIR .....	36
SENOKOT.....	82	SIRTURO.....	28	soft glucose.....	44
SENOKOT S.....	82	SKYRIZI (150 MG DOSE).....	94	SOLQUA.....	41
SEREVENT DISKUS .....	115	SKYRIZI PEN.....	94	SOLODYN.....	18
SEROQUEL.....	35	SKYRIZI SUBCUTANEOUS SOLUTION		SOLOSEC.....	16
SEROQUEL XR.....	35	CARTRIDGE.....	99	soluble fiber therapy .....	82
sertraline hcl oral concentrate.....	22	SKYRIZI SUBCUTANEOUS SOLUTION		SOMAVERT .....	93
sertraline hcl oral tablet.....	22	PREFILLED SYRINGE .....	94	SOMINEX NIGHTTIME SLEEP-AID.....	114
setlakin.....	90	SLO-NIACIN ORAL TABLET EXTENDED		SOOLANTRA.....	58
sevelamer carbonate oral tablet .....	65	RELEASE 500 MG .....	67	soothe maximum strength.....	78
sf 62		smooth antacid ex st oral tablet chewable		soothe oral suspension.....	78
sf 5000 plus.....	62	750 mg.....	78	soothe oral tablet.....	78
SFROWASA.....	98	smooth antacid extra st.....	78	soothe oral tablet chewable.....	78
sharobel .....	91	smooth antacid extra strength.....	78	sorafenib tosylate .....	30
SHINGRIX.....	97	smooth lax oral powder.....	80	sotalol hcl (af).....	47
SIGNIFOR.....	93	SOANZ ORAL TABLET 20 MG .....	49	sotalol hcl oral .....	47
siladryl allergy.....	114	sod chloride hypertonicity .....	109	SOVALDI .....	36
sildenafil citrate oral tablet 20 mg .....	116	sod citrate-citric acid.....	65	spinosad.....	58
SILENOR.....	131	sodium bicarbonate oral tablet.....	78	SPIRIVA HANDIHALER.....	115
SILIQ.....	94	sodium chloride (hypertonic) ophthalmic		SPIRIVA RESPIMAT .....	115
siltussin sa.....	119	ointment.....	109	spironolactone oral .....	49
siltussin-dm alcohol free.....	129	sodium chloride (hypertonic) ophthalmic		spironolactone-hctz.....	49
silver sulfadiazine external .....	58	solution.....	109	SPRAVATO (84 MG DOSE) .....	22
SIMBRINZA.....	107	sodium chloride inhalation nebulization		sprintec 28.....	90
simeped.....	78	solution 0.9 %.....	130	SPRYCEL .....	104
simethicone drops infants.....	78	sodium chloride inhalation nebulization		sps.....	65
simethicone oral.....	78	solution 3 %.....	130	sronyx.....	90
simethicone ultra strength .....	78	sodium chloride nebulization solution 7 %		ssd.....	58
simliya .....	90	inhalation 7 %.....	130	ST JOSEPH LOW DOSE ORAL TABLET	
SIMPONI.....	95	sodium chloride ophthalmic ointment 5 %		CHEWABLE .....	103
simvastatin oral.....	50	.....	109	stavudine oral capsule 40 mg.....	38
SINEMET .....	33	sodium chloride ophthalmic solution 5 %	109	STEGLATRO.....	41
SINGULAIR.....	114	sodium fluoride 5000 plus.....	62	STEGLUJAN.....	41
sinus 12-hour.....	130	sodium fluoride 5000 ppm dental cream... 62		STELARA SUBCUTANEOUS.....	94
sinus congestion max strength.....	130	sodium fluoride 5000 ppm dental gel.....	62	stimulant laxative oral tablet 8.6-50 mg....	82

STIOLTO RESPIMAT .....	124	SUDAFED SINUS CONGESTION 12HR	130	SYMLINPEN 120.....	41
STIVARGA .....	30	sudogest maximum strength.....	130	SYMLINPEN 60.....	41
stomach relief extra strength .....	78	sudogest oral tablet 30 mg.....	130	SYMPAZAN .....	20
stomach relief max st oral suspension 525		sulfacetamide sodium external.....	103	SYMPROIC.....	69
mg/15ml.....	78	sulfacetamide sodium ophthalmic .....	106	SYMTUZA.....	39
stomach relief oral suspension 1050		sulfacetamide sodium-sulfur cream 10-5 %		SYNAGIS .....	94
mg/30ml, 525 mg/15ml.....	78	external .....	59	SYNAREL .....	93
stomach relief oral suspension 262 mg/15ml,		sulfacetamide sodium-sulfur liquid 9-4.5 %		SYNJARDY .....	41
525 mg/30ml, 527 mg/30ml.....	78	external .....	59	SYNJARDY XR .....	41
stomach relief oral tablet 262 mg.....	78	sulfacetamide sod-sulfur wash external		SYNRIBO.....	29
stomach relief oral tablet chewable 262 mg		liquid 9-4.5 %.....	60	SYPRINE .....	65
.....	78	sulfacetamide-prednisolone.....	105	SYSTANE BALANCE .....	110
stomach relief plus.....	78	sulfamethoxazole-trimethoprim oral .....	17	SYSTANE COMPLETE .....	110
stomach relief ultra.....	78	sulfamez wash .....	60	SYSTANE CONTACTS .....	110
stool softener laxative oral capsule.....	82	sulfasalazine oral.....	98	SYSTANE HYDRATION PF.....	110
stool softener oral capsule 100 mg.....	82	sulfatrim pediatric.....	17	SYSTANE OPHTHALMIC SOLUTION ...	110
stool softener oral capsule 240 mg.....	82	sulindac oral.....	6	SYSTANE PRESERVATIVE FREE.....	110
stool softener oral capsule 250 mg.....	82	sumatriptan nasal.....	27	SYSTANE ULTRA.....	110
stool softener oral capsule 50 mg.....	82	sumatriptan succinate oral.....	27	SYSTANE ULTRA PF.....	110
stool softener pls laxative.....	82	sumatriptan succinate refill.....	27	<b>T</b>	
stool softener plus laxative .....	83	sumatriptan succinate subcutaneous .....	27	tab tussin.....	119
stool softener/laxative .....	83	sunitinib malate oral capsule 12.5 mg, 25		tab-a-vite/beta carotene .....	67
stool softener/laxative oral tablet.....	83	mg, 50 mg.....	30	TABLOID.....	29
STRATTERA.....	52	sunitinib malate oral capsule 37.5 mg .....	30	TABRECTA.....	103
STRENSIQ.....	83	SUNOSI.....	132	TACLONEX.....	58
STRIBILD.....	37	suphedrine oral tablet 30 mg.....	130	tacrolimus external ointment 0.03 %.....	57
STRIVERDI RESPIMAT.....	115	suphedrine oral tablet extended release 12		tacrolimus external ointment 0.1 %.....	57
SUBLOCADE .....	13	hour 120 mg.....	130	tacrolimus oral capsule 0.5 mg, 5 mg.....	96
SUBOXONE.....	13	SUPREP BOWEL PREP KIT .....	70	tacrolimus oral capsule 1 mg.....	96
subvenite.....	19	sure result sr relief.....	103	tadalafil (pah).....	116
subvenite starter kit-blue.....	19	SUSTIVA ORAL CAPSULE.....	37	TAFINLAR.....	30
subvenite starter kit-green.....	19	SUTAB.....	18	TAGRISSO.....	103
subvenite starter kit-orange.....	19	SUTENT ORAL CAPSULE 12.5 MG, 25		take action.....	92
sucrafate oral suspension.....	71	MG, 50 MG.....	30	TAKHZYRO.....	94
sucrafate oral tablet.....	71	SUTENT ORAL CAPSULE 37.5 MG.....	30	TALICIA .....	70
SUDAFED .....	130	syeda.....	87	TALTZ.....	94
SUDAFED CHILDRENS.....	130	SYMBICORT.....	123	TALZENNA.....	30
SUDAFED PE CONGESTION ORAL		SYMDEKO.....	116	TAMIFLU ORAL CAPSULE.....	39
TABLET 10 MG.....	119	SYMFI.....	37	TAMIFLU ORAL SUSPENSION	
SUDAFED PE SINUS CONGESTION ...	119	SYMFI LO.....	37	RECONSTITUTED .....	39
SUDAFED SINUS CONGESTION.....	130	SYMJEPI .....	115	tamoxifen citrate oral .....	29



tamsulosin hcl.....	84	testosterone enanthate intramuscular .....	86	TOBI PODHALER .....	115
TAPERDEX 12-DAY .....	85	testosterone transdermal gel 12.5 mg/act		TOBRADEX OPHTHALMIC OINTMENT	105
TAPERDEX 6-DAY .....	85	(1%).....	86	TOBRADEX ST .....	105
TAPERDEX 7-DAY .....	85	testosterone transdermal gel 25 mg/2.5gm		tobramycin inhalation nebulization solution	
TARCEVA .....	103	(1%).....	86	300 mg/4ml.....	116
TARGRETIN.....	31	testosterone transdermal gel 50 mg/5gm		tobramycin ophthalmic .....	106
tarina fe 1/20.....	90	(1%).....	86	tobramycin-dexamethasone.....	105
tarina fe 1/20 eq.....	90	TETANUS-DIPHThERIA TOXOIDS TD... 97		tolcapone .....	33
TASIGNA.....	104	tetrabenazine .....	52	tolnaftate antifungal .....	103
TASMAR .....	33	THALOMID .....	29	tolnaftate external cream.....	103
TAVALISSE.....	45	the magic bullet.....	103	tolnaftate external powder.....	103
TAZORAC EXTERNAL CREAM 0.1 %.....	55	THEO-24.....	116	tolterodine tartrate .....	83
TAZORAC EXTERNAL GEL .....	55	theophylline.....	116	TOPAMAX.....	19
taztia xt.....	48	theophylline er.....	116	TOPAMAX SPRINKLE.....	19
TDVAX .....	97	THERA .....	67	topiramate oral capsule sprinkle.....	19
TECFIDERA.....	53	thera-tabs.....	67	topiramate oral tablet.....	19
TEGRETOL ORAL SUSPENSION .....	20	thiamine hcl oral .....	134	toremifene citrate.....	29
TEGSEDI.....	83	thiamine mononitrate oral .....	67	torse mide .....	49
TEKTURNA.....	48	THIOLA.....	84	total allergy.....	114
TEKTURNA HCT .....	48	THIOLA EC.....	84	total allergy medicine.....	114
telmisartan .....	46	thioridazine hcl oral.....	34	TOUJEO MAX SOLOSTAR .....	43
temazepam oral capsule 15 mg, 30 mg..	131	thiothixene .....	34	TOUJEO SOLOSTAR.....	43
temazepam oral capsule 22.5 mg, 7.5 mg		THRIVE.....	15	TOVIAZ.....	83
.....	132	THRIVITE RX.....	67	TRACLEER.....	116
temozolomide oral capsule 100 mg, 180 mg,		tiadylt er .....	48	TRADJENTA.....	41
20 mg, 5 mg.....	28	tiagabine hcl.....	20	tramadol hcl oral tablet 50 mg.....	8
temozolomide oral capsule 140 mg .....	28	TIBSOVO.....	30	trandolapril .....	47
temozolomide oral capsule 250 mg .....	28	TIGLUTIK.....	52	tranexamic acid oral.....	45
TENCON.....	7	TIKOSYN.....	47	tranylcyromine sulfate.....	22
TENIVAC.....	97	tilia fe .....	90	TRAVATAN Z.....	105
tenofovir disoproxil fumarate .....	38	timolol maleate ophthalmic solution.....	107	trazodone hcl oral tablet 100 mg, 150 mg, 50	
TEPMETKO.....	30	TIMOPTIC.....	107	mg.....	22
terazosin hcl .....	84	TIMOPTIC OCUDOSE .....	107	TRECATOR .....	28
terbinafine hcl external.....	26	TIMOPTIC-XE.....	107	TRELEGY ELLIPTA.....	123
terbinafine hcl oral.....	24	TINACTIN EXTERNAL CREAM.....	103	TREMFYA.....	94
terbinafine hydrochloride external cream 1 %		tinaspore.....	103	TRESIBA.....	43
.....	26	TIROSINT .....	92	TRESIBA FLEXTOUCH.....	43
terconazole vaginal cream .....	24	TIROSINT-SOL .....	92	tretinoin external cream .....	54
TERIPARATIDE (RECOMBINANT).....	98	TIVICAY.....	37	tretinoin oral .....	31
TESTIM .....	86	TIVICAY PD.....	37	TREXALL .....	95
testosterone cypionate intramuscular .....	86	tizanidine hcl oral tablet.....	35	TREXIMET.....	27

TREZIX.....	7	TRIUMEQ.....	38	tussin maximum strength oral syrup 15	
triamcinolone acetonide external cream...	57	TRIUMEQ PD.....	38	mg/5ml.....	120
triamcinolone acetonide external lotion 0.025		trivora (28).....	90	tussin mucus & chest cong.....	120
%.....	57	tri-vylibra.....	90	tussin mucus & chest congest.....	120
triamcinolone acetonide external lotion 0.1		tri-vylibra lo.....	90	tussin mucus/chest congest.....	120
%.....	57	TRIZIVIR.....	38	tussin mucus/congestion.....	120
triamcinolone acetonide external ointment		TROKENDI XR.....	19	tussin mucus+chest congest.....	120
0.025 %, 0.1 %, 0.5 %.....	57	tropium chloride.....	83	tussin mucus+chest congest sf.....	120
triamcinolone acetonide mouth/throat.....	54	TRUEPLUS GLUCOSE ON THE GO.....	44	tussin mucus+chest congestion.....	120
TRIAMINIC ALLERCHEWS.....	123	TRUEPLUS GLUCOSE ORAL TABLET		tussin multi-symptom cold cf.....	121
triamterene-hctz.....	49	CHEWABLE.....	44	tussin oral liquid 100 mg/5ml.....	120
triazolam.....	131	TRULANCE.....	69	TWINRIX.....	97
TRICOR ORAL TABLET 145 MG.....	50	TRULICITY.....	41	TWYNEO.....	55
TRICOR ORAL TABLET 48 MG.....	50	TRUMENBA.....	97	tyblume.....	90
triderm.....	57	TRUSOPT.....	107	TYBOST.....	38
tri-estarylla.....	90	TRUVADA.....	37	TYLENOL FOR CHILDREN + ADULTS ...	12
trifluoperazine hcl.....	34	TUMS.....	78	TYLENOL ORAL SUSPENSION 160	
trifluridine.....	106	TUMS E-X 750.....	78	MG/5ML.....	12
trihexyphenidyl hcl.....	33	TUMS LASTING EFFECTS.....	78	TYLENOL ORAL TABLET 325 MG, 500 MG	
TRIJARDY XR.....	41	TUMS SMOOTHIES.....	79	.....	12
TRIKAFTA.....	116	TUMS ULTRA 1000.....	79	TYLENOL ORAL TABLET CHEWABLE 160	
tri-legest fe.....	90	TURALIO.....	104	MG.....	12
tri-linyah.....	90	tusnel-ex.....	120	TYLENOL ORAL TABLET EXTENDED	
TRILIPIX.....	50	tussin adult chest congest.....	120	RELEASE 650 MG.....	12
tri-lo-estarylla.....	90	tussin cf oral liquid 30-10-100 mg/5ml....	130	TYMLOS.....	99
tri-lo-marzia.....	90	tussin cf oral liquid 5-10-100 mg/5ml.....	121	TYRVAYA.....	105
tri-lo-mili.....	90	tussin chest congestion oral liquid 100		<b>U</b>	
tri-lo-sprintec.....	90	mg/5ml.....	120	UBRELVY.....	27
trimethobenzamide hcl oral.....	23	tussin cough dm sugar free.....	130	UCERIS.....	98
trimethoprim oral.....	16	tussin cough/chest dm max oral liquid 10-		UDENYCA.....	45
tri-mili.....	90	200 mg/5ml.....	130	ultra fresh.....	110
TRINTELLIX.....	22	tussin dm cough/chest cong.....	130	ultra fresh pm.....	110
tri-nymyo.....	90	tussin dm cough/chest oral syrup 10-100		ultra lubricant drop.....	110
triple antibiotic external ointment , 3.5-400-		mg/5ml.....	130	ultra lubricating eye drops.....	110
5000 , 5-400-5000 , 5-400-5000 mg-unit		tussin dm max.....	130	ultra lubricating eye drops pf.....	110
.....	18	tussin dm max adult.....	130	unithroid.....	92
triple antibiotic ointment 3.5-400-5000		tussin dm max daytime.....	130	UPTRAVI ORAL TABLET.....	116
external.....	18	tussin dm max st.....	131	urea external lotion.....	60
triple antibiotic original.....	18	tussin dm oral syrup 100-10 mg/5ml.....	131	urinary pain relief oral tablet 95 mg.....	84
TRIPTODUR.....	93	tussin expectorant adult.....	120	urinary pain relief tablet 95 mg oral 95 mg	84
tri-sprintec.....	90			ursodiol oral capsule 300 mg.....	70

ursodiol oral tablet.....	70	VERZENIO.....	30	vitamin c oral tablet chewable 250 mg....	134
<b>V</b>		VESICARE.....	84	vitamin c oral tablet chewable 500 mg....	134
VAGIFEM.....	87	vestura.....	87	vitamin c tablet 250 mg oral 250 mg.....	134
valacyclovir hcl oral.....	36	VFEND.....	24	vitamin c/acerola.....	134
valganciclovir hcl oral tablet.....	36	VIBERZI.....	69	vitamin c/rose hips oral tablet 500 mg ....	134
valproic acid oral.....	19	vic-forte.....	133	vitamin c-rose hips oral tablet 500 mg ....	134
valsartan oral tablet.....	46	VICTOZA SOLUTION PEN-INJECTOR 18		vitamin d (cholecalciferol) oral tablet 25 mcg	
VALTOCO 10 MG DOSE.....	20	MG/3ML SUBCUTANEOUS.....	41, 41	(1000 ut).....	68
VALTOCO 15 MG DOSE.....	20	VIEKIRA PAK.....	36	vitamin d (ergocalciferol) oral capsule 1.25	
VALTOCO 20 MG DOSE.....	20	vienva.....	90	mg (50000 ut), 50000 unit.....	134
VALTOCO 5 MG DOSE.....	20	vigabatrin oral packet.....	20	vitamin d oral liquid.....	68
VANCOGIN ORAL CAPSULE 250 MG.....	16	vigadrone.....	20	vitamin d3 capsule 1.25 mg (50000 ut) oral	
vandazole.....	16	VIGAMOX.....	106	1.25 mg (50000 ut).....	68
VAQTA.....	97	VIIBRYD.....	22	vitamin d3 capsule 250 mcg (10000 ut) oral	
varenicline tartrate.....	14	VIIBRYD STARTER PACK.....	22	250 mcg (10000 ut).....	68
VARIVAX.....	97	VIMPAT ORAL.....	20	vitamin d3 capsule 50 mcg (2000 ut) oral 50	
VASCEPA.....	50	VINATE ONE.....	67	mcg (2000 ut).....	66
VAXNEUVANCE.....	97	VIOKACE.....	83	vitamin d3 oral capsule 250 mcg (10000 ut)	
v-c forte.....	133	viorele.....	90	.....	68
VECTICAL.....	58	VIRACEPT.....	39	vitamin d3 oral capsule 50 mcg (2000 ut) .	68
vegetable lax+stool softener.....	83	VIREAD ORAL POWDER.....	38	vitamin d-3 oral capsule 50 mcg (2000 ut)	68
vegetable laxative.....	83	VIREAD ORAL TABLET 150 MG, 200 MG,		vitamin d3 oral liquid 10 mcg/ml.....	68
velivet.....	90	250 MG.....	38	vitamin d3 oral tablet 25 mcg (1000 ut)....	68
VELPHORO.....	65	VISBIOME HIGH POTENCY ORAL		vitamin d3 oral tablet 50 mcg (2000 ut)....	68
VELTASSA.....	65	CAPSULE.....	79	vitamin d3 oral tablet chewable 25 mcg....	68
VELTIN.....	55	VISINE.....	110	vitamin d3 tablet 25 mcg (1000 ut) oral 25	
VEMLIDY.....	36	vita s forte.....	133	mcg (1000 ut).....	68
VENCLEXTA.....	30	vitacel.....	133	vitamin e capsule 180 mg (400 unit) oral 180	
VENCLEXTA STARTING PACK.....	30	vitachew vitamin d3.....	68	mg (400 unit).....	134, 134
venlafaxine hcl.....	22	vitamin a oral capsule 3 mg (10000 ut)....	68	vitamin-b complex.....	68
venlafaxine hcl er oral capsule extended		vitamin b1.....	134	VITRAKVI.....	30
release 24 hour.....	22	vitamin b-1 oral tablet 100 mg.....	68	VIVELLE-DOT.....	87
VENTOLIN HFA.....	115	vitamin b-1 tablet 100 mg oral.....	68	VIVITROL.....	13
verapamil hcl er oral capsule extended		vitamin b-12 tr oral tablet extended release		VIZIMPRO.....	103
release 24 hour 120 mg, 180 mg, 240 mg,		1000 mcg.....	134	VOGELXO.....	86
360 mg.....	48	vitamin b-6.....	134	volnea.....	90
verapamil hcl er oral tablet extended release		vitamin c er oral tablet extended release		voriconazole oral tablet.....	24
.....	48	1500 mg.....	133	VOSEVI.....	36
verapamil hcl oral.....	48	vitamin c oral liquid 500 mg/5ml.....	134	VOTRIENT.....	104
VERQUVO.....	51	vitamin c oral tablet 250 mg.....	134	VRAYLAR.....	35
VERSACLOZ.....	35	vitamin c oral tablet 500 mg.....	134	VUMERITY.....	53

vyfemla.....	90	XENLETA ORAL.....	16	ZANAFLEX.....	35
vylibra.....	90	XEPI.....	58	ZARXIO.....	45
VYNDAMAX.....	83	XHANCE.....	114	ZAVESCA.....	83
VYNDAQEL.....	83	XIFAXAN.....	16	ZEASORB-AF.....	26
VYTORIN.....	50	XIGDUO XR ORAL TABLET EXTENDED		ZEGALOGUE.....	85
VYVANSE ORAL CAPSULE.....	52	RELEASE 24 HOUR 10-1000 MG, 10-500		ZEGERID.....	71
VYVANSE ORAL TABLET CHEWABLE.....	52	MG.....	41	ZEJULA.....	30
VYZULTA.....	105	XIGDUO XR ORAL TABLET EXTENDED		ZELAC.....	79
<b>W</b>		RELEASE 24 HOUR 2.5-1000 MG, 5-		ZELBORAF.....	30
WAKIX.....	132	1000 MG, 5-500 MG.....	41	zenatane.....	54
warfarin sodium oral tablet 1 mg, 10 mg, 2		XIIDRA.....	105	ZENPEP.....	83
mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg.....	44	XIMINO.....	18	ZENZEDI.....	52
warfarin sodium oral tablet 6 mg.....	44	XOFLUZA (40 MG DOSE).....	39	ZEPATIER.....	36
wart remover external liquid 17 %.....	103	XOFLUZA (80 MG DOSE).....	39	ZEPOSIA.....	53
WELCHOL.....	50	XOLAIR.....	94	ZEPOSIA 7-DAY STARTER PACK.....	53
WELLBUTRIN XL.....	22	XOPENEX HFA.....	115	ZEPOSIA STARTER KIT.....	53
wera.....	90	XOPENEX NEB.....	115	ZETONNA.....	114
wescaps.....	68	XPECT.....	120	ZIANA.....	55
WESTAB PLUS.....	68	XPOVIO (100 MG ONCE WEEKLY).....	29	zidovudine oral capsule.....	38
wixela inhub.....	124	XPOVIO (40 MG ONCE WEEKLY).....	29	zidovudine oral syrup.....	38
womans laxative.....	103	XPOVIO (40 MG TWICE WEEKLY).....	29	zidovudine oral tablet.....	38
womens gentle laxative.....	103	XPOVIO (60 MG ONCE WEEKLY).....	29	ZIEXTENZO.....	45
womens laxative oral tablet delayed release		XPOVIO (80 MG ONCE WEEKLY).....	29	ZILXI.....	60
5 mg.....	103	XTAMPZA ER.....	6	ZIMHI.....	14
womens prenatal+dha.....	68	XTANDI.....	28	zinc gluconate oral tablet 50 mg.....	65
<b>X</b>		xulane.....	90	zinc oral tablet 50 mg.....	65, 134
XALATAN.....	105	XULTOPHY.....	41	zinc oxide external ointment 40 %.....	60
XALKORI.....	104	XYOSTED.....	86	ZIOPTAN.....	105
XARELTO.....	44	XYREM.....	132	ziprasidone hcl.....	34
XARELTO STARTER PACK.....	44	XYWAV.....	131	ZOCOR.....	50
XCOPRI.....	19	<b>Y</b>		ZOLINZA.....	29
XCOPRI (250 MG DAILY DOSE).....	19	YASMIN 28.....	87	ZOLOFT.....	22
XCOPRI (350 MG DAILY DOSE).....	19	YAZ.....	87	zolpidem tartrate oral.....	131
XELJANZ.....	95	YONSA.....	28	ZOMACTON.....	86
XELJANZ XR ORAL TABLET EXTENDED		YUPELRI.....	115	ZOMIG.....	27
RELEASE 24 HOUR 11 MG.....	95	yuvafem.....	90	ZONEGRAN.....	20
XELJANZ XR ORAL TABLET EXTENDED		<b>Z</b>		zonisamide oral.....	20
RELEASE 24 HOUR 22 MG.....	95	ZADITOR.....	111	zovia 1/35 (28).....	91
XELODA.....	31	zafemy.....	90	ZUBSOLV.....	13
XELPROS.....	105	zafirlukast.....	114	ZYCLARA.....	58
XENAZINE.....	52	zaleplon.....	131	ZYDELIG.....	31

ZYFLO..... 114  
ZYKADIA.....31  
ZYLET.....105  
ZYMAXID .....106

ZYPITAMAG ..... 50  
ZYPREXA ORAL..... 35  
ZYPREXA ZYDIS..... 35  
ZYRTEC ALLERGY ORAL TABLET ..... 114

ZYRTEC-D ALLERGY & CONGESTION 121  
ZYTIGA.....28