



Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Arizona Medicaid

Effective Date/Vigencia: 1/1/2024



United
Healthcare
Community Plan



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

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

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

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

If you need help with your complaint, please call Member Services at **1-800-348-4058, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

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

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

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

Mail:

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

If you need help with your complaint, please call Member Services at **1-800-348-4058, TTY 711**.

Services to help you communicate with us are provided at no cost to members, such as other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-800-348-4058, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.



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

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

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

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

Si usted necesita ayuda con su queja, por favor llame al **1-800-348-4058, TTY 711**, de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

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

Internet:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Formas para las quejas se encuentran disponibles en:

<http://www.hhs.gov/ocr/office/file/index.html>

Teléfono:

Llamada gratuita, **1-800-368-1019, 1-800-537-7697** (TDD)

Correo:

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

Si necesita ayuda para presentar su queja, por favor llame a Servicios para Miembros al **1-800-348-4058, TTY 711**.

Se proporcionan servicios para ayudarle a comunicarse con nosotros, tales como otros idiomas o letra grande, sin costo para los miembros. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros del **1-800-348-4058, TTY 711**, de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

Introduction

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

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

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

Notice

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

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

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

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

Preface

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

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

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

Pharmacy and Therapeutics (P&T) Committee

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

Outpatient prescription drug benefit-covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release Cardizem SR

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

Neomycin/polymyxin B/Hydrocortisone Cortisporin

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 OPHTHALMIC 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 40mg 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
- Antiobesity agents
- Experimental / research drugs
- Cosmetic drugs
- Immunization agents
- 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: syringes, needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of one per three years), humidifier (limit of one per three 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. Please call the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826** with questions or for help with dosage change authorization.

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 in to:

**UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 1-866-940-7328
Phone 1-800-310-6826**

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 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 **1-800-310-6826** with questions concerning the prior authorization process.

Non-PDL drugs five-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 five-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a five day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a five-day supply, however, availability is subject to the benefit design. For assistance, pharmacies may call **1-800-310-6826**.

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 **1-866-940-7328**.

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.

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process. Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **1-800-310-6826** with questions.

Controlled substances

You may fill any FOUR medications from the following classes in a 30-day period:

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization. Medications in these classes may also be subject to individual quantity limits.

Specialty Pharmaceutical Management Program

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

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at **1-866-940-7328**.

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

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

Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department at **1-800-310-6826**.

Step Therapy (ST)

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

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

STEP drug	First-Line agent(s)
Advair HFA	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Atrovent, Spiriva).
Aricept 23mg	90-day trial of Aricept 10mg daily.
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroid topical treatments.
calcitriol 3mcg/gm	Trial of two topical corticosteroids.
Dulera	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR).
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
Optivar	14 day trial of ketotifen within previous 90 days required first.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates.
Rozerem	Trial of Two Preferred Medications
Symbicort	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.

STEP drug	First-Line agent(s)
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
Uloric	8-week trial of up to 600mg of allopurinol required first.
Vancocin	One fill of metronidazole tabs or caps.

PDL suggestions

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

Attn: Director of Pharmacy Services
 UnitedHealthcare Community Plan
 2 Allegheny Center
 Suite 600
 Pittsburgh, PA 15212
 Fax: **1-866-940-7328**

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

Editor

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

UnitedHealthcare Community Plan
 2 Allegheny Center
 Suite 600
 Pittsburgh, PA 15212
 Fax: **1-866-940-7328**

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 viii - ix for details
SP	Specialty Pharmaceuticals; see page vii 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.

Introducción

UnitedHealthcare Community Plan se complace en ofrecer esta Lista de medicamentos preferidos (Preferred Drug List, PDL) que se utilizará al realizar recetas para los pacientes que tienen cobertura del plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Los medicamentos incluidos en esta PDL tienen como finalidad ofrecer opciones suficientes para tratar a los pacientes que necesitan tratamiento con un medicamento de dicha clase farmacológica o terapéutica. Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan han sido revisados y aprobados por el Comité de Farmacia y Terapéutica. Los medicamentos se han seleccionado para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estas instancias poco frecuentes, los medicamentos que no estén incluidos pueden ser requeridos a través del proceso de autorización previa.

Los medicamentos representados han sido revisados por el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y están aprobados para su inclusión. La PDL refleja la práctica médica actual desde la fecha de la revisión.

Esta edición incorpora medicamentos agregados a la PDL desde la última edición así como numerosas revisiones para la información de prescripción basada en los cambios en la farmacoterapia. También se han incorporado comentarios y sugerencias de médicos practicantes para garantizar que la PDL de UnitedHealthcare Community Plan refleje la práctica médica actual.

Aviso

La información incluida en esta PDL y sus apéndices es provista por UnitedHealthcare Community Plan, exclusivamente para la comodidad de los proveedores médicos. UnitedHealthcare Community Plan no garantiza ni asegura la precisión de dicha información ni pretende ser integral por naturaleza.

Esta PDL no tiene la finalidad de sustituir el conocimiento, la pericia, las habilidades ni el criterio del proveedor médico en su elección de medicamentos recetados.

UnitedHealthcare Community Plan no asume ninguna responsabilidad por las acciones u omisiones de los proveedores médicos sobre la base de la confianza, total o parcial, de la información incluida aquí. El proveedor médico debe consultar la información del producto del fabricante del medicamento o las referencias estándar para obtener información detallada.

Las pautas nacionales pueden encontrarse en los sitios web que se enumeran en la sección del sitio web, o bien, visite el sitio del Centro de Intercambio de Información de Pautas Nacionales en <http://www.guideline.gov>.

Prólogo

La PDL de UnitedHealthcare Community Plan está organizada por secciones. Cada sección incluye grupos terapéuticos identificados por una clase de medicamento o estado de la enfermedad.

Los productos están enumerados por nombre genérico. Las marcas están incluidas como una referencia para ayudarlo a reconocer el producto. A menos que se incluyan excepciones, por lo general todas las formas de dosificación y concentraciones aplicables del medicamento citado están incluidas en la PDL. Los medicamentos genéricos deben ser considerados como medicamentos recetados de primera línea.

La PDL de UnitedHealthcare Community Plan cubre algunos productos de venta libre (over-the-counter, OTC). Lo alentamos a que recete medicamento OTC cuando sea clínicamente apropiado.

Comité de Farmacia y Terapéutica (P&T)

El Comité de P&T incluye médicos y farmacéuticos que no son empleados ni agentes de UnitedHealthcare Community Plan o sus afiliadas. Deben respetar los estándares de la Política sobre ética del Comité de P&T. Los directores médicos de UnitedHealthcare Community Plan y los farmacéuticos también participan en el Comité de P&T. El Comité de P&T se reúne trimestralmente para analizar diversos temas. Los temas pertinentes a la selección farmacéutica y la administración del programa de farmacia se comunican trimestralmente. Este boletín informativo se distribuye a todos los médicos participantes que hayan recibido la PDL. Las decisiones de PDL también son comunicadas trimestralmente en el sitio de Internet de UnitedHealthcare Community Plan.

Beneficio de medicamentos recetados para pacientes ambulatorios - medicamentos cubiertos

Los medicamentos recetados para pacientes ambulatorios médicamente necesarios están cubiertos cuando son recetados por un proveedor autorizado para recetar medicamentos o fármacos con leyenda federales. Algunos artículos solo se cubren con autorización previa. La elegibilidad para los beneficios de medicamentos recetados para pacientes ambulatorios se basa en el plan de beneficios del miembro individual.

Crterios de seleccin de productos

El Comit de P&T considera la informacin clnica en los medicamentos nuevos para el mercado que por lo general se incluyen en el beneficio de farmacia para pacientes ambulatorios. La evaluacin incluye todo o parte de lo siguiente:

- Seguridad
 - Eficacia
 - Estudios de comparacin
 - Indicaciones aprobadas
 - Efectos adversos
 - Contraindicaciones/Advertencias/
- Precauciones
 - Farmacocinética
 - Administracin de pacientes/
consideraciones de cumplimiento
 - Resultados mdicos y estudios
farmacoeconmicos

Cuando un medicamento nuevo se considera para su inclusi3n en la PDL, se revisar en relacin a los medicamentos similares que se incluyen actualmente en la PDL de UnitedHealthcare Community Plan. Este proceso de revisin puede derivar en la supresin de medicamentos en una clase teraputica en particular con el fin de promover continuamente los agentes ms econmicos y tiles desde el punto de vista clnico.

Toda la informacin que se incluye en la PDL se proporciona como referencia para la seleccin de tratamientos con medicamentos. La seleccin de medicamentos especficos para un paciente individual la realiza exclusivamente el profesional autorizado para recetar medicamentos.

Descripciones de los productos incluidos en la PDL

A fin de brindar ayuda para entender qu concentraciones especficas y formas de dosificacin estn cubiertas en la PDL, a continuacin se incluyen ejemplos: Los principios generales que se muestran en los ejemplos generalmente luego pueden extenderse a otras entradas del libro. Las excepciones se indican en la lista de medicamentos. Tambin puede haber una declaracin relacionada con una lista de medicamentos que ofrece informacin adicional acerca de cu les son los productos especficos o formas de dosificacin que se cubren.

Los productos cubiertos incluyen todas las concentraciones asociadas con la forma de dosificacin del producto de marca citado.

carvedilol Coreg

Todas las concentraciones de Coreg estar an cubiertas segn esta lista.

Los productos de liberacin prolongada y de liberacin retardada requieren su propia entrada.

diltiazem de liberacin Cardizem SR

Las formas de dosificación cubiertas serán consistentes con la categoría y el uso en los casos que se incluyan en la lista.

Neomicina/polimixina B/Hidro cortisona Cortisporin

Según lo enumerado en la sección de productos ÓTICOS, se limita a la solución y suspensión ótica. En esta entrada, no puede suponerse que la solución oftálmica, el ungüento y la crema tópica estén incluidos en la lista a menos que existan entradas para estos productos en las secciones de productos OFTÁLMICOS y DERMATOLÓGICOS de la PDL.

En los casos en que se especifique la concentración y la forma de dosificación, solo la concentración especificada y la forma de dosificación se encuentran incluidas en la PDL. Otras concentraciones o formas de dosificación del producto de referencia no son.

los comprimidos de citalopram 40mg Celexa tabs

Niveles de drogas

Los medicamentos enumerados en la PDL tienen niveles diferentes. Los niveles se enumeran en la tabla a continuación.

Nombre del nivel	Nivel del medicamento
Nivel 1	Genérico
Nivel 2	De marca

Sustitución por genéricos

La PDL de UnitedHealthcare Community Plan **requiere** la sustitución por genéricos en la mayoría de los productos cuando se encuentra disponible un equivalente del medicamento genérico.

La sustitución por genéricos es una medida que toma la farmacia en los casos en que un equivalente de genérico se dispense en lugar del producto de marca. El PDL indica la disponibilidad de genéricos en la columna de “Medicamentos cubiertos”.

Si un medicamento de marca es médicamente necesario, por favor envíe una solicitud de autorización previa.

La lista del Consejo de Apelaciones de Medicare (Medicare Appeals Council, MAC) de UnitedHealthcare Community Plan establece un precio máximo para el reembolso de ciertos medicamentos recetados de múltiples fuentes. Este precio por lo general cubrirá la adquisición de la mayoría de los medicamentos genéricos pero no las versiones de marca del mismo medicamento. Los productos seleccionados para su inclusión en la lista del MAC son recetados y dispensados comúnmente, y por lo general han pasado por el proceso de revisión y aprobación de la Administración de Alimentos y Medicamentos (FDA).

Una consideración importante para la sustitución por genéricos es el conocimiento de que todas las aprobaciones de medicamentos genéricos por parte de la FDA desde el año 1984, y muchas aprobaciones de medicamentos genéricos antes de este año, demuestran una equivalencia biológica entre las versiones genéricas y el producto de marca de referencia. Para obtener la aprobación de la FDA:

1. El medicamento genérico debe incluir los mismos ingredientes activos y tener la misma concentración y forma de dosificación que el producto de marca.
2. La FDA ha otorgado a los medicamentos genéricos la calificación “A” en comparación con los productos de marca que indican la equivalencia biológica; además, ha determinado que, desde el punto de vista terapéutico, el medicamento genérico es equivalente al medicamento de marca. Las calificaciones de los medicamentos genéricos están disponibles al consultar la referencia de la FDA, Productos farmacéuticos aprobados con evaluaciones de equivalencia terapéutica (Libro naranja)

En los casos en que se cumpla con los dos criterios mencionados, un medicamento genérico puede sustituirse con la total expectativa de que el producto sustituido producirá el mismo efecto clínico y tendrá el mismo perfil de seguridad que el producto recetado. Los productos farmacéuticos que tengan un índice terapéutico estrecho (NTI) también pueden ser guiados por estos principios. No es necesario que el proveedor de atención médica se aproxime a cualquier clase terapéutica de los productos farmacéuticos (por ejemplo, medicamentos con NTI) de forma diferente a la de cualquier otra clase, cuando la FDA ha determinado la equivalencia terapéutica de los productos farmacéuticos en cuestión. Además, no es necesario que los médicos realicen pruebas clínicas o exámenes adicionales cuando un producto farmacológico genérico equivalente desde el punto de vista terapéutico se sustituye por el producto de marca.

Actualmente, hay muchos productos de marca que cuentan con un envase nuevo o son distribuidos con etiquetas de medicamento genérico. La versión con etiqueta de medicamento genérico siempre debe considerarse como un equivalente desde el punto de vista terapéutico y sustituible por el producto de marca original.

Medicamentos del Programa Implementación del Estudio Sobre Eficacia de Medicamentos (DESI)

Los medicamentos que se comercializaron por primera vez entre 1938 y 1962 fueron aprobados por ser seguros pero no requerían demostración de eficacia para la aprobación de la FDA. A partir de 1962, todos los medicamentos nuevos debían ser seguros y eficaces antes de que pudieran ser comercializados. Esta legislación también se aplicó de forma retroactiva a todos los medicamentos aprobados por su seguridad entre los años 1938 y 1962. El programa DESI fue establecido por la FDA para revisar la eficacia de estos medicamentos anteriores a 1962 para las indicaciones de sus etiquetas, y se realizó una determinación de eficacia total para la mayoría de estos productos, y permanecen en el mercado. Unos pocos productos del programa DESI permanecen clasificados como “menos que totalmente eficaces” mientras se espera la disposición administrativa final. Además, muchos productos incluidos como idénticos, similares o relacionados con los productos verdaderos del programa DESI están clasificados como DESI. La PDL de UnitedHealthcare Community Plan no cubre los productos farmacéuticos “menos que totalmente eficaces” de DESI.

Exclusiones del plan

Las siguientes categorías de medicamentos están excluidas de la cobertura conforme al beneficio de farmacia para pacientes ambulatorios y no son parte de la PDL de UnitedHealthcare Community Plan.

- Medicamentos del programa DESI
- Agentes contra la obesidad
- Medicamentos experimentales o en investigación
- Medicamentos usados para fines cosméticos
- Agentes de vacunación
- Suplementos nutricionales/dietéticos
- Productos de sangre o plasma sanguíneo
- Medicamentos usados para promover la fertilidad
- Agentes usados para la disfunción eréctil
- Agentes usados con fines cosméticos para el crecimiento del cabello
- Medicamentos de fabricantes que no participan en el Programa de descuentos en medicamentos de Medicaid de FFS
- Productos de diagnóstico
- Suministros médicos y equipo médico duradero (durable medical equipment, DME) excepto según se menciona: jeringas, agujas, lancetas, toallitas con alcohol, espaciadores, tiras reactivas para medir la glucosa, medidores de flujo máximo (marcas Astech, Assess, Peak Air, máx. dos por año), vaporizador (límite de 1 por cada 3 años), humidificador (límite de 1 por cada 3 años)

Limitaciones en la provisión de suministros de días

Los miembros de UnitedHealthcare Community Plan pueden recibir hasta un suministro de un mes de un medicamento específico por pedido de receta o resurtido de un medicamento recetado. Un medicamento puede volver a pedirse o reponerse cuando se ha utilizado el noventa por ciento (90%) para una sustancia controlada y el ochenta y cinco por ciento (85%) para una sustancia no controlada. Si se presenta una reclamación antes de haberse utilizado el noventa por ciento (90%) para una sustancia controlada u ochenta y cinco por ciento (85%) para una sustancia no controlada, según los días de suministro original presentado en la reclamación, esta será rechazada con un mensaje de “demasiado pronto para una recarga”. Por favor llame al Departamento de Farmacias de UnitedHealthcare Community Plan al **800-310-6826** si tiene preguntas o necesita ayuda con una autorización para cambiar la dosis.

Sustitución por genéricos obligatoria

La PDL de UnitedHealthcare Community Plan PDL requiere de la sustitución por genéricos obligatoria en gran parte de los productos cuando se encuentra disponible un equivalente genérico; no obstante, los medicamentos de marca pueden estar cubiertos en determinadas situaciones al solicitar una autorización previa. La lista de autorización previa (PA) de la PDL de UnitedHealthcare Community Plan no incluye artículos de marca en los casos en que el equivalente genérico está cubierto.

Autorización previa de medicamentos no incluidos en la PDL

Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan PDL han sido seleccionados para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estos casos poco frecuentes, el proceso de autorización previa revisa las solicitudes para los medicamentos no incluidos en la lista que el médico puede considerar médicamente necesario para el control del paciente.

El médico debe realizar las solicitudes de estas excepciones por escrito y enviarlas por fax, o bien, debe llamar a:

**UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 1-866-940-7328
Teléfono 1-800-310-6826**

En el manual de proveedores de UnitedHealthcare Community Plan se encuentra disponible un formulario de solicitud de autorización previa y, si es posible, debe utilizarse para todas las solicitudes de autorización previa. La documentación correspondiente debe proporcionarse para respaldar la necesidad médica de la solicitud de medicamentos no incluidos en la PDL. El Servicio de Farmacia de UnitedHealthcare responderá a todas las solicitudes de acuerdo con los requisitos del estado.

Los médicos deben respetar esta PDL al realizar recetas para los pacientes que tienen cobertura mediante su plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Si un farmacéutico recibe una receta para un medicamento que no está incluido en la PDL, debe comunicarse con el médico que realizó la receta y solicitarle que cambie el medicamento por uno que esté incluido en la PDL. Si una alternativa de la PDL no es adecuada, debe indicarse al médico que se comunique con el plan para solicitar una autorización previa.

Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **1-800-310-6826** si tiene preguntas relacionadas con el proceso de autorización previa.

Sustituciones de suministros temporales de 5 días de medicamentos que no están incluidos en la PDL

Para garantizar el uso de medicamentos incluidos en la PDL, debe consultar al médico que realiza la receta acerca de todos los medicamentos que no están incluidos en la PDL. **Si no puede hablar con el médico de inmediato y necesita el medicamento de forma urgente, el sistema de procesamiento de reclamaciones aceptará una sustitución para permitir una provisión por única vez de un suministro de 5 días del medicamento recientemente recetado que no está incluido en la PDL.** La farmacia debe enviar una reclamación para un suministro de 5 días, con el

tipo 8 de PA y el número de autorización previa “00000000120”. Tenga en cuenta que los medicamentos no preferidos están disponibles para un suministro de 5 días, no obstante, la disponibilidad está sujeta al esquema de beneficios. Para obtener ayuda, las farmacias pueden llamar al **1-800-310-6826**.

La farmacia debe comunicarse con el médico para analizar el medicamento de la PDL o si se justifica la solicitud de una autorización previa. Si el médico que realiza la receta considera que un medicamento es medicamento necesario, el médico puede enviar por fax una solicitud de autorización previa a UnitedHealthcare Community Plan al **1-866-940-7328**.

Limitaciones de Cantidad (QL)

Las recetas para cantidades mensuales que superen el límite indicado requieren de una solicitud de autorización previa.

Límites de cantidad basados en la dosificación de medicamentos eficaces

El Programa de dosificación de medicamentos eficaces está diseñado para consolidar la dosificación del medicamento a la cantidad diaria más eficaz, para aumentar el seguimiento del tratamiento y también promover el uso eficaz del dinero invertido en la atención médica.

Los límites del programa se establecen conforme a la aprobación de la FDA en cuanto a la dosificación y la disponibilidad de la dosis diaria total con la menor cantidad de comprimidos o cápsulas diarias. Los límites de cantidad en el sistema de procesamiento de reclamaciones de recetas limitará la provisión para consolidar la dosificación. El sistema de procesamiento de reclamaciones de farmacia indicará al farmacéutico que solicite un nuevo pedido de receta del médico.

Las adiciones a la lista de medicamentos del programa de nivel de cantidad (QL) se realizarán de vez en cuando y se notificará a los proveedores al respecto. Como siempre, reconocemos que deben tenerse en cuenta diversas variables específicas del paciente cuando se indica un tratamiento con medicamentos y, por consiguiente, las sustituciones estarán disponibles a través del proceso de excepción médica (PA). Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **1-800-310-6826** si tiene preguntas.

Sustancias controladas

Puede surtirse con cualquiera de los CUATRO medicamentos de las siguientes clases en un período de 30 días:

- agentes sedantes hipnóticos
- barbitúricos
- algunos relajantes musculares

Los surtidos adicionales requieren de autorización previa. Los medicamentos de estas clases también pueden estar sujetos a los límites de cantidad individuales.

Programa de administración de productos farmacéuticos especiales

UnitedHealthcare Community Plan busca continuamente formas de ofrecer una atención asequible de alta calidad para los miembros del plan. El Programa de administración de productos farmacéuticos especiales ayuda a UnitedHealthcare Community Plan a lograr estos objetivos. Los medicamentos inyectables que forman parte de este programa requieren de la autorización del plan y no están disponibles a través de la red de farmacias minoristas.

Para obtener la autorización, el proveedor debe enviar por fax el formulario de autorización previa correspondiente al Departamento de Farmacia de UnitedHealthcare Community Plan al **1-866-940-7328**.

El Servicio de Farmacia de UnitedHealthcare revisará y responderá a todas las solicitudes de acuerdo con los requisitos del estado, y si se autoriza el pago, UnitedHealthcare Community Plan coordinará la entrega del producto al miembro o proveedor.

Los medicamentos que forman parte de este programa y están incluidos en la PDL están identificados en este folleto mediante la designación “SP”.

Los formularios de solicitud de autorización previa pueden solicitarse llamando al Departamento de Farmacia de UnitedHealthcare Community Plan al 1-800-310-6826.

Terapia Escalonada (Step Therapy, ST)

Los siguientes medicamentos de la PDL se cubren rutinariamente solo después de un estudio suficiente de un agente de primera línea indicado que se haya estudiado adecuadamente y se haya desaprobado. Estos medicamentos también pueden solicitarse a través del proceso de autorización previa.

Si bien las alternativas de menor costo que se incluyen en la PDL pueden ser apropiadas en muchos casos, otras alternativas que no se incluyen en la PDL se encuentran disponibles con autorización previa (prior authorization, PA).

Medicamento para TERAPIA ESCALONADA	Agentes de primera línea
Advair HFA	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Atrovent, Spiriva).
Aricept 23mg	Estudio de 90 días de Aricept de 10 mg diario.
calcipotriene crema y ungüento 0.005%	Estudio de dos tratamientos tópicos con corticosteroides de potencia media a alta.

Medicamento para TERAPIA ESCALONADA	Agentes de primera línea
calcitriol 3mcg/gm	Estudio de dos corticosteroides tópicos.
Dulera	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR).
Elidel	Edad mínima de 2 años. Estudio de un corticosteroide tópico.
Eucrisa	Estudio de un corticosteroide tópico Y uno de los siguientes: Elidel o ungüento de tacrolimus.
fenofibrato	Surtido de una estatina o 90 días de Gemfibrozil dentro de los 180 días previos.
Optivar	Se requiere primero un estudio de 14 días de ketotifen dentro de los 90 días anteriores.
Ranexa	Estudio de un medicamento de las siguientes categorías: bloqueadores beta, antagonistas del calcio, nitratos de acción prolongada.
Rozerem	(1) Estudio de zolpidem tartrate Y (2) Estudio de temazepam.
Symbicort	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Edad mínima de 2 años. Prueba de un corticosteroide tópico.
tacrolimus 0.1%	Edad mínima de 16 años. Prueba de un corticosteroide tópico.
Uloric	Primero se requiere un estudio de 8 semanas de hasta 600 mg de alopurinol.
Vancocin	Un surtido de comprimidos o cápsulas de metronidazol.

Sugerencias sobre la PDL

Los proveedores que deseen hacer sugerencias sobre la PDL deben enviar la información por correo o fax al Director de Servicios de Farmacia de UnitedHealthcare Community Plan.

Attn: Director of Pharmacy Services
UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

Los proveedores deben proporcionar la documentación adecuada, como los estudios clínicos de la literatura médica, para que la solicitud sea considerada para la inclusión en la PDL. Esta literatura debe incluir información que documente la necesidad clínica así como las ventajas terapéuticas por sobre los productos actuales incluidos en la PDL. Las sugerencias recibidas por UnitedHealthcare Community Plan serán revisadas por el Comité de Farmacia y Terapéutica en la reunión subsiguiente del comité.

Editor

Se alienta a que realice sus comentarios y sugerencias relacionados con la PDL de UnitedHealthcare Community Plan. Su comentario es muy importante para el éxito continuo de la PDL. Todas las respuestas serán revisadas y tomadas en cuenta. Envíe sus comentarios a:

UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

Leyenda

#	Solo las concentraciones o formas de dosificación de los productos de marca indicados están incluidas en la PDL.
OTC	de venta libre
delayed-rel	liberación ret liberación retardada (también conocido como recubrimiento entérico)
EC	recubrimiento entérico
ext-rel	liberación prolongada (también conocida como liberación sostenida)
PA	Autorización previa requerida
QL	Se aplican límites de cantidad
ST	Terapia escalonada, ver páginas xviii - xx para obtener detalles
SP	Productos farmacéuticos especiales, ver página xvii para obtener detalles

Aviso

La información incluida en este documento es privada. La información no puede ser copiada total o parcialmente sin el permiso escrito de UnitedHealthcare Community Plan. Todos los derechos reservados.

Los nombres de los medicamentos incluidos aquí son marcas comerciales registradas y no registradas de compañías farmacéuticas de terceros no relacionadas ni afiliadas a UnitedHealthcare Community Plan. Estas marcas comerciales registradas se incluyen aquí con fines informativos solamente y no tienen la finalidad de denotar ni sugerir afiliación entre Evercare y dichas compañías farmacéuticas de terceros.

Si ve esta PDL por Internet, tenga en cuenta que la misma se actualiza periódicamente y es posible que se incluyan cambios antes de la fecha de vigencia para permitir su notificación.



Arizona Medicaid

Table of Contents

Analgesics	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	9
Anesthetics	16
Anti-Addiction/Substance Abuse Treatment Agents	17
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	18
Antiandrogens - Hormone Suppressants	19
Antibacterials	19
Antibacterials - Drugs to Treat Bacterial Infections	23
Anticonvulsants	24
Anticonvulsants - Drugs to Treat Seizures	26
Antidementia Agents	26
Antidepressants	28
Antiemetics	29
Antiemetics - Drugs to Treat Nausea and Vomiting	30
Antifungals	31
Antifungals - Drugs to Treat Fungal Infections	32
Antigout Agents	33
Antimigraine Agents	33
Antimigraine Agents - Drugs to Treat Migraines	33
Antimyasthenic Agents	34
Antimycobacterials	34
Antineoplastics	35
Antineoplastics - Drugs to Treat Cancer	38
Antineoplastics, Other - Chemotherapy Agents	38
Antiparasitics	38
Antiparasitics - Drugs to Treat Parasitic Infections	39
Antiparkinson Agents	40
Antipsychotics	41
Antispasmodics, Urinary - Bladder Control Drugs	42
Antispasticity Agents	42
Antivirals	42
Antivirals - Drugs to Treat Viral Infections	46
Anxiolytics	46
Anxiolytics - Drugs to Treat Anxiety	47
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	47
Bipolar Agents	48
Blood Glucose Regulators	48

Blood Glucose Regulators - Drugs to Regulate Blood Sugar	52
Blood Products and Modifiers	53
Blood Products and Modifiers - Drugs to Treat Blood Disorders	54
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	55
Cardiovascular Agents	56
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	62
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	62
Central Nervous System Agents	63
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	65
Dental and Oral Agents	65
Dermatological Agents	66
Dermatological Agents - Drugs to Treat Skin Conditions	72
Diabetes - Glucose Monitoring	73
Electrolytes/Minerals/Metals/Vitamins	76
Estrogens - Hormone Replacement/Modifying Drugs	87
Gastrointestinal Agents	88
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	91
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	108
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	109
Genitourinary Agents	110
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	111
Glycemic Agents - Diabetic Drugs	111
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	112
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	113
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	113
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	113
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	114
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	114
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	121
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	121
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	122
Hormonal Agents, Suppressant (Adrenal)	122
Hormonal Agents, Suppressant (pituitary)	122
Hormonal Agents, Suppressant (Thyroid)	123
Immune Suppressants - Immune System Drugs	123
Immunological Agents	123
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	128
Inflammatory Bowel Disease Agents	128
Metabolic Bone Disease Agents	129
Miscellaneous Therapeutic Agents	130

Molecular Target Inhibitors - Chemotherapy Agents.....	142
Monoclonal Antibodies - Chemotherapy Agents.....	142
Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	143
Ophthalmic Agents.....	143
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	146
Otic Agents.....	150
Otic Agents - Drugs to Treat Ear Conditions.....	151
Respiratory Tract/Pulmonary Agents.....	152
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	160
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	180
Skeletal Muscle Relaxants.....	180
Sleep Disorder Agents.....	181
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	182

Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<p>ADVIL (brand for cvs ibuprofen) - Tier 2; QL</p> <p>ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL</p> <p>ADVIL LIQUI-GELS MINIS (brand for cvs ibuprofen) - Tier 2; QL</p> <p>ADVIL MIGRAINE (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 oral tablet 220 mg (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; PA; 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 ALEVE 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>diflunisal 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>fenoprofen calcium oral capsule 400 mg (generic for NALFON) - Tier 1</p> <p>fenoprofen calcium oral tablet (generic for NALFON) - Tier 1; QL</p> <p>flurbiprofen oral tablet 100 mg - Tier 1; QL</p> <p>ft ibuprofen (generic for ADVIL) - Tier 1; QL</p> <p>ft ibuprofen minis (generic for ADVIL) - Tier 1; QL</p> <p>ibuprofen (generic for IBU) - Tier 1; QL</p> <p>ibu-200 (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</p> <p>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p>	<p>DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL</p> <p>ELYXYB - 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 (brand for naproxen) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL
ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen oral capsule 200 mg (generic for ADVIL) - Tier 1; QL
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL
ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin er - Tier 1; QL
indomethacin oral - Tier 1; QL
indomethacin rectal suppository 50 mg (generic for INDOCIN) - Tier 1; QL
INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL
ketoprofen er - Tier 1; QL
ketoprofen oral capsule 50 mg - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
ketorolac tromethamine solution 30 mg/ml injection - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; QL
medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
QL
mediproxen (generic for MEDIPROXEN) - Tier 1; QL
meloxicam oral tablet - Tier 1; QL
mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL
MOTRIN IB (brand for cvs ibuprofen) - Tier 2; QL
MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL
QL
nabumetone oral - Tier 1; QL
naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL
naproxen oral (generic for EC-NAPROSYN) - Tier 1; QL
naproxen sodium er oral tablet extended release 24 hour 375 mg, 750 mg (generic for NAPRELAN) - Tier 1
naproxen sodium er oral tablet extended release 24 hour 500 mg (generic for NAPRELAN) - Tier 1; QL
naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL
naproxen sodium oral tablet 275 mg - Tier 1; QL
naproxen sodium oral tablet 550 mg (generic for ANAPROX DS) - Tier 1; QL
oxaprozin (generic for DAYPRO) - Tier 1; QL
piroxicam oral (generic for FELDENE) - Tier 1; QL
sulindac oral - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Opioid Analgesics, Long-acting

<p><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></p> <p><i>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</i></p> <p><i>tramadol hcl er - Tier 1; PA; QL</i></p> <p><i>XTAMPZA ER - Tier 2; PA; QL</i></p>	<p><i>BELBUCA - Tier 2; PA; QL</i></p> <p><i>BUTRANS (brand for buprenorphine) - Tier 2; PA; QL</i></p> <p><i>HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL</i></p> <p><i>morphine sulfate er beads - Tier 1; PA; QL</i></p> <p><i>NUCYNTA ER - Tier 2; PA; QL</i></p> <p><i>OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL</i></p> <p><i>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL</i></p>
--	--

Opioid Analgesics, Short-acting

<p><i>acetaminophen-codeine - Tier 1; QL</i></p> <p><i>ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i></p> <p><i>bac (generic for BAC) - Tier 1; QL</i></p> <p><i>butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL</i></p> <p><i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL</i></p> <p><i>butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL</i></p> <p><i>butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i></p> <p><i>butalbital-aspirin-caffeine - Tier 1; QL</i></p> <p><i>butorphanol tartrate nasal - Tier 1; QL</i></p> <p><i>codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL</i></p> <p><i>endocet (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>fentanyl citrate (pf) - Tier 1; QL</i></p>	<p><i>apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL</i></p> <p><i>NUCYNTA - Tier 2; PA; QL</i></p> <p><i>SEGLENTIS - Tier 2; PA; QL</i></p> <p><i>TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL</i></p>
---	---

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL</i></p> <p><i>hydrocodone-ibuprofen - Tier 1; QL</i></p> <p><i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</i></p> <p><i>hydromorphone hcl rectal - Tier 1; QL</i></p> <p><i>meperidine hcl oral tablet - Tier 1; QL</i></p> <p><i>morphine sulfate (concentrate) - Tier 1; QL</i></p> <p><i>morphine sulfate oral - Tier 1; QL</i></p> <p><i>morphine sulfate rectal - Tier 1; QL</i></p> <p><i>oxycodone hcl oral capsule - Tier 1; QL</i></p> <p><i>oxycodone hcl oral concentrate - Tier 1; QL</i></p> <p><i>oxycodone hcl oral solution - Tier 1; QL</i></p> <p><i>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL</i></p> <p><i>OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (brand for oxycodone-acetaminophen) - Tier 2; QL</i></p> <p><i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>pentazocine-naloxone hcl - Tier 1; QL</i></p> <p><i>PROLATE ORAL TABLET (brand for oxycodone-acetaminophen) - Tier 2; QL</i></p> <p><i>TENCON (brand for butalbital-acetaminophen) - Tier 2; QL</i></p> <p><i>tramadol hcl oral tablet - Tier 1; QL</i></p>	
<p>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants</p>	
<p><i>buprenorphine hcl sublingual - Tier 1; DX2RX; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for PANADOL CHILDRENS) - Tier 1; QL
acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL
acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL
apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL
arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL
betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL
childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1; QL
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft pain relief (generic for PHARBETOL) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; 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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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 acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
mapap oral capsule - Tier 1; QL
MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL
pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL

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

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

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

pain relief childrens oral suspension (generic for 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 capsule 500 mg - Tier 1; QL

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

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

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

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

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

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

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

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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
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 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 EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL
PHARBETOL (brand for acetaminophen) - Tier 2; QL
PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
rapid melts junior oral tablet dispersible 160 mg - Tier 1
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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET 500 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</i></p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p><i>aspirin tri-buffered (generic for BUFFERIN) - Tier 1</i></p> <p><i>BUFFERIN (brand for sm aspirin tri-buffered) - Tier 2</i></p> <p><i>salsalate oral - Tier 1; QL</i></p> <p><i>tri-buffered aspirin (generic for BUFFERIN) - Tier 1</i></p>	
<p>Opioid Analgesics, Short-acting</p>	
<p><i>OXAYDO ORAL TABLET 5 MG (brand for oxycodone hcl) - Tier 2; QL</i></p> <p><i>oxycodone hcl oral tablet (generic for OXAYDO) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Anesthetics

Local Anesthetics

7T LIDO - Tier 2; QL
 AGONEAZE (brand for lidocaine-prilocaine) - Tier 2; QL
 ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
 ANODYNE LPT (brand for lidocaine-prilocaine) - Tier 2; QL
 ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
 LIDO BDK (brand for lidocaine-prilocaine) - Tier 2; QL
 lidocaine external cream (generic for ANECREAM) - Tier 1; QL
 lidocaine external ointment 5 % - Tier 1; PA; QL
 lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL
 lidocaine hcl external cream 3 % - Tier 1; QL
 lidocaine viscous hcl - Tier 1; QL
 lidocaine-prilocaine (generic for LIDO BDK) - Tier 1; QL
 lidopin external cream 3 % - Tier 1; QL
 LIVIXIL PAK (brand for lidocaine-prilocaine) - Tier 2; QL
 LMX 4 (brand for lidocaine) - Tier 2; QL
 premium lidocaine - Tier 1; PA; QL
 PRILOVIX (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX LITE (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX LITE PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX ULTRALITE (brand for lidocaine-prilocaine) - Tier 2; QL
 PRILOVIX ULTRALITE PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
 PROXIVOL - Tier 2; QL
 RELADOR PAK (brand for lidocaine-prilocaine) - Tier 2; QL
 RELADOR PAK PLUS (brand for lidocaine-prilocaine) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1</i> <i>naltrexone hcl oral - Tier 1</i> VIVITROL - Tier 2; QL	
Opioid Dependence	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL</i> SUBLOCADE - Tier 2; PA; QL SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL	ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents	
KLOXXADO - Tier 2; QL <i>naloxone hcl injection - Tier 1; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i> NARCAN (brand for naloxone hcl) - Tier 2; QL	ZIMHI - Tier 2; PA; QL
Smoking Cessation Agents	
<i>bupropion hcl er (smoking det) - Tier 1; QL; AL</i> <i>habitrol (generic for HABITROL) - Tier 1; QL; AL</i> <i>NICODERM CQ (brand for cvs nicotine) - Tier 2; QL; AL</i> <i>nicotine step 1 (generic for HABITROL) - Tier 1; QL; AL</i> <i>nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL; AL</i> <i>nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL; AL</i> <i>nicotine transdermal kit 21-14-7 mg/24hr - Tier 1; QL; AL</i> <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL; AL</i> <i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL; AL</i> <i>nicotine transdermal system (generic for HABITROL) - Tier 1; QL; AL</i> NICOTROL - Tier 2; QL; AL NICOTROL NS - Tier 2; QL; AL	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	
Antibacterials, Other	
<p>CLEOCIN VAGINAL SUPPOSITORY - Tier 2; QL <i>clindamycin hcl oral (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i></p>	<p>CLINDESSE - Tier 2; PA; QL <i>FLAGYL (brand for metronidazole) - Tier 2; PA; QL</i> <i>METROGEL (brand for metronidazole) - Tier 2; PA</i> NORITATE - Tier 2; PA NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL <i>VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; ST; QL</i> XENLETA ORAL - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</p> <p>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</p> <p>tinidazole oral tablet 250 mg - Tier 1</p> <p>tinidazole oral tablet 500 mg - Tier 1; QL</p> <p>trimethoprim oral - Tier 1; QL</p> <p>vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; ST; QL</p> <p>vancomycin hcl oral solution reconstituted (generic for FIRVANQ) - Tier 1; PA; QL</p> <p>VANDAZOLE (brand for metronidazole) - Tier 2; QL</p> <p>XIFAXAN ORAL TABLET 200 MG - Tier 2</p> <p>XIFAXAN ORAL TABLET 550 MG - Tier 2; QL</p>	

Beta-lactam, Cephalosporins

<p>cefaclor oral capsule - Tier 1; QL</p> <p>cefadroxil - Tier 1; QL</p> <p>cefazolin sodium injection solution reconstituted 1 gm - Tier 1; QL</p> <p>cefdinir - Tier 1; QL</p> <p>cefixime - Tier 1; QL</p> <p>cefpodoxime proxetil - Tier 1; QL</p> <p>cefprozil - Tier 1; QL</p> <p>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg - Tier 1; QL</p> <p>cefuroxime axetil - Tier 1; QL</p> <p>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</p> <p>cephalexin oral capsule 750 mg - Tier 1</p> <p>cephalexin oral suspension reconstituted - Tier 1; QL</p> <p>cephalexin oral tablet 250 mg - Tier 1</p> <p>cephalexin oral tablet 500 mg - Tier 1; QL</p>	
--	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Beta-lactam, Penicillins	
<p><i>amoxicillin</i> - Tier 1; QL <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN)</i> - Tier 1; QL <i>ampicillin</i> - Tier 1; QL AUGMENTIN ORAL SUSPENSION RECONSTITUTED - Tier 2; QL BICILLIN L-A - Tier 2; QL <i>dicloxacillin sodium</i> - Tier 1; QL <i>penicillin v potassium</i> - Tier 1; QL <i>piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm</i> - Tier 1; QL</p>	
Macrolides	
<p><i>azithromycin oral suspension reconstituted (generic for ZITHROMAX)</i> - Tier 1; QL <i>azithromycin oral tablet (generic for ZITHROMAX)</i> - Tier 1; QL <i>clarithromycin er</i> - Tier 1; QL <i>clarithromycin oral</i> - Tier 1; QL DIFICID - Tier 2; PA; QL E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL <i>erythromycin base oral (generic for ERY-TAB)</i> - Tier 1; QL <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400)</i> - Tier 1; QL <i>erythromycin oral (generic for ERY-TAB)</i> - Tier 1; QL</p>	
Quinolones	
<p>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL <i>ciprofloxacin hcl oral (generic for CIPRO)</i> - Tier 1; QL <i>levofloxacin oral (generic for LEVAQUIN)</i> - Tier 1; QL <i>moxifloxacin hcl oral</i> - Tier 1; QL <i>ofloxacin oral</i> - Tier 1; QL</p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Sulfonamides

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

Tetracyclines

demeclocycline hcl - Tier 1; PA; QL
doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL
doxycycline hyclate oral tablet 100 mg - Tier 1; QL
doxycycline hyclate oral tablet 20 mg - Tier 1
doxycycline hyclate oral tablet delayed release 200 mg - Tier 1; QL
doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL
doxycycline monohydrate oral capsule 50 mg - Tier 1; QL
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg (generic for SOLODYN) - Tier 1
minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL
minocycline hcl oral capsule 75 mg - Tier 1
mondoxylene nl (generic for MONDOXYNE NL) - Tier 1; QL
NUZYRA ORAL - Tier 2; PA; QL

ORACEA (brand for doxycycline) - Tier 2; PA
SOLODYN (brand for minocycline hcl er) - Tier 2; PA
XIMINO (brand for minocycline hcl er) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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

SUTAB - Tier 2; PA

Preferred Agents

Non-Preferred Agents

Anticonvulsants

Anticonvulsants, Other

EPIDIOLEX - Tier 2; PA; SP; QL
felbamate oral tablet (generic for FELBATOL) - Tier 1; QL
felbamate suspension 600 mg/5ml oral - Tier 1; Available for an extended day(s) supply||Members >= 8 years of age will require PA; QL
felbamate suspension 600 mg/5ml oral - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL
 FYCOMPA - Tier 2; PA; QL
lamotrigine er (generic for LAMICTAL XR) - Tier 1; QL
lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL
lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL
lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; QL
levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; QL
levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1
levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution||Available for an extended day(s) supply; QL
levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL
roweepra (generic for ROWEEPRA) - Tier 1; QL
subvenite (generic for SUBVENITE) - Tier 1; QL
topiramate er oral capsule er 24 hour sprinkle (generic for QUDEXY XR) - Tier 1

BRIVIACT ORAL - Tier 2; PA; QL
 FINTEPLA - Tier 2; PA; QL
TOPAMAX (brand for topiramate) - Tier 2; PA; QL
TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Available for an extended day(s) supply||Members >= 8 years of age will require PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Available for an extended day(s) supply Members >= 8 years of age will require PA; QL</i></p> <p><i>topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL</i></p> <p><i>TROKENDI XR (brand for topiramate er) - Tier 2; QL</i></p> <p><i>valproic acid oral - Tier 1; QL</i></p> <p><i>XCOPRI - Tier 2; PA; QL</i></p> <p><i>XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL</i></p> <p><i>XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL</i></p>	
Calcium Channel Modifying Agents	
<p><i>CELONTIN (brand for methsuximide) - Tier 2; QL</i></p> <p><i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i></p>	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<p><i>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</i></p> <p><i>DIASTAT ACUDIAL (brand for diazepam) - Tier 2; QL</i></p> <p><i>DIASTAT PEDIATRIC (brand for diazepam) - Tier 2; QL</i></p> <p><i>diazepam rectal (generic for DIASTAT ACUDIAL) - Tier 1; QL</i></p> <p><i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i></p> <p><i>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL</i></p> <p><i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i></p> <p><i>NAYZILAM - Tier 2; PA; QL</i></p> <p><i>phenobarbital oral - Tier 1; QL</i></p> <p><i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i></p> <p><i>tiagabine hcl - Tier 1; PA; QL; AL</i></p> <p><i>VALTOCO 10 MG DOSE - Tier 2; PA; QL</i></p> <p><i>VALTOCO 15 MG DOSE - Tier 2; PA; QL</i></p> <p><i>VALTOCO 20 MG DOSE - Tier 2; PA; QL</i></p> <p><i>VALTOCO 5 MG DOSE - Tier 2; PA; QL</i></p>	<p><i>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</i></p> <p><i>SYMPAZAN - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Sodium Channel Agents

BANZEL (brand for rufinamide) - Tier 2; DX2RX; QL
carbamazepine er (generic for CARBATROL) - Tier 1; QL
carbamazepine oral (generic for EPITOL) - Tier 1; QL
CARBATROL (brand for carbamazepine er) - Tier 2; QL
DILANTIN ORAL CAPSULE 30 MG - Tier 2
epitol (generic for EPITOL) - Tier 1; QL
lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL
oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL
phenytek oral capsule 200 mg (generic for PHENYTEK) - Tier 1; QL
phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL
phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL
phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL
phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL
rufinamide oral tablet (generic for BANZEL) - Tier 1; DX2RX; QL
TRILEPTAL ORAL SUSPENSION (brand for oxcarbazepine) - Tier 2; Maximum age of 9 years for solution||Available for an extended day(s) supply; QL
zonisamide oral (generic for ZONEGRAN) - Tier 1; QL

APTIOM - Tier 2; PA; QL
OXTELLAR XR - Tier 2; PA; QL
VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL
ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL

Anticonvulsants - Drugs to Treat Seizures

Anticonvulsants, Other

DIACOMIT - Tier 2; PA; SP; QL

Antidementia Agents

Antidementia Agents, Other

NAMZARIC - Tier 2; PA; QL; AL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Cholinesterase Inhibitors

donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL
donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA||Available for an extended day(s) supply; QL
galantamine hydrobromide er - Tier 1; PA
galantamine hydrobromide oral solution - Tier 1; QL; AL
galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL
galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL
rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL
rivastigmine tartrate - Tier 1; QL

EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA||Available for an extended day(s) supply; QL

N-methyl-D-aspartate (NMDA) Receptor Antagonist

memantine hcl oral solution - Tier 1; QL
memantine hcl oral tablet (generic for NAMENDA) - Tier 1; Members <18 years of age will require PA||Available for an extended day(s) supply; QL; AL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antidepressants	
Antidepressants, Other	
<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL; AL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL; AL</i> <i>bupropion hcl oral - Tier 1; QL; AL</i> <i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs) Available for an extended day(s) supply; QL; AL</i> <i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL; AL</i> <i>mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1; QL; AL</i> <i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1; AL</i> <i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL; AL</i></p>	<p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL</i> <i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i> <i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL</i></p>
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
<p><i>citalopram hydrobromide oral solution - Tier 1; QL; AL</i> <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL; AL</i> <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL; AL</i> <i>fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL; AL</i> <i>fluoxetine hcl oral solution - Tier 1; QL; AL</i> <i>fluvoxamine maleate - Tier 1; QL; AL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL; AL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL; AL</i> <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL; AL</i> <i>trazodone hcl oral - Tier 1; QL; AL</i> <i>venlafaxine hcl - Tier 1; QL; AL</i></p>	<p><i>CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL; AL</i> <i>FETZIMA - Tier 2; PA; QL</i> <i>PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL; AL</i> <i>PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL; AL</i> <i>TRINTELLIX - Tier 2; PA; QL</i> <i>VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL</i> <i>VIIBRYD STARTER PACK - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL; AL</i></p>	
<p>Tricyclics</p>	
<p><i>amitriptyline hcl oral - Tier 1; QL; AL</i> <i>amoxapine - Tier 1; QL; AL</i> <i>clomipramine hcl oral (generic for ANAfranil) - Tier 1; QL; AL</i> <i>desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL; AL</i> <i>doxepin hcl oral capsule - Tier 1; QL; AL</i> <i>doxepin hcl oral concentrate - Tier 1; QL; AL</i> <i>imipramine hcl oral - Tier 1; QL; AL</i> <i>imipramine pamoate - Tier 1; QL; AL</i> <i>nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL; AL</i> <i>protriptyline hcl - Tier 1; QL; AL</i> <i>trimipramine maleate oral - Tier 1; QL; AL</i></p>	
<p>Antiemetics</p>	
<p>Antiemetics, Other</p>	
<p><i>BONINE (brand for cvs motion sickness relief) - Tier 2</i> <i>compro (generic for COMPRO) - Tier 1; QL</i> <i>driminate (generic for DRIMINATE) - Tier 1</i> <i>ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>meclizine hcl oral tablet 12.5 mg - Tier 1; QL</i> <i>meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL</i> <i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1</i> <i>metoclopramide hcl oral solution - Tier 1; QL</i> <i>metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL</i> <i>motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i> <i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i></p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Antifungals	
-------------	--

3 day (generic for MONISTAT 3) - Tier 1
clotrimazole mouth/throat troche 10 mg - Tier 1; QL
fluconazole oral (generic for DIFLUCAN) - Tier 1; QL
griseofulvin microsize oral - Tier 1; QL
miconazole 1 combo pack (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL
miconazole 1 vaginal kit 1200 & 2 mg & % (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL
miconazole 3 - Tier 1; QL
miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL
miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
miconazole 7 vaginal suppository 100 mg - Tier 1
miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL
nystatin mouth/throat - Tier 1; QL
nystatin oral - Tier 1; QL
terbinafine hcl oral - Tier 1; QL
terconazole vaginal cream - Tier 1; QL
VFEND ORAL SUSPENSION RECONSTITUTED (brand for voriconazole) - Tier 2; QL

CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL
DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL
GYNAZOLE-1 - Tier 2; PA; QL
NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL
NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA
NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL
VFEND ORAL TABLET (brand for voriconazole) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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**

3 day vaginal - Tier 1
3-day vaginal vaginal cream 2 % - Tier 1
antifungal external cream (generic for MICATIN) - 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 MICATIN) - Tier 1
athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL
athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1
baza antifungal (generic for MICATIN) - Tier 1
clotrimazole 3 - Tier 1
clotrimazole 7 - Tier 1; QL
clotrimazole vaginal - Tier 1; QL
clotrimazole vaginal cream 1 % - Tier 1; QL
critic-aid clear af - Tier 1
DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL
foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
ft antifungal external cream 2 % (generic for MICATIN) - Tier 1
ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL
micaderm (generic for MICATIN) - Tier 1
MICATIN (brand for antifungal) - Tier 2

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>miconazole antifungal (generic for MICATIN) - Tier 1</i> <i>miconazole nitrate external cream (generic for MICATIN) - Tier 1</i> <i>miconazorb af (generic for DESENEX) - Tier 1; 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>	
Antigout Agents	
<p><i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i> <i>colchicine oral tablet (generic for COLCRYS) - 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 (generic for MITIGARE) - Tier 1; PA</i> <i>COLCRYS (brand for colchicine) - Tier 2; PA; QL</i></p>
Antimigraine Agents	
Ergot Alkaloids	
	<p><i>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA</i> <i>QULIPTA - Tier 2; PA; QL</i></p>
Prophylactic	
<p><i>AJOVY - Tier 2; PA; QL</i> <i>EMGALITY - Tier 2; PA; QL</i></p>	<p><i>AIMOVIG - Tier 2; PA; QL</i> <i>EMGALITY (300 MG DOSE) - Tier 2; PA; QL</i></p>
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
<p><i>UBRELVY - Tier 2; PA; QL</i></p>	<p><i>NURTEC - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<p><i>IMITREX NASAL (brand for sumatriptan) - Tier 2; QL</i> <i>naratriptan hcl - Tier 1; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - 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>zolmitriptan oral (generic for ZOMIG) - Tier 1; QL</i> <i>ZOMIG NASAL (brand for zolmitriptan) - Tier 2; ST; QL</i></p>	<p><i>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX ORAL (brand for sumatriptan succinate) - 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></p>
Antimyasthenic Agents	
Parasympathomimetics	
<p><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></p>	
Antimycobacterials	
Antimycobacterials, Other	
<p><i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antituberculars	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 MATULANE - Tier 2; SP <i>temozolomide oral capsule 100 mg - Tier 1; PA; SP</i> <i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i>	
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Antiangiogenic Agents	
	POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i>	PURIXAN - Tier 2; PA; QL TABLOID - Tier 2; PA; SP
Antineoplastics, Other	
LONSURF - Tier 2; PA; SP; QL	IDHIFA - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL 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
Aromatase Inhibitors, 3rd Generation	
<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>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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 ERIVEDGE - Tier 2; PA; SP; QL <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL</i> <i>everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL</i> IBRANCE - 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 ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL RUBRACA - Tier 2; PA; SP; QL <i>sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL</i> STIVARGA - Tier 2; PA; SP; QL <i>sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL</i> TAFINLAR - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL</p>	<p><i>AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL</i> BRAFTOVI - Tier 2; PA; SP; QL 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) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; QL KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; QL KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; SP; QL KISQALI FEMARA (200 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 KOSELUGO - Tier 2; PA; SP; QL MEKTOVI - Tier 2; PA; SP; QL <i>NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL</i> <i>SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL</i> TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG - Tier 2; PA; SP; QL TEPMETKO - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL</p>
Retinoids	
<p><i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP</i> <i>tretinoin oral - Tier 1; SP; AL</i></p>	<p><i>TARGRETIN (brand for bexarotene) - Tier 2; PA; SP</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; 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	
Anthelmintics	
<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; QL</i>	EMVERM - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Antiprotozoals

atovaquone (generic for MEPRON) - Tier 1; PA; QL
atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL
 BENZNIDAZOLE - Tier 2; DX2RX; QL
chloroquine phosphate oral - Tier 1
 COARTEM - Tier 2
hydroxychloroquine sulfate oral tablet 100 mg - Tier 1
hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1
 KRINTAFEL - Tier 2; QL
mefloquine hcl - Tier 1; QL
nitazoxanide oral (generic for ALINIA) - Tier 1; DX2RX; QL
pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1
primaquine phosphate - Tier 1
pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL
quinine sulfate (generic for QUALAQUIN) - Tier 1

Antiparasitics - Drugs to Treat Parasitic Infections

Pediculicides/Scabicides - Scabies and Lice Drugs

lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1
sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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>entacapone (generic for COMTAN) - 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 er oral tablet extended release 24 hour 4.5 mg (generic for MIRAPEX ER) - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>APOKYN (brand for apomorphine hcl) - 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>DUOPA - Tier 2; PA</i> <i>INBRIJA - Tier 2; PA; SP; QL</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Antipsychotics	
1st Generation/Typical	
<p><i>chlorpromazine hcl oral tablet - Tier 1; PA; *; QL; AL</i> <i>fluphenazine decanoate injection - Tier 1; PA; *; QL; AL</i> <i>fluphenazine hcl injection - Tier 1; AL</i> <i>fluphenazine hcl oral concentrate - Tier 1; PA; *; AL</i> <i>fluphenazine hcl oral elixir - Tier 1; PA; *; AL</i> <i>fluphenazine hcl oral tablet 1 mg - Tier 1; PA; *; AL</i> <i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg - Tier 1; PA; *; QL; AL</i> <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; PA; *; QL; AL</i> <i>haloperidol lactate oral - Tier 1; PA; *; QL; AL</i> <i>haloperidol oral - Tier 1; PA; *; QL; AL</i> <i>loxapine succinate - Tier 1; PA; *; QL; AL</i> <i>pimozide - Tier 1; QL; AL</i> <i>thioridazine hcl oral - Tier 1; PA; *; QL; AL</i> <i>thiothixene - Tier 1; PA; *; QL; AL</i> <i>trifluoperazine hcl - Tier 1; PA; *; QL; AL</i></p>	
2nd Generation/Atypical	
<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>ARISTADA INITIO - Tier 2; PA; *; QL; AL</i> <i>INVEGA HAFYERA - Tier 2; PA; *; QL; AL</i> <i>INVEGA SUSTENNA - Tier 2; DX2RX; ST; *; QL; AL</i> <i>INVEGA TRINZA - Tier 2; PA; *; QL; AL</i> <i>lurasidone hcl (generic for LATUDA) - Tier 1; DX2RX; *; QL; AL</i> <i>olanzapine oral (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>quetiapine fumarate oral tablet 150 mg - Tier 1; 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>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG - Tier 2; PA; QL; AL</i> <i>CAPLYTA ORAL CAPSULE 42 MG - Tier 2; PA; QL</i> <i>FANAPT - Tier 2; PA; QL; AL</i> <i>FANAPT TITRATION PACK - Tier 2; PA; QL</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 (brand for lurasidone hcl) - Tier 2; DX2RX; *; QL; AL</i> <i>LYBALVI - Tier 2; 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>REXULTI - Tier 2; PA; QL; AL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>RISPERDAL CONSTA - Tier 2; DX2RX; ST; *; QL; AL <i>risperidone oral solution (generic for RISPERDAL) - Tier 1; DX2RX; Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider Members >= 8 years of age will require PA; *; QL; AL</i> <i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; DX2RX; *; QL; AL</i> <i>risperidone oral tablet dispersible - Tier 1; DX2RX; *; QL; AL</i> <i>ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; *; QL; AL</i></p>	<p><i>RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; DX2RX; Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider Members >= 8 years of age will require PA; *; QL; AL</i> <i>RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; DX2RX; *; QL; AL</i> <i>SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL</i> <i>SEROQUEL (brand for quetiapine fumarate) - Tier 2; DX2RX; *; QL; AL</i> <i>SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL</i> <i>VRAYLAR - Tier 2; PA; QL</i> <i>ZYPREXA ORAL (brand for olanzapine) - Tier 2; DX2RX; *; QL; AL</i> <i>ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; DX2RX; *; QL; AL</i></p>
Treatment-Resistant	
<p><i>clozapine (generic for CLOZARIL) - Tier 1; DX2RX; *; QL; AL</i></p>	<p><i>CLOZARIL (brand for clozapine) - Tier 2; DX2RX; *; QL; AL</i> <i>VERSACLOZ - Tier 2; PA; QL; AL</i></p>
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	<p><i>GEMTESA - Tier 2; PA; QL</i></p>
Antispasticity Agents	
<p><i>baclofen oral tablet - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i></p>	<p><i>ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; QL</i></p>
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<p><i>valganciclovir hcl oral solution reconstituted (generic for VALCYTE) - Tier 1; PA</i> <i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Anti-HIV Agents, Integrase Inhibitors (INSTI)

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

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

COMPLERA - Tier 2; QL
 DELSTRIGO - Tier 2; QL
 EDURANT - Tier 2; QL
efavirenz (generic for SUSTIVA) - Tier 1; QL
efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; QL
etravirine (generic for INTELENCE) - Tier 1
nevirapine - Tier 1; QL
nevirapine er - Tier 1; QL
 PIFELTRO - Tier 2; QL
SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; QL
SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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

abacavir sulfate (generic for ZIAGEN) - Tier 1; QL
abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL
 DESCOVY - Tier 2; QL
emtricitabine (generic for EMTRIVA) - Tier 1; QL
emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; Diagnosis to drug match not required; QL
 EMTRIVA ORAL SOLUTION - Tier 2; QL
lamivudine oral solution (generic for EPIVIR) - Tier 1; QL
lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL
lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; QL
 ODEFSEY - Tier 2; QL
tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL
 TRIUMEQ - Tier 2; QL
 TRIUMEQ PD - Tier 2; QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 200-300 MG (brand for emtricitabine-tenofovir df) - Tier 2; Diagnosis to drug match not required; QL
 VIREAD ORAL POWDER - Tier 2; QL
zidovudine (generic for RETROVIR) - Tier 1; QL

CIMDUO - Tier 2; PA; QL
TRUVADA ORAL TABLET 167-250 MG (brand for emtricitabine-tenofovir df) - Tier 2; PA; Diagnosis to drug match not required; QL

Anti-HIV Agents, Other

FUZEON - Tier 2; QL
SELZENTRY ORAL TABLET (brand for maraviroc) - Tier 2; QL
 TYBOST - Tier 2; QL

RUKOBIA - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Benzodiazepines	
<p><i>alprazolam er (generic for XANAX XR) - Tier 1; QL; AL</i> <i>alprazolam intensol - Tier 1; QL; AL</i> <i>alprazolam oral (generic for XANAX) - Tier 1; QL; AL</i> <i>alprazolam xr (generic for XANAX XR) - Tier 1; QL; AL</i> <i>chlordiazepoxide hcl - Tier 1; QL; AL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL; AL</i> <i>clonazepam oral tablet dispersible - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL; AL</i> <i>diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam injection solution 2 mg/ml (generic for ATIVAN) - Tier 1; QL</i> <i>lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL; AL</i> <i>oxazepam - Tier 1; QL; AL</i></p>	<p>LOREEV XR - Tier 2; PA; QL</p>
Anxiolytics - Drugs to Treat Anxiety	
Benzodiazepines - Anxiety Drugs	
	<p><i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> <i>quazepam (generic for DORAL) - Tier 1; PA; QL</i></p>
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	<p>QELBREE - Tier 2; PA; QL; AL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Bipolar Agents	
Mood Stabilizers	
<p><i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA</i> Available for an extended day(s) supply; QL <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years</i> Available for an extended day(s) supply; QL <i>lithium - Tier 1; PA; *; QL; AL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; PA; *; QL; AL</i> <i>lithium carbonate oral - Tier 1; PA; *; QL; AL</i></p>	
Blood Glucose Regulators	
Antidiabetic Agents	
<p><i>acarbose oral - Tier 1; QL</i> BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL FARXIGA - Tier 2; PA; QL <i>glimepiride - Tier 1; QL</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glyburide micronized (generic for GLYNASE) - Tier 1; QL</i> <i>glyburide oral - Tier 1; QL</i> <i>glyburide-metformin - Tier 1; QL</i> INVOKAMET - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL JANUMET - Tier 2; PA; QL</p>	<p><i>ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; PA; QL</i> <i>ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; PA; QL</i> <i>ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; PA; QL</i> BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL GLYXAMBI - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL <i>KOMBIGLYZE XR (brand for saxagliptin-metformin er) - Tier 2; PA; QL</i> <i>ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL</i> OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL QTERN - Tier 2; PA; QL RYBELSUS - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

JANUMET XR - Tier 2; PA; QL
JANUVIA - Tier 2; PA; QL
JARDIANCE - Tier 2; PA; QL
JENTADUETO - Tier 2; PA; QL
JENTADUETO XR - Tier 2; PA; QL
KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; QL
metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL
metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL
nateglinide - Tier 1; QL
NESINA (brand for alogliptin benzoate) - Tier 2; PA; QL
OSENI (brand for alogliptin-pioglitazone) - Tier 2; PA; QL
pioglitazone hcl (generic for ACTOS) - Tier 1; QL
pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; QL
repaglinide - Tier 1; QL
saxagliptin hcl (generic for ONGLYZA) - Tier 1; PA; QL
saxagliptin-metformin er (generic for KOMBIGLYZE XR) - Tier 1; PA; QL
SYMLINPEN 120 - Tier 2; PA; QL
SYMLINPEN 60 - Tier 2; PA; QL
SYNJARDY - Tier 2; PA; QL
TRADJENTA - Tier 2; PA; QL
TRIJARDY XR - Tier 2; PA; QL
TRULICITY - Tier 2; PA; QL
VICTOZA - Tier 2; PA; QL
XIGDUO XR - Tier 2; PA; QL

Non-Preferred Agents

SEGLUROMET - Tier 2; PA; QL
SOLIQUA - Tier 2; PA; QL
STEGLATRO - Tier 2; PA; QL
STEGLUJAN - Tier 2; PA; QL
SYNJARDY XR - Tier 2; PA; QL
XULTOPHY - Tier 2; PA; QL

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

Glycemic Agents

<p>GLUCAGEN HYPOKIT - Tier 2; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL PROGLYCEM (brand for diazoxide) - Tier 2</p>	<p>BAQSIMI ONE PACK - Tier 2; PA; QL BAQSIMI TWO PACK - Tier 2; PA; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; PA; QL <i>glucagon emergency kit 1 mg injection - Tier 1; PA; QL</i> GLUCAGON EMERGENCY KIT 1 MG INJECTION - Tier 2; PA; QL</p>
--	--

Insulins

<p><i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNITIML (brand for insulin lispro (1 unit dial)) - Tier 2; QL</i> HUMALOG MIX 50/50 - Tier 2; QL HUMALOG MIX 50/50 KWIKPEN - Tier 2; QL HUMALOG MIX 75/25 - Tier 2; QL HUMALOG SUBCUTANEOUS - Tier 2; QL HUMULIN 70/30 KWIKPEN - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N KWIKPEN - Tier 2; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL <i>INSULIN ASP PROT & ASP FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; QL</i></p>	<p><i>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL</i> <i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL</i> AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL <i>BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA; QL</i> FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL <i>HUMALOG INJECTION (brand for insulin lispro) - Tier 2; PA; QL</i> <i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL</i></p>
---	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
INSULIN ASPART (brand for insulin aspart) - Tier 2; QL	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR
INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL	200 UNIT/ML - Tier 2; PA; QL
INSULIN ASPART PENFILL (brand for insulin aspart penfill) - Tier 2; QL	HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL
INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL	HUMULIN N VIAL - Tier 2; PA; QL
INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL	HUMULIN R VIAL - Tier 2; PA; QL
INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; QL	INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL
INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL	INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL
INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL	INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL
LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL	LYUMJEV - Tier 2; PA; QL
LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL	LYUMJEV KWIKPEN - Tier 2; PA; QL
LEVEMIR FLEXPEN - Tier 2; QL	NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL
LEVEMIR U-100 VIAL - Tier 2; QL	NOVOLIN N FLEXPEN - Tier 2; PA; QL
NOVOLIN 70/30 RELION - Tier 2; QL	NOVOLIN R FLEXPEN - Tier 2; PA; QL
NOVOLIN 70/30 VIAL - Tier 2; QL	NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL
NOVOLIN N VIAL - Tier 2; QL	NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL
NOVOLIN R VIAL - Tier 2; QL	NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL
NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL	SEMGLLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL
NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; 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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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****Glycemic Agents - Diabetic Drugs**

GLUCO TO GO (brand for cvs glucose) - Tier 2; QL
glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL
soft glucose (generic for GLUCO TO GO) - Tier 1; QL
TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL

Insulins - Diabetic Drugs

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

Preferred Agents	Non-Preferred Agents
Blood Products and Modifiers	
Anticoagulants	
<p>CEPROTIN - Tier 2; PA <i>dabigatran etexilate mesylate (generic for PRADAXA)</i> - Tier 1; QL ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL <i>enoxaparin sodium (generic for LOVENOX)</i> - Tier 1; QL <i>heparin sodium (porcine)</i> - Tier 1 <i>heparin sodium (porcine) pf</i> - Tier 1 <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)</i> - Tier 1; QL <i>jantoven oral tablet 6 mg (generic for JANTOVEN)</i> - Tier 1 PRADAXA ORAL CAPSULE (brand for <i>dabigatran etexilate mesylate</i>) - Tier 2; QL <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)</i> - Tier 1; QL <i>warfarin sodium oral tablet 6 mg (generic for JANTOVEN)</i> - Tier 1 XARELTO ORAL TABLET - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL</p>	<p>PRADAXA ORAL PACKET - Tier 2; PA; QL; AL SAVAYSA - Tier 2; PA; QL XARELTO ORAL SUSPENSION RECONSTITUTED - Tier 2; PA; QL</p>
Blood Products and Modifiers, Other	
<p><i>anagrelide hcl (generic for AGRYLIN)</i> - Tier 1 DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL EPOGEN - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NPLATE - Tier 2; PA; SP <i>plerixafor (generic for MOZOBIL)</i> - Tier 1; PA; SP; QL PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP</p>	<p>ARANESP (ALBUMIN FREE) - Tier 2; PA; SP FULPHILA - Tier 2; PA; SP GRANIX - Tier 2; PA; SP LEUKINE - Tier 2; PA; SP MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; SP; QL OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL PROCROT - Tier 2; PA; SP SIKLOS - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP
Hemostasis Agents	
<i>aminocaproic acid oral - Tier 1; QL</i> <i>tranexamic acid oral - 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>	DOPTELET - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl) - Tier 2; PA; QL</i> TAVALISSE - Tier 2; PA; SP; QL
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
ADVATE - Tier 2; PA; SP KOVALTRY - Tier 2; PA; SP NOVOEIGHT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT - Tier 2; PA	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

Hemostasis Agents - Drugs to Stop Bleeding

ADYNOVATE - Tier 2; PA; SP
 AFSTYLA - Tier 2; PA; SP
 ALPHANATE - Tier 2; PA; SP
 ALPHANINE SD - Tier 2; PA; SP
 ALPROLIX - Tier 2; PA; SP
 BENEFIX - Tier 2; PA; SP
 COAGADEX - Tier 2; PA
 CORIFACT - Tier 2; PA; SP
 ELOCTATE - Tier 2; PA; SP
 ESPEROCT - Tier 2; PA
 FEIBA - Tier 2; PA; SP
 FIBRYGA - Tier 2; PA; SP
 HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150
 MG/ML, 30 MG/ML - Tier 2; PA; SP
 HEMLIBRA SUBCUTANEOUS SOLUTION 60 MG/0.4ML - Tier 2; PA;
 SP; QL
 HEMOFIL M - Tier 2; PA; SP
 HUMATE-P - Tier 2; PA; SP
 IDELVION - Tier 2; PA; SP
IXINITY (brand for rixubis) - Tier 2; PA; SP
 KOATE - Tier 2; PA; SP
 KOATE-DVI - Tier 2; PA; SP
 KOGENATE FS - Tier 2; PA; SP
 NOVOSEVEN RT - Tier 2; PA; SP
 OBIZUR - Tier 2; PA; SP
 PROFILNINE - Tier 2; PA; SP
 REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000
 UNIT, 2000 UNIT, 500 UNIT - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age;
 DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
RECOMBINATE - Tier 2; PA; SP RIASTAP - Tier 2; PA; SP <i>RIXUBIS (brand for rixubis)</i> - Tier 2; PA; SP TRETEN - Tier 2; PA; SP VONVENDI - Tier 2; PA; SP WILATE - Tier 2; PA; SP XYNTHA - Tier 2; PA; SP XYNTHA SOLOFUSE - Tier 2; PA; SP	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine (generic for CATAPRES-TTS-1)</i> - Tier 1; QL <i>clonidine hcl oral</i> - Tier 1; QL; AL <i>guanfacine hcl</i> - Tier 1; QL; AL METHYLDOPA - Tier 2; QL <i>midodrine hcl</i> - Tier 1; QL	<i>droxidopa oral capsule 100 mg (generic for NORTHERA)</i> - Tier 1; PA; SP; QL
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA)</i> - Tier 1; QL <i>prazosin hcl oral (generic for MINIPRESS)</i> - Tier 1; QL	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO)</i> - Tier 1; QL <i>losartan potassium oral (generic for COZAAR)</i> - Tier 1; QL <i>telmisartan (generic for MICARDIS)</i> - Tier 1; QL <i>valsartan oral tablet (generic for DIOVAN)</i> - Tier 1; QL	EDARBI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Angiotensin-converting Enzyme (ACE) Inhibitors

benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL
captopril oral - Tier 1; QL
enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL
enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL
fosinopril sodium - Tier 1; QL
lisinopril oral (generic for ZESTRIL) - Tier 1; QL
moexipril hcl - Tier 1; QL
perindopril erbumine - Tier 1; QL
quinapril hcl (generic for ACCUPRIL) - Tier 1; QL
ramipril (generic for ALTACE) - Tier 1; QL
trandolapril - Tier 1; QL

Antiarrhythmics

amiodarone hcl oral (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
 MULTAQ - Tier 2; PA; QL
 NORPACE CR - Tier 2
propafenone hcl - Tier 1; QL
quinidine gluconate er - Tier 1; QL
quinidine sulfate - Tier 1; QL
sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL
sotalol hcl oral (generic for BETAPACE) - Tier 1; QL

BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL
BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL
PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG (brand for propafenone hcl er) - Tier 2; PA; QL
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG (brand for propafenone hcl er) - Tier 2; PA
TIKOSYN (brand for dofetilide) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Beta-adrenergic Blocking Agents

atenolol oral (generic for TENORMIN) - 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 (generic for LOPRESSOR) - Tier 1; QL
nadolol oral (generic for CORGARD) - Tier 1; QL; AL
propranolol hcl er (generic for INDERAL LA) - Tier 1
propranolol hcl oral solution 20 mg/5ml - Tier 1; QL
propranolol hcl oral solution 40 mg/5ml - Tier 1
propranolol hcl oral tablet - Tier 1; QL

HEMANGEOL - Tier 2; PA

Calcium Channel Blocking Agents, Dihydropyridines

amlodipine besylate oral (generic for NORVASC) - Tier 1; QL
felodipine er - Tier 1; QL
 KATERZIA - Tier 2; QL
nifedipine er - Tier 1; QL
nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL
nifedipine oral - Tier 1; QL

NORLIQVA - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Calcium Channel Blocking Agents, Nondihydropyridines

cartia xt (generic for CARTIA XT) - Tier 1; QL
diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL
diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL
diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL
diltiazem hcl er oral capsule extended release 24 hour - 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
tiadylt er (generic for TAZTIA XT) - Tier 1; QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg (generic for VERELAN) - Tier 1; QL
verapamil hcl er oral tablet extended release - Tier 1; QL
verapamil hcl oral - Tier 1; QL

Cardiovascular Agents, Other

ACCURETIC ORAL TABLET 10-12.5 MG - Tier 2; QL
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 - Tier 1; QL
captopril-hydrochlorothiazide - Tier 1; QL
digoxin oral solution - Tier 1
digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL
 ENTRESTO - Tier 2; PA; QL
fosinopril sodium-hctz - Tier 1; QL

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL</i> <i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i> <i>metoprolol-hydrochlorothiazide - Tier 1; QL</i> <i>pentoxifylline er - Tier 1; QL</i> <i>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL</i> <i>ranolazine er - Tier 1; ST; QL</i> <i>spironolactone-hctz - Tier 1; QL</i> <i>triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</i> <i>valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - 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> <i>SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL</i> <i>torsemide (generic for SOAANZ) - Tier 1; QL</i></p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i> <i>eplerenone (generic for INSPRA) - Tier 1; PA; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i></p>	
Diuretics, Thiazide	
<p><i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibric Acid Derivatives	
<p><i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i></p> <p><i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i></p> <p><i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL</i></p> <p><i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL</i></p> <p><i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i></p>	<p><i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i></p> <p><i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i></p> <p><i>TRICOR (brand for fenofibrate) - Tier 2; PA; QL</i></p> <p><i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i></p>
Dyslipidemics, HMG CoA Reductase Inhibitors	
<p><i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i></p> <p><i>lovastatin oral - Tier 1; QL</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>ATORVALIQ - 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</i></p> <p><i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i></p> <p><i>LIVALO (brand for pitavastatin calcium) - 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>
Dyslipidemics, Other	
<p><i>cholestyramine light oral packet (generic for PREVALITE) - Tier 1; QL</i></p> <p><i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; Available for an extended day(s) supply Only the bulk products are covered (cans) Individual packets are not covered</i></p> <p><i>cholestyramine oral packet (generic for QUESTRAN) - Tier 1; QL</i></p> <p><i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Available for an extended day(s) supply Only the bulk products are covered (cans) Individual packets are not covered; QL</i></p> <p><i>colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL</i></p> <p><i>ezetimibe (generic for ZETIA) - Tier 1; QL</i></p> <p><i>prevalite oral packet (generic for PREVALITE) - Tier 1; QL</i></p> <p><i>prevalite oral powder (generic for PREVALITE) - Tier 1; Available for an extended day(s) supply Only the bulk products are covered (cans) Individual packets are not covered</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>REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; 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>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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 - Drugs to Treat Heart and Circulation Conditions	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
<i>fenofibric acid oral tablet 35 mg (generic for FIBRICOR) - Tier 1; QL</i> <i>FIBRICOR ORAL TABLET 35 MG (brand for fenofibric acid) - Tier 2; QL</i>	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<p><i>atomoxetine hcl (generic for STRATTERA) - Tier 1; QL; AL</i> <i>clonidine hcl er oral tablet extended release 12 hour (generic for KAPVAY) - Tier 1; QL; AL</i> <i>CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL</i> <i>dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL</i> <i>FOCALIN XR (brand for dexmethylphenidate hcl er) - Tier 2; QL; AL</i> <i>guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL</i> <i>METHYLIN (brand for methylphenidate hcl) - Tier 2; QL; AL</i> <i>methylphenidate hcl er (cd) - Tier 1; QL; AL</i> <i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL</i> <i>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL</i> <i>RITALIN LA (brand for methylphenidate hcl er (la)) - Tier 2; QL; AL</i></p>	<p><i>APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL</i> <i>DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL</i> <i>FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; PA; QL; AL</i> <i>INTUNIV (brand for guanfacine hcl er) - Tier 2; PA; QL; AL</i> <i>JORNAY PM - Tier 2; PA; QL</i> <i>KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL; AL</i> <i>RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL</i> <i>RITALIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL</i> <i>STRATTERA (brand for atomoxetine hcl) - Tier 2; PA; QL; AL</i></p>
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<p><i>ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL</i> <i>ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; QL; AL</i> <i>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL</i> <i>dextroamphetamine sulfate oral tablet (generic for ZENZEDI) - Tier 1; QL; AL</i> <i>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL</i></p>	<p><i>AZSTARYS - Tier 2; PA; QL; AL</i> <i>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; PA; QL</i> <i>DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE - Tier 2; PA; QL; AL</i> <i>EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; QL</i> <i>EVEKEO ODT - Tier 2; PA; QL; AL</i> <i>MYDAYIS (brand for amphet-dextroamphet 3-bead er) - Tier 2; PA; QL; AL</i> <i>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; QL; AL</i> <i>VYVANSE ORAL TABLET CHEWABLE 60 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; *, QL; AL</i> <i>ZENZEDI (brand for dextroamphetamine sulfate) - Tier 2; PA; QL; AL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Central Nervous System, Other	
AUSTEDO - Tier 2; PA; SP; QL AUSTEDO XR - Tier 2; PA; SP; QL AUSTEDO XR PATIENT TITRATION - Tier 2; PA; QL <i>caffeine citrate oral</i> - Tier 1; QL; AL GRALISE ORAL TABLET 300 MG, 600 MG - Tier 2; PA; QL HORIZANT - Tier 2; PA; QL INGREZZA - Tier 2; PA; SP; QL NUDEXTA - Tier 2; DX2RX; QL <i>riluzole (generic for RILUTEK)</i> - Tier 1; QL	RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA; QL <i>XENAZINE (brand for tetrabenazine)</i> - Tier 2; PA; SP; QL
Fibromyalgia Agents	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA)</i> - Tier 1; QL; AL <i>pregabalin (generic for LYRICA)</i> - Tier 1; QL	<i>CYMBALTA (brand for duloxetine hcl)</i> - Tier 2; PA; QL; AL <i>LYRICA CR (brand for pregabalin er)</i> - Tier 2; PA; QL
Multiple Sclerosis Agents	
AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL <i>dalfampridine er (generic for AMPYRA)</i> - Tier 1; PA; SP; QL <i>dimethyl fumarate oral (generic for TECFIDERA)</i> - Tier 1; DX2RX; SP; QL <i>dimethyl fumarate starter pack (generic for TECFIDERA)</i> - Tier 1; DX2RX; SP; QL <i>ingolimod hcl (generic for GILENYA)</i> - Tier 1; DX2RX; SP; QL KESIMPTA - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; DX2RX; SP; QL REBIF - Tier 2; PA; SP REBIF REBIDOSE - Tier 2; SP REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP	<i>AMPYRA (brand for dalfampridine er)</i> - Tier 2; PA; SP; QL <i>AUBAGIO (brand for teriflunomide)</i> - Tier 2; DX2RX; SP BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL <i>COPAXONE (brand for glatiramer acetate)</i> - Tier 2; DX2RX; SP; QL EXTAVIA - Tier 2; PA; SP; QL <i>GILENYA (brand for fingolimod hcl)</i> - Tier 2; DX2RX; SP; QL <i>glatopa</i> - Tier 1; DX2RX; 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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
REBIF TITRATION PACK - Tier 2; SP <i>teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP</i>	MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR - Tier 2; PA; SP; QL TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - 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

Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis

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

	BRONCHITOL - Tier 2; PA; QL
--	-----------------------------

Dental and Oral Agents

<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i> <i>oralone (generic for KOURZEQ) - Tier 1; QL</i> <i>periogard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i> <i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i>	
---	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Dermatological Agents	
Acne and Rosacea Agents	
<p><i>accutane (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>acitretin - Tier 1; PA; QL</i> <i>amnesteem (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i> <i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL</i> <i>isotretinoin oral (generic for ABSORICA) - Tier 1; PA; QL</i> <i>RETIN-A (brand for tretinoin) - Tier 2; QL; AL</i> <i>zenatane (generic for ACCUTANE) - Tier 1; PA; QL</i></p>	<p><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>ALTRENO - Tier 2; PA; QL</i> <i>ARAZLO - 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 (brand for adapalene) - 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 (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i> <i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL</i> <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL</i> <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere pump) - Tier 2; PA; QL</i> <i>RHOFADE - Tier 2; PA; QL</i> <i>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</i> <i>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</i> <i>VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i> <i>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Dermatitis and Pruritus Agents

ala-cort (generic for PREPARATION H) - Tier 1; QL
ammonium lactate external (generic for AL12) - Tier 1; QL
anti-itch aloe (generic for PREPARATION H) - Tier 1; QL
anti-itch intensive heal (generic for PREPARATION H) - Tier 1; QL
anti-itch max str external cream 1 % (generic for PREPARATION H) - Tier 1; QL
anti-itch maximum strength external cream 1 % (generic for PREPARATION H) - Tier 1; QL
betamethasone dipropionate aug external cream - Tier 1; QL
betamethasone dipropionate external cream - Tier 1; QL
betamethasone dipropionate external lotion - Tier 1
betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1; QL
betamethasone valerate external ointment - Tier 1; QL
clobetasol prop emollient base - Tier 1; QL
clobetasol propionate e - Tier 1; QL
clobetasol propionate external cream - Tier 1; QL
clobetasol propionate external gel - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external shampoo (generic for CLODAN) - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
clodan external shampoo (generic for CLODAN) - Tier 1; QL
cortisone maximum strength external cream 1 % (generic for PREPARATION H) - Tier 1; QL
cortisone maximum strength external gel 1 % (generic for CORTIZONE-10) - Tier 1

BRYHALI - Tier 2; PA; QL
CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL
CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL
doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

DERMA-SMOOTHIE/FS BODY (brand for fluocinolone acetonide body) - Tier 2; QL

DERMA-SMOOTHIE/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; QL

EUCRISA - Tier 2; ST; QL

fluocinolone acetonide external cream 0.01 % - Tier 1; QL

fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL

fluocinonide external cream (generic for VANOS) - Tier 1; QL

fluocinonide external ointment - 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

halobetasol propionate external ointment - Tier 1; QL

hydrocortisone anti-itch (generic for PREPARATION H) - Tier 1; QL

hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL

hydrocortisone external cream 1 % (generic for PREPARATION H) - 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 CHILDREN) - Tier 1; QL

hydrocortisone external ointment 2.5 % - Tier 1; QL

hydrocortisone max st external cream (generic for PREPARATION H) - Tier 1; QL

hydrocortisone max st/12 moist (generic for PREPARATION H) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

hydrocortisone plus external cream 1 % (generic for PREPARATION H) - Tier 1; QL
hydrocortisone ultra-moisture (generic for PREPARATION H) - Tier 1; QL
hydrocortisone/aloe (generic for PREPARATION H) - Tier 1; QL
hydrocortisone/aloe max str (generic for PREPARATION H) - Tier 1; QL
hydrocortisone-aloe max st external cream 1 % (generic for PREPARATION H) - Tier 1; QL
instacort 5 - Tier 1; QL
LAC-HYDRIN FIVE - 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
selenium sulfide external lotion - Tier 1; QL
tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL
tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL
triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL
triamcinolone acetonide external lotion 0.025 % - Tier 1
triamcinolone acetonide external lotion 0.1 % - Tier 1; QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL
triamcinolone acetonide external ointment 0.05 % - Tier 1
triamcinolone in absorbase - Tier 1
triderm (generic for TRIDERM) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Dermatological Agents, Other

calcipotriene external cream - Tier 1; ST; QL
calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL
calcipotriene external solution - Tier 1; QL
calcitriol external (generic for VECTICAL) - Tier 1; ST; QL
clotrimazole-betamethasone external cream - Tier 1; QL
fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL
fluorouracil external solution - Tier 1
imiquimod external cream 5 % - Tier 1; QL
methoxsalen rapid - Tier 1
podofilox external - Tier 1; QL
 PROCTOFOAM HC - Tier 2
silver sulfadiazine external (generic for SSD) - Tier 1; QL
ssd (generic for SSD) - Tier 1; QL
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (brand for imiquimod) - Tier 2; QL

CARAC (brand for fluorouracil) - Tier 2; PA; QL
 DUOBRII - Tier 2; PA; QL
EFUDEX (brand for fluorouracil) - Tier 2; PA; QL
 ENSTILAR - Tier 2; PA; QL
 QBREXZA - Tier 2; PA; QL
 SORILUX - Tier 2; PA; QL
TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL
VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL
ZYCLARA (brand for imiquimod) - Tier 2; PA; QL

Pediculicides/Scabicides

CROTAN - Tier 2; QL
lice killing (generic for NIX CREME RINSE) - Tier 1
lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1
lice treatment external lotion 1 % - Tier 1
malathion (generic for OVIDE) - Tier 1; QL
permethrin external - Tier 1; QL
spinosad (generic for NATROBA) - Tier 1; PA; QL

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Topical Anti-infectives

cicloclan (generic for CICLODAN) - Tier 1; QL
ciclopirox external solution (generic for CICLODAN) - Tier 1; QL
ciclopirox olamine external cream - Tier 1; QL
clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL
clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL
clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL
clindamycin phosphate external solution - Tier 1; QL
clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL
clotrimazole external solution 1 % - Tier 1; QL
erythromycin external solution - Tier 1; QL
gentamicin sulfate external - Tier 1; QL
ketoconazole external cream - Tier 1; QL
ketoconazole external shampoo - Tier 1; QL
mupirocin calcium - Tier 1; QL
mupirocin external - Tier 1; QL
nyamyc (generic for NYAMYC) - Tier 1; QL
nystatin external (generic for NYAMYC) - Tier 1; QL
nystop (generic for NYAMYC) - Tier 1; QL

AMZEEQ - Tier 2; PA; QL
JUBLIA - Tier 2; PA; QL
KERYDIN (brand for tavaborole) - Tier 2; PA; QL
XEPI - Tier 2; PA; QL

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

advanced healing external ointment (generic for HYDROLATUM) - Tier 1

astringent solution (generic for DOMEBORO) - Tier 1

baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

beauty 360 pure glycerin - Tier 1

beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1

boro-packs (generic for DOMEBORO) - Tier 1

boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL

diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

DR SMITHS DIAPER - Tier 2; QL

glycerin external - Tier 1

glycerin external liquid 99.5 % - Tier 1

hydrocortisone acetate external - Tier 1

hydrolatum (generic for HYDROLATUM) - Tier 1

hydrophor (generic for HYDROLATUM) - Tier 1

ointment base (generic for HYDROLATUM) - Tier 1

renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1

zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Dermatological Agents - Skin Agents

ABREVA (brand for docosanol) - Tier 2; QL
calamine external lotion , 8-8 % - Tier 1
calamine-zinc oxide external lotion - Tier 1
cerovel (generic for CEROVEL) - Tier 1; QL
docosanol external (generic for ABREVA) - Tier 1; QL
ft docosanol (generic for ABREVA) - Tier 1; QL
gormel - Tier 1; QL
gormel 10 (generic for NUTRAPLUS) - Tier 1; QL
hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1
NUTRAPLUS (brand for gormel 10) - Tier 2; QL
urea 20 intensive hydrating - Tier 1; QL
urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL
urea external cream 20 % - Tier 1; QL
urea external lotion (generic for CEROVEL) - Tier 1; QL
ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL
ureacin-20 - Tier 1; QL
XERAC AC - Tier 2

CIBINQO - Tier 2; PA; SP; QL
OPZELURA - Tier 2; PA; SP; QL
ZILXI - Tier 2; PA; QL

Diabetes - Glucose Monitoring

ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL
ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL
ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL
ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL
BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL
CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL

ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL
ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL
ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL
BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL
CHEMSTRIP 10 MD - Tier 2
CHEMSTRIP 10/SG - Tier 2
CHEMSTRIP 2 GP - Tier 2
CHEMSTRIP 5 OB - Tier 2
CHEMSTRIP 7 - Tier 2
CHEMSTRIP 9 - Tier 2
CHEMSTRIP K (brand for ketone test) - Tier 2; QL
CHEMSTRIP UGK - Tier 2; QL
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL
EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL
GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL
KETO-DIASTIX - Tier 2; QL
KETONE CARE - Tier 2; QL
KETONE TEST (brand for ketone test) - Tier 2; QL
KETOSTIX (brand for ketone test) - Tier 2; QL
LANCETS (brand for cvs lancets original) - Tier 2; QL
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
MEDISENSE HIIMIDILOW CONTROL (brand for element compact control 2) - Tier 2; QL
NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL

Non-Preferred Agents

BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL
BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL
CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL
CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL
FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL
INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL
INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL

Preferred Agents

ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing||Available for an extended day(s) supply; QL
ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing||Available for an extended day(s) supply; QL
PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL
TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL
TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL

Non-Preferred Agents

ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL
RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL

Preferred Agents

Non-Preferred Agents

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP
DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
DENTAGEL (brand for sf) - Tier 2
easygel - Tier 1
klor-con (generic for KLOR-CON) - Tier 1; QL
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL
klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL
potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride er oral capsule extended release 10 meq - Tier 1; QL
potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL
potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL
potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL
potassium chloride oral (generic for KLOR-CON) - Tier 1; QL
potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL
potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1
potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1
PREVIDENT (brand for sf) - Tier 2

ENDARI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2
 PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
 sf (generic for DENTAGEL) - Tier 1
 sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
 sodium chloride (pf) - Tier 1; QL
 sodium chloride intravenous solution 0.45 %, 0.9 % - Tier 1; QL
 sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1;
 QL
 sodium fluoride 5000 ppm dental cream (generic for DENTA 5000
 PLUS) - Tier 1; QL
 sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1;
 QL
 sodium fluoride dental gel (generic for DENTAGEL) - Tier 1
 sodium fluoride oral solution - Tier 1; QL
 sodium fluoride oral tablet chewable - Tier 1; QL

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

BIOLYTE (brand for cvs electrolyte solution) - Tier 2; QL
 BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL
 cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM)
 - Tier 1; QL
 calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO
 500+D) - Tier 1; QL
 calcium 500/vitamin d3 - Tier 1
 calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL
 calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier
 1
 calcium 600/vitamin d - Tier 1; QL
 calcium 600/vitamin d-3 - Tier 1; QL
 calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age;
 DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL
calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1
calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1
calcium citrate +d3 (generic for CALCITRATE) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate+d3 wlmagne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL
calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for BIOLYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferosul (generic for FEROSUL) - Tier 1; QL
ferretts - Tier 1

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous gluconate 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 solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral tablet delayed release - Tier 1; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
hi cal (generic for OYSCO 500+D) - Tier 1; QL
iferex 150 (generic for FERREX 150) - Tier 1
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
K-PHOS - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium + 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 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium-vit d - Tier 1; QL
ped electrolyte freeze pop (generic for BIOLYTE) - 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 BIOLYTE) - Tier 1; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL
phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL)</i> - Tier 1; QL</p> <p>PHOSPHO-TRIN K500 - Tier 2; QL</p> <p><i>poly-iron 150 (generic for FERREX 150)</i> - Tier 1</p> <p><i>polysaccharide iron complex (generic for FERREX 150)</i> - Tier 1</p> <p><i>polysaccharide-iron complex (generic for FERREX 150)</i> - Tier 1</p> <p><i>potassium citrate-citric acid</i> - Tier 1</p> <p>REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL</p> <p><i>sod citrate-citric acid oral solution 500-334 mg/5ml</i> - Tier 1</p> <p>TRUELYTE (brand for cvs electrolyte solution) - Tier 2; QL</p> <p><i>wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL)</i> - Tier 1; QL</p> <p><i>zinc gluconate oral tablet 50 mg</i> - Tier 1; QL</p> <p><i>zinc oral tablet 50 mg</i> - Tier 1; QL</p>	
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - Tier 2; QL</p> <p><i>deferasirox granules (generic for JADENU SPRINKLE)</i> - Tier 1; PA; SP; QL</p> <p><i>deferasirox oral packet (generic for JADENU SPRINKLE)</i> - Tier 1; PA; SP; QL</p> <p><i>deferasirox oral tablet (generic for JADENU)</i> - Tier 1; PA; SP; QL</p> <p><i>deferasirox oral tablet soluble (generic for EXJADE)</i> - Tier 1; PA; SP</p> <p><i>deferiprone (generic for FERRIPROX)</i> - Tier 1; PA; SP; QL</p>	<p>FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL</p> <p>JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL</p> <p><i>tolvaptan oral tablet 15 mg (generic for JYNARQUE)</i> - Tier 1; PA; SP</p>
Phosphate Binders	
<p><i>calcium acetate (phos binder) (generic for CALPHRON)</i> - Tier 1; QL</p> <p><i>calcium acetate oral tablet 667 mg (generic for CALPHRON)</i> - Tier 1; QL</p> <p><i>sevelamer carbonate oral tablet (generic for RENVELA)</i> - Tier 1; QL</p>	<p>AURYXIA - Tier 2; PA; QL</p> <p>VELPHORO - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Potassium Binders

LOKELMA - Tier 2; PA; QL
 sodium polystyrene sulfonate - Tier 1
 sps - Tier 1; QL
 VELTASSA - Tier 2; PA; QL

Vitamins

a-25 - Tier 1; QL
 AMLADEX (brand for daily multiple vitamins) - Tier 2
 aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
 b complex - Tier 1
 b complex vitamins - Tier 1
 b-complex oral tablet - Tier 1
 b-complex with b-12 - Tier 1
 b-complex/b-12 oral - Tier 1
 BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL
 classic prenatal - Tier 1; QL
 d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
 d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL
 d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
 d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
 d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
 d3-50 (generic for D3-50) - Tier 1; QL
 daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
 daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
 daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
 daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
 daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL
DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2
D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL
d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
ENFAMIL EXPECTA - Tier 2; QL
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
FOLCYTEINE (brand for daily multiple vitamins) - Tier 2
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
GENICIN VITA-Q (brand for daily multiple vitamins) - Tier 2
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

NEONATAL COMPLETE ORAL TABLET 27-1 MG (brand for prenatal) - Tier 2; QL
NEONATAL PLUS (brand for prenatal) - Tier 2; QL
NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL
NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL
NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral capsule extended release 500 mg - Tier 1
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1
NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione injection solution 10 mg/ml - Tier 1; QL
phytonadione oral - Tier 1; QL
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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 plus (generic for NEONATAL PLUS) - Tier 1; QL
prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL
prenatal vitamins - Tier 1; QL
prenatal/iron - Tier 1; QL
PRENATVITE RX - Tier 2; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
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
TM-DAILY VITE (brand for daily multiple vitamins) - Tier 2
tri-vite pediatric - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

vitamin b complex oral capsule - Tier 1

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

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

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

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

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

vitamin d oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
 vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL
 vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
 vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
 vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
 vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL
 vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1
 vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
 vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL
 vitamin k1 injection solution 10 mg/ml - Tier 1; QL
 vitamin-b complex - Tier 1
 VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL
 weekly-d (generic for D3-50) - Tier 1; QL
 WESTAB PLUS (brand for prenatal) - Tier 2; QL
 womens prenatal+dha - Tier 1; QL

Estrogens - Hormone Replacement/Modifying Drugs

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

MYFEMBREE - Tier 2; PA; QL
 NEXTSTELLIS - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents	
Anti-Constipation Agents	
<p><i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>KRISTALOSE (brand for lactulose) - Tier 2; QL</i> <i>lactulose (generic for KRISTALOSE) - Tier 1; QL</i> <i>lactulose encephalopathy - Tier 1; QL</i> <i>LINZESS - Tier 2; DX2RX; QL</i> <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; QL</i> <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL</i> <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; QL</i> <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL</i> <i>MOVANTIK - Tier 2; DX2RX; QL</i> <i>TRULANCE - Tier 2; QL</i></p>	<p><i>AMITIZA (brand for lubiprostone) - Tier 2; PA; QL</i> <i>MOTEGRITY - Tier 2; PA; QL</i> <i>RELISTOR - Tier 2; PA; QL</i> <i>SYMPROIC - Tier 2; PA; QL</i></p>
Anti-Constipation AgentsOther	
	<p><i>IBSRELA - Tier 2; PA; QL</i></p>
Anti-Diarrheal Agents	
<p><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 oral liquid - Tier 1</i> <i>diphenoxylate-atropine oral tablet (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 suspension - Tier 1</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></p>	<p><i>VIBERZI - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Antispasmodics, Gastrointestinal

dicyclomine hcl oral capsule - Tier 1; QL
dicyclomine hcl oral tablet - Tier 1; QL
glycopyrrolate oral solution (generic for CUVPOSA) - Tier 1; QL
glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1
glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1

Gastrointestinal Agents, Other

gavilyte-c - Tier 1; QL
gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL
peg 3350-kcl-na bicarb-nacl - Tier 1; QL
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL
ursodiol oral capsule 300 mg - Tier 1; QL
ursodiol oral tablet (generic for URSO 250) - Tier 1

CLENPIQ - Tier 2; PA; QL
MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL
OMECLAMOX-PAK - Tier 2; PA
PLENVU - Tier 2; PA; QL
PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA
SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL
TALICIA - Tier 2; PA; QL

Histamine2 (H2) Receptor Antagonists

acid controller (generic for PEPCID AC) - Tier 1; QL
acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
famotidine oral (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL
famotidine orig st (generic for PEPCID AC) - Tier 1; QL
ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL
heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1 TAGAMET HB 200 (brand for cimetidine) - Tier 2</p>	
Protectants	
<p>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 Available for an extended day(s) supply; QL sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</p>	
Proton Pump Inhibitors	
<p>acid reducer oral tablet delayed release 20 mg (generic for PRILOSEC OTC) - Tier 1; QL esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Available for an extended day(s) supply Members >= 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 lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; Available for an extended day(s) supply Members >= 2 years of age will require PA; QL; AL omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; QL omeprazole oral capsule delayed release - Tier 1; QL pantoprazole sodium oral (generic for PROTONIX) - Tier 1; QL PRILOSEC OTC (brand for acid reducer) - Tier 2; QL PROTONIX ORAL PACKET (brand for pantoprazole sodium) - Tier 2; QL</p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions****Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs**

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
biotinex (generic for ABATINEX) - Tier 1
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 suspension - Tier 1; QL
calcium carbonate antacid oral tablet - Tier 1
calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1
cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1
chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
childrens soothe - Tier 1
comfort gel (generic for MINTOX) - Tier 1; QL
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
dairy aid (generic for LACTAID) - Tier 1
dairy relief fast acting oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1
dairy relief oral tablet 3000 unit (generic for LACTAID) - Tier 1
diarrhea (generic for SOOTHE) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
diotame instydose (generic for SOOTHE) - Tier 1
enema (generic for FLEET ENEMA) - Tier 1
enema disposable (generic for FLEET ENEMA) - Tier 1
enema ready-to-use (generic for FLEET ENEMA) - Tier 1
enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1
FLEET ENEMA (brand for cvs enema disposable) - Tier 2
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
floranex tablet oral (generic for FLORANEX) - Tier 1
FLORANEX TABLET ORAL (brand for acidophilus/1-sporogenes) - Tier 2
FLORASTOR (brand for cvs digestive probiotic) - Tier 2
foaming antacid oral tablet chewable 80-20 mg - Tier 1
freeze dried acidophilus (generic for ABATINEX) - Tier 1
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
ft gas relief - Tier 1
ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

gas relief oral tablet chewable 80 mg - Tier 1

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

GAVISCON - Tier 2

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

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

GELUSIL - Tier 2

geri-lanta (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

heartburn antacid (generic for ACID GONE) - Tier 1

heartburn antacid ex st (generic for ACID GONE) - Tier 1

heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1

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

heartland gas relief - Tier 1

high potency probiotic (generic for FLORA VANCE) - Tier 1; QL

Preferred Agents

IMODIUM MULTI-SYMPTOM RELIEF (brand for eq1 anti-diarrheal anti-gas) - Tier 2
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
intestinex (generic for ABATINEX) - Tier 1
KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2
LACTAID (brand for cvs dairy relief) - Tier 2
LACTAID FAST ACT ORAL TABLET (brand for cvs dairy relief fast acting) - Tier 2
lactase enzyme (generic for LACTAID) - Tier 1
lactase enzyme ultra str (generic for LACTAID FAST ACT) - Tier 1
lactase fast acting (generic for LACTAID FAST ACT) - Tier 1
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
lactose fast acting relief oral tablet (generic for LACTAID FAST ACT) - Tier 1
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 & antigas) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL
mag-al plus (generic for MINTOX) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

mega probiotic (generic for FLORA VANCE) - Tier 1; QL

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

milk of magnesia (generic for DULCOLAX) - Tier 1

milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1

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

mintox plus - Tier 1

mood support probiotic (generic for FLORA VANCE) - Tier 1; QL

MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2

NEWFLORA PROBIOTIC (brand for acidophilus) - 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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink-bismuth (generic for SOOTHE) - Tier 1; QL
PROBIOMAX SERENITY (brand for acidophilus) - Tier 2
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; QL
probiotic extra strength (generic for ABATINEX) - Tier 1
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1
REPHRESH PRO-B (brand for acidophilus) - Tier 2
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
REVITAFLOR (brand for acidophilus) - Tier 2
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
sodium bicarbonate oral tablet - Tier 1
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
soothe oral suspension (generic for SOOTHE) - Tier 1
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p>stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1</p> <p>surelac (generic for LACTAID) - Tier 1</p> <p>TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2</p> <p>TUMS (brand for antacid) - Tier 2</p> <p>TUMS CHEWY BITES (brand for antacid) - Tier 2</p> <p>TUMS E-X 750 (brand for antacid) - Tier 2</p> <p>TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2</p> <p>TUMS LASTING EFFECTS (brand for antacid) - Tier 2</p> <p>TUMS SMOOTHIES (brand for antacid) - Tier 2</p> <p>TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2</p> <p>ultra dairy digestive (generic for LACTAID FAST ACT) - Tier 1</p> <p>VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL</p> <p>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</p> <p>daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</p> <p>enema mineral oil (generic for FLEET OIL) - Tier 1</p> <p>EVAC (brand for cvs natural fiber supplement) - Tier 2</p> <p>fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</p> <p>fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</p> <p>fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL</p> <p>fiber oral powder 48.57 % (generic for REGULOID) - Tier 1</p> <p>fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1</p> <p>fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</p>	
---	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
ft mineral oil - Tier 1
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
MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
natural daily fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1</i></p> <p><i>natural fiber supplement (generic for EVAC) - Tier 1</i></p> <p><i>natural vegetable (generic for HYDROCIL) - Tier 1</i></p> <p><i>natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>sorbitol oral - Tier 1</i></p>	

Laxatives - Drugs to treat Constipation

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

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
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ft fiber laxative (generic for CITRUCCEL) - Tier 1
ft magnesium citrate (generic for CITROMA) - Tier 1; QL
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENEXON-S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENEXON-S) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1

Non-Preferred Agents

Preferred Agents

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
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL
mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for SENOKOT) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ONELAX SENNA (brand for senna) - Tier 2
p col-rite (generic for SENEXON-S) - Tier 1
PEDIA-LAX ORAL LIQUID - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2
sb docusate sodium/senna (generic for SENEXON-S) - Tier 1
senexon-s (generic for SENEXON-S) - Tier 1
senna lax (generic for SENOKOT) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

senna laxative (generic for SENOKOT) - Tier 1; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for 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; QL
senna-plus (generic for SENEXON-S) - Tier 1
senna-s (generic for SENEXON-S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENEXON-S) - Tier 1
sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCEL) - 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
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; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment**

ZOLGENSMA 10.1-10.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 10.6-11.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.1-11.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.6-12.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.1-12.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.6-13.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 13.1-13.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 2.6-3.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.1-3.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.6-4.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.1-4.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.6-5.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.1-5.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.6-6.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 6.1-6.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 6.6-7.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 7.1-7.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 7.6-8.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 8.1-8.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 8.6-9.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 9.1-9.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 9.6-10.0 KG - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME - Tier 2; PA; SP
betaine (generic for CYSTADANE) - Tier 1; SP
 CERDELGA - Tier 2; PA; SP; QL
 CEREZYME - Tier 2; PA; SP
 CHOLBAM - Tier 2; PA; SP; QL
 CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 3000-9500 UNIT - Tier 2; QL
 CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT - Tier 2
 CYSTAGON - Tier 2; SP; QL
 ELAPRASE - Tier 2; PA; SP
 ELELYSO - Tier 2; PA; SP
 FABRAZYME - Tier 2; PA; SP
 JAVYGTOR ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL
 JAVYGTOR ORAL PACKET 500 MG (brand for sapropterin dihydrochloride) - Tier 2; SP; QL
 JAVYGTOR ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP
 KANUMA - Tier 2; PA
 KUVAN ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL
 KUVAN ORAL PACKET 500 MG (brand for sapropterin dihydrochloride) - Tier 2; SP; QL
 KUVAN ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP
 levocarnitine oral solution (generic for CARNITOR) - Tier 1; QL

ORFADIN ORAL CAPSULE 10 MG (brand for nitisinone) - Tier 2; PA; SP; QL
 ORFADIN ORAL CAPSULE 2 MG, 20 MG, 5 MG (brand for nitisinone) - Tier 2; PA; SP
 ORFADIN ORAL SUSPENSION - Tier 2; PA; SP
 PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 8000-28750 UNIT - Tier 2; PA
 PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT - Tier 2; PA; QL
 SPINRAZA - Tier 2; PA; SP
 VIOKACE - Tier 2; PA
 ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>levocarnitine sf (generic for CARNITOR) - Tier 1; QL</i> LUMIZYME - Tier 2; PA; SP <i>miglustat (generic for ZAVESCA) - Tier 1; PA; SP; QL</i> NITYR - Tier 2; PA; SP; QL RAVICTI - Tier 2; PA; SP; QL REVCOVI - Tier 2; PA <i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP</i> <i>sodium phenylbutyrate oral tablet (generic for BUPHENYL) - Tier 1; PA; SP; QL</i> STRENSIQ - Tier 2; PA; SP TEGSEDI - Tier 2; PA; SP; QL VPRIV - Tier 2; PA; SP VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2 ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT - Tier 2; QL</p>	

Genitourinary Agents

Antispasmodics, Urinary	
<p><i>DETROL (brand for tolterodine tartrate) - Tier 2; QL</i> <i>DETROL LA (brand for tolterodine tartrate er) - Tier 2; QL</i> <i>oxybutynin chloride er - Tier 1; QL</i> <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i> <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; QL</i></p>	<p>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>dutasteride oral (generic for AVODART) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i>	
Genitourinary Agents, Other	
<i>bethanechol chloride oral - Tier 1</i> ELMIRON - Tier 2; DX2RX; QL <i>penicillamine oral capsule (generic for CUPRIMINE) - Tier 1; SP</i> <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i>	CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP</i> THIOLA EC - Tier 2; PA; SP; QL
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<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 (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>	OXLUMO - Tier 2; PA
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; QL	ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

ACTHAR - Tier 2; PA; SP; QL
 CORTROPHIN - Tier 2; PA; SP; QL
dexamethasone intensol - Tier 1
dexamethasone oral elixir - Tier 1; QL
dexamethasone oral solution - Tier 1; QL
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1
dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL
dexamethasone oral tablet therapy pack (generic for HIDEX 6-DAY) - Tier 1
fludrocortisone acetate oral - Tier 1; QL
HIDEX 6-DAY (brand for dexamethasone) - Tier 2
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL
 KENALOG INJECTION SUSPENSION 10 MG/ML - Tier 2
 MEDROL ORAL TABLET 2 MG - Tier 2
methylprednisolone oral (generic for MEDROL) - Tier 1; QL
prednisolone oral solution - Tier 1; QL
prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL
prednisone intensol - Tier 1; QL
prednisone oral solution - Tier 1; QL
prednisone oral tablet - Tier 1; QL
prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL
prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1
 RAYOS - Tier 2; QL
 SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG - Tier 2
TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2
triamcinolone acetate suspension 40 mg/ml injection (generic for KENALOG) - Tier 1
 TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION - Tier 2

EMFLAZA ORAL SUSPENSION - Tier 2; PA; SP; QL
 TAPERDEX 12-DAY - Tier 2; PA; QL
 TAPERDEX 7-DAY - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p><i>desmopressin ace spray refrig</i> - Tier 1; QL <i>desmopressin acetate injection (generic for DDAVP)</i> - Tier 1; PA <i>desmopressin acetate oral (generic for DDAVP)</i> - Tier 1; QL <i>desmopressin acetate pf (generic for DDAVP PF)</i> - Tier 1; PA <i>desmopressin acetate spray</i> - Tier 1; QL GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPPO - Tier 2; PA; SP</p>	<p>HUMATROPE - Tier 2; PA; SP <i>NOVAREL (brand for chorionic gonadotropin)</i> - Tier 2; DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion 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 <i>PREGNYL (brand for chorionic gonadotropin)</i> - Tier 2; DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion SAIZEN - Tier 2; PA; SP ZOMACTON - Tier 2; PA; SP</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
	<p>SKYTROFA SUBCUTANEOUS CARTRIDGE 4.3 MG - Tier 2; PA; SP; QL</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<p>KORLYM - Tier 2; PA; SP; QL <i>methergine (generic for METHERGINE)</i> - Tier 1; QL <i>methylergonovine maleate oral (generic for METHERGINE)</i> - Tier 1; QL</p>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone (generic for MIFEPREX) - Tier 1; Coverage based on benefit</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p>ANDRODERM - Tier 2; PA; QL ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL danazol oral - Tier 1; QL testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL testosterone enanthate intramuscular - Tier 1; QL testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</p>	<p>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</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Estrogens

afirmelle (generic for AFIRMELLE) - Tier 1; QL
ALORA (brand for estradiol) - Tier 2; QL
altavera (generic for ALTAVERA) - Tier 1; QL
alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
amethia - Tier 1; QL
amethyst (generic for AMETHYST) - Tier 1; QL
apri - Tier 1; QL
aranelle - Tier 1; QL
aubra eq (generic for AFIRMELLE) - Tier 1; QL
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
aurovela 24 fe - Tier 1; QL
aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
aviane (generic for AFIRMELLE) - Tier 1; QL
ayuna (generic for ALTAVERA) - Tier 1; QL
azurette (generic for AZURETTE) - Tier 1; QL
balziva (generic for BALZIVA) - Tier 1; QL
blisovi 24 fe - Tier 1; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
briellyn (generic for BALZIVA) - Tier 1; QL
camrese - Tier 1; QL
camrese lo - Tier 1; QL
chateal eq (generic for ALTAVERA) - Tier 1; QL
cryselle-28 - Tier 1; QL
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL

ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL
ANGELIQ - Tier 2; PA
ANNOVERA - Tier 2; PA; QL
BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL
BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL
CLIMARA (brand for estradiol) - Tier 2; PA; QL
CLIMARA PRO - Tier 2; PA
COMBIPATCH - Tier 2; PA; QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA
ESTRACE (brand for estradiol) - Tier 2; PA; QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.75 mg/0.75gm, 1.25 mg/1.25gm (generic for DIVIGEL) - Tier 1; PA; QL
fyavolv oral tablet 0.5-2.5 mg-mcg - Tier 1; PA
fyavolv oral tablet 1-5 mg-mcg - Tier 1; PA; QL
jinteli - Tier 1; PA; QL
LO LOESTRIN FE - Tier 2; PA; QL
MENEST ORAL TABLET 2.5 MG - 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
ocella (generic for OCELLA) - Tier 1; PA; QL
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL
VAGIFEM (brand for estradiol) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
delyla (generic for AFIRMELLE) - Tier 1; QL
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1; QL
dolishale (generic for AMETHYST) - Tier 1; QL
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL
DUAVEE - Tier 2; QL
ELESTRIN - Tier 2
elinest - Tier 1; QL
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL
enskyce - Tier 1; QL
estarylla (generic for ESTARYLLA) - Tier 1; QL
estradiol oral (generic for ESTRACE) - Tier 1; QL
estradiol transdermal gel 0.5 mg/0.5gm, 1 mg/gm (generic for
DIVIGEL) - Tier 1
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1;
QL
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; QL
ESTRING - Tier 2; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL
EVAMIST - Tier 2
falmina (generic for AFIRMELLE) - Tier 1; QL
FEMRING - Tier 2; PA; QL
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
hailey 24 fe - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents

hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
introvale (generic for INTROVALE) - Tier 1; QL
isibloom - Tier 1; QL
jaimiess - Tier 1; QL
jasmiel (generic for JASMIEL) - Tier 1; QL
juleber - Tier 1; QL
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL
kariva (generic for AZURETTE) - Tier 1; QL
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL
kurvelo (generic for ALTAVERA) - Tier 1; QL
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
larin 24 fe - Tier 1; QL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
lessina (generic for AFIRMELLE) - Tier 1; QL
levonest (generic for ENPRESSE-28) - Tier 1; QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for INTROVALE) - Tier 1; QL
levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1; QL
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

lo-zumandimine (generic for JASMIEL) - Tier 1; QL
lutra (generic for AFIRMELLE) - Tier 1; QL
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG - Tier 2; QL
MENOSTAR - Tier 2; QL
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
microgestin 24 fe - Tier 1; QL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
mili (generic for ESTARYLLA) - Tier 1; QL
necon 0.5/35 (28) - Tier 1; QL
nikki (generic for JASMIEL) - Tier 1; QL
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; QL
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL
nortrel 0.5/35 (28) - Tier 1; QL
nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
philith (generic for BALZIVA) - Tier 1; QL
pimtree (generic for AZURETTE) - Tier 1; QL
portia-28 (generic for ALTAVERA) - Tier 1; QL
PREMARIN ORAL - Tier 2; QL
PREMARIN VAGINAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL
setlakin (generic for INTROVALE) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL
simpesse - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL
sronyx (generic for AFIRMELLE) - Tier 1; QL
syeda (generic for OCELLA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-legest fe - Tier 1; QL
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p> <i>tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL</i> <i>turqoz - Tier 1; QL</i> <i>tyblume - Tier 1; QL</i> <i>velivet - Tier 1; QL</i> <i>vestura (generic for JASMIEL) - Tier 1; QL</i> <i>vienva (generic for AFIRMELLE) - Tier 1; QL</i> <i>viorele (generic for AZURETTE) - Tier 1; QL</i> <i>volnea (generic for AZURETTE) - Tier 1; QL</i> <i>vyfemla (generic for BALZIVA) - Tier 1; QL</i> <i>vylibra (generic for ESTARYLLA) - Tier 1; QL</i> <i>wera - Tier 1; QL</i> <i>xulane - Tier 1; QL</i> <i>yuvafem (generic for YUVAFEM) - Tier 1; QL</i> <i>zafemy - Tier 1; QL</i> <i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL</i> <i>zumandimine (generic for OCELLA) - Tier 1; QL</i> </p>	
Progestins	
<p> <i>camila (generic for CAMILA) - Tier 1; QL</i> <i>deblitane (generic for CAMILA) - Tier 1; QL</i> <i>ELLA - Tier 2; QL</i> <i>errin (generic for CAMILA) - Tier 1; QL</i> <i>heather (generic for CAMILA) - Tier 1; QL</i> <i>medroxyprogesterone acetate (generic for DEPO-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>norethindrone acetate oral - Tier 1; QL</i> <i>norethindrone oral (generic for CAMILA) - Tier 1; QL</i> <i>progesterone oral (generic for PROMETRIUM) - Tier 1; QL</i> <i>sharobel (generic for CAMILA) - Tier 1; QL</i> </p>	<p> DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL </p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Selective Estrogen Receptor Modifying Agents	
<i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i>	<i>EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL</i> <i>OSPHENA - Tier 2; PA; QL</i>
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
<i>aftera (generic for AFTERA) - Tier 1; QL</i> <i>curae (generic for AFTERA) - Tier 1; QL</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL</i> <i>her style (generic for AFTERA) - Tier 1; QL</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL</i> <i>my choice (generic for AFTERA) - Tier 1; QL</i> <i>my way (generic for AFTERA) - Tier 1; QL</i> <i>new day (generic for AFTERA) - Tier 1; QL</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL</i> <i>option 2 (generic for AFTERA) - Tier 1; QL</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL</i> <i>react (generic for AFTERA) - Tier 1; QL</i> <i>take action (generic for AFTERA) - Tier 1; QL</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>ERMEZA - Tier 2; PA; QL</i> <i>TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>TIROSINT-SOL - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; QL</i> <i>NIVA THYROID (brand for niva thyroid) - Tier 2; QL</i> <i>np thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL</i> <i>thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL</i>	
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (pituitary)	
<i>cabergoline - Tier 1; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP</i> 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 LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP</i> <i>octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL</i>	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>octreotide acetate injection solution 200 mcg/ml - Tier 1; SP</i> <i>octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL</i> ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL</p>	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<p><i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil oral - Tier 1; QL</i></p>	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
<p>BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP <i>icatibant acetate (generic for SAJAZIR) - Tier 1; PA; SP; QL</i> KALBITOR - Tier 2; PA <i>sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL</i></p>	<p>HAEGARDA - Tier 2; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Immunoglobulins	
BIVIGAM - Tier 2; PA; SP FLEBOGAMMA DIF - Tier 2; PA; SP GAMMAGARD - Tier 2; PA; SP GAMMAGARD S/D LESS IGA - Tier 2; PA; SP GAMMAKED - Tier 2; PA; SP GAMUNEX-C - Tier 2; PA; SP HIZENTRA - Tier 2; PA; SP OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 30 GM/300ML - Tier 2; PA; SP OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS - Tier 2; PA; SP OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS - Tier 2; PA; SP OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS - Tier 2; PA; SP OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS - Tier 2; PA; SP PRIVIGEN - Tier 2; PA; SP XEMBIFY - Tier 2; PA	CUVITRU - Tier 2; PA; SP HYQVIA - Tier 2; PA; SP OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS - Tier 2; PA; SP
Immunological Agents, Other	
ADBRY - Tier 2; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL DUPIXENT - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL OTEZLA - Tier 2; PA; SP; QL SYNAGIS - Tier 2; SP; AL XELJANZ - 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 BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL 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 RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	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 XELJANZ XR - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP PEGASYS SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL	
Immunosuppressants	
<i>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</i> <i>cyclosporine modified oral capsule 100 mg, 25 mg (generic for GENGRAF) - Tier 1; QL</i> <i>cyclosporine modified oral capsule 50 mg - Tier 1</i> <i>cyclosporine modified oral solution (generic for GENGRAF) - Tier 1; QL</i> <i>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</i> ENBREL - Tier 2; PA; SP; QL <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1</i> <i>gengraf (generic for GENGRAF) - Tier 1; QL</i> HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL HUMIRA PEN-PSOR/UEVEIT STARTER - Tier 2; PA; SP; QL	AVSOLA - Tier 2; PA CIMZIA VIAL KIT - Tier 2; PA; SP; QL CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA; SP; QL ENSPRYNG - Tier 2; PA; SP; QL INFLECTRA - Tier 2; PA OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL SIMPONI - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL
HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL
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 & 40MG/0.4ML - Tier 2; PA; SP; QL
leflunomide oral (generic for ARAVA) - Tier 1; QL
methotrexate sodium - Tier 1
methotrexate sodium (pf) - Tier 1
mycophenolate mofetil oral capsule (generic for CELLCEPT) - Tier 1; QL
mycophenolate mofetil oral suspension reconstituted (generic for CELLCEPT) - Tier 1; QL
mycophenolate mofetil oral tablet (generic for CELLCEPT) - Tier 1
mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL
SANDIMMUNE ORAL SOLUTION - Tier 2; QL
sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL
sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL
sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1
tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1
tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL
TREXALL - Tier 2

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Vaccines

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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	
---	--

Vaccines	
----------	--

<p>AFLURIA QUADRIVALENT - Tier 2; QL; AL DENGVAXIA - Tier 2; QL FLUAD QUADRIVALENT - Tier 2; QL; AL FLUARIX QUADRIVALENT - Tier 2; QL; AL FLUBLOK QUADRIVALENT - Tier 2; QL; AL FLUCELVAX QUADRIVALENT - Tier 2; QL; AL FLULAVAL QUADRIVALENT - Tier 2; QL; AL FLUMIST QUADRIVALENT - Tier 2; QL; AL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL; AL FLUZONE QUADRIVALENT - Tier 2; QL; AL HEPLISAV-B - Tier 2; QL; AL NOVAVAX COVID-19 VACCINE - Tier 2; QL; AL PNEUMOVAX 23 - Tier 2; QL; AL PREVNAR 13 - Tier 2; QL; AL PREVNAR 20 - Tier 2; QL</p>	
--	--

Inflammatory Bowel Disease Agents	
-----------------------------------	--

Aminosalicylates	
------------------	--

<p><i>APRISO (brand for mesalamine er) - Tier 2; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; QL</i> <i>LIALDA (brand for mesalamine) - Tier 2; QL</i> <i>mesalamine er oral capsule 500 mg (generic for PENTASA) - Tier 1; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; QL</i> <i>SFROWASA - Tier 2; QL</i> <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i></p>	<p><i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL</p>
---	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Glucocorticoids

<p><i>ANUSOL-HC EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>budesonide oral - Tier 1; QL</i> <i>CORTIFOAM - Tier 2; QL</i> <i>hydrocortisone (perianal) (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>PROCTOCORT EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; 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></p>	<p><i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i></p>
--	--

Metabolic Bone Disease Agents	
-------------------------------	--

<p><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 >= 8 years of age will require PA Available for an extended day(s) supply; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> <i>ibandronate sodium oral - Tier 1</i> <i>PROLIA - Tier 2; PA</i></p>	<p><i>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA</i> <i>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL</i> <i>AELVIA (brand for risedronate sodium) - Tier 2; PA</i> <i>FORTEO (brand for teriparatide (recombinant)) - 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) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</i> <i>TYMLOS - Tier 2; PA; SP; QL</i></p>
---	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; QL <i>acne control cleanser (generic for CLEARSKIN) - Tier 1</i> <i>acne medication 10 external lotion - Tier 1</i> <i>acne medication 5 external lotion - Tier 1</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i> <i>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</i> AEROCHAMBER PLUS FLO-VU (brand for breathe comfort chamber/adult) - Tier 2; QL AEROCHAMBER PLUS FLO-VU LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL AEROCHAMBER PLUS FLO-VU SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL AEROCHAMBER PLUS FLO-VU WIMASK (brand for breathe comfort chamber/adult) - Tier 2; QL ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL antifungal tolnaftate (generic for TINACTIN) - Tier 1; QL AREXVY - Tier 2; QL arginine oral packet - Tier 1 arthritis pain relieving - Tier 1; QL</p>	<p>AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL ARMONAIR DIGIHALER - Tier 2; PA; QL AUVELITY - Tier 2; PA; QL BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; PA; QL BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL CALQUENCE - Tier 2; PA; SP; QL EMPAVELI - Tier 2; PA; SP; QL HYFTOR - Tier 2; PA; QL HYMOVIS - Tier 2; PA INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL 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 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</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<i>aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i>	<i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16"</i>
<i>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</i>	<i>0.3 ML (brand for egl insulin syringe) - Tier 2; PA; QL</i>
<i>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i>	<i>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL</i>
<i>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i>	<i>INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64"</i>
<i>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i>	<i>0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</i>
<i>aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i>	<i>(brand for techlite insulin syringe) - Tier 2; PA; QL</i>
<i>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</i>	<i>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</i>
<i>aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i>	<i>JIVI - Tier 2; PA; SP</i>
<i>aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i>	<i>MOUNJARO - Tier 2; PA; QL</i>
<i>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2; QL</i>	<i>OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL</i>
<i>aspirin rectal suppository 300 mg - Tier 1</i>	<i>OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL</i>
<i>aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i>	<i>ORLADEYO - Tier 2; PA; SP; QL</i>
<i>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</i>	<i>QUVIVIQ - Tier 2; PA; QL</i>
<i>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i>	<i>RELYVRIO - Tier 2; PA; SP; QL</i>
<i>athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</i>	<i>RYALTRIS - Tier 2; PA; QL; AL</i>
<i>athletes foot relief (generic for TINACTIN) - Tier 1</i>	<i>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL</i>
	<i>SOLIRIS - Tier 2; PA; SP; QL</i>
	<i>SOTYKTU - Tier 2; PA; SP; QL</i>
	<i>STIMUFEND - Tier 2; PA; SP</i>
	<i>SUNLENCA ORAL - Tier 2; PA; QL; AL</i>
	<i>SUNLENCA SUBCUTANEOUS - Tier 2; PA</i>
	<i>VIVJOA - Tier 2; PA; QL</i>
	<i>VTAMA - Tier 2; PA; QL</i>
	<i>WINLEVI - Tier 2; PA; QL</i>
	<i>YONSA - Tier 2; PA; SP; QL</i>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

AXONA (brand for pro-critic) - Tier 2
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin zinc external - Tier 1; QL
bacitracin zinc first aid - Tier 1; QL
bacitracin zinc-aloe - Tier 1; QL
BAYER ASPIRIN ORAL TABLET (brand for aspirin) - Tier 2; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
BCAD 1 (brand for pku trio) - Tier 2; QL
BCAD 2 (brand for pku trio) - Tier 2; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL
BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
benzepro external foam 5.3 % - Tier 1
BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen 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 (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
calamine external lotion - Tier 1

Non-Preferred Agents

ZORYVE - Tier 2; PA; QL; AL

Preferred Agents**Non-Preferred Agents**

capsaicin external cream (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL
CAPZASIN-HP (brand for capsaicin) - Tier 2; QL
capzix (generic for CAPZASIN-HP) - Tier 1; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL
CENTRUM KIDS (brand for cvs gummy dinos) - 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
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL
clearskin (generic for CLEARSKIN) - Tier 1
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

COMIRNATY - Tier 2; QL; AL
 CONDOMS - Tier 2; QL
 COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL
 COOL MIST HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
 corn & callus remover (generic for COMPOUND W) - Tier 1
 corn and callus remover (generic for COMPOUND W) - Tier 1
 COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2
 COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2
 COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
 cystine - Tier 1
 daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1
 DERMELEVE ADVANCED FORMULA - Tier 2
 DIALYVITE OMEGA-3 CONCENTRATE (brand for omega-3 microgel) - Tier 2
 DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
 double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1
 DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

DUREX EXTRA SENSITIVE THIN (brand for aimsco lubricated) - 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
ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL
FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2
FC2 FEMALE CONDOM - Tier 2; QL
fish oil concentrate oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
fish oil half-the-size (generic for OVEGA-3) - Tier 1
fish oil high potency (generic for SEA-OMEGA) - Tier 1
fish oil oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1
fish oil oral capsule 500 mg (generic for OVEGA-3) - Tier 1
fish oil oral capsule delayed release 1000 mg (generic for OMEGAPURE 600 EC) - Tier 1
fish oil oral capsule delayed release 1200 mg - Tier 1

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

FLEET BISACODYL - Tier 2; QL
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; QL
FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
folic acid oral tablet 1 mg - Tier 1; QL
folic acid oral tablet 400 mcg, 800 mcg - Tier 1
foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
ft aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
fungi-guard (generic for TINACTIN) - Tier 1; QL
FYLNETRA - Tier 2; PA; SP
gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
glycine urologic - Tier 1
gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
HCU COOLER (brand for balanced nutritional drink) - Tier 2
HCU GEL (brand for nutricia preop) - Tier 2

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

HCY 1 (brand for pku trio) - Tier 2; QL
HCY 2 (brand for pku trio) - Tier 2; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL
INSPIREASE RESERVOIR BAGS - Tier 2; QL
INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen 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
KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; QL
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
leucine oral - Tier 1
LIPSTART (brand for pku trio) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1
liquid wart remover max st (generic for COMPOUND W) - Tier 1
magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
MASK VORTEX/CHILD/FROG - Tier 2; QL
MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL
MCT PRO-CAL (brand for nutricia preop) - Tier 2
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MMA/PA GEL (brand for nutricia preop) - Tier 2
MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL; AL
MSUD COOLER (brand for balanced nutritional drink) - Tier 2
MSUD GEL (brand for nutricia preop) - Tier 2
natural fish oil (generic for SEA-OMEGA) - Tier 1
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OA 1 (brand for pku trio) - Tier 2; QL
OA 2 (brand for pku trio) - Tier 2; QL
odorless coated fish oil (generic for OMEGAPURE 600 EC) - Tier 1

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

omega-3 fish oil oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1

omega-3 fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1

omega-3 fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - Tier 1

omega-3 microgel (generic for DIALYVITE OMEGA-3 CONCENTRATE) - Tier 1

omega-3 oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1

omega-3 oral capsule 1400 mg - Tier 1

OMNIFLEX DIAPHRAGM - Tier 2; QL

ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL

ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL

ONELAX (brand for bisacodyl) - Tier 2; QL

PANOXYL (brand for bp wash) - Tier 2

PFD 2 (brand for pku trio) - Tier 2; QL

PFD TODDLER (brand for pku trio) - Tier 2; QL

PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL; AL

PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL; AL

PHENYL-FREE 2 (brand for pku trio) - Tier 2; QL

PHENYL-FREE 2HP (brand for pku trio) - Tier 2; QL

PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2

PKU COOLER 10 (brand for balanced nutritional drink) - Tier 2

PKU COOLER 15 (brand for balanced nutritional drink) - Tier 2

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

PKU COOLER 20 (brand for balanced nutritional drink) - Tier 2
pku trio (generic for BCAD 1) - Tier 1; QL
poly bacitracin (generic for POLYSPORIN) - Tier 1
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2
PREZISTA (brand for darunavir) - Tier 2; QL
PRO-CRITIC (brand for pro-critic) - Tier 2
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL
salicylic acid external foam (generic for SALVAX) - Tier 1
salicylic acid external gel (generic for KERALYT) - Tier 1; QL
salicylic acid wart remover (generic for VIRASAL) - Tier 1; QL
SALVAX (brand for salicylic acid) - Tier 2
sam-e.p.a. (generic for OVEGA-3) - Tier 1
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
sea-omega (generic for SEA-OMEGA) - Tier 1
SEVENFACT - Tier 2; PA
SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2
SPIKEVAX - Tier 2; QL; AL
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
TECARTUS - Tier 2; PA
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL
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
TYR COOLER (brand for balanced nutritional drink) - Tier 2
TYR GEL (brand for nutricia preop) - Tier 2
TYROS 1 (brand for pku trio) - Tier 2; QL
TYROS 2 (brand for pku trio) - Tier 2; QL
ULTOMIRIS - Tier 2; PA
VAPORIZER WARM STEAM - Tier 2; QL
VAXELIS - Tier 2; QL; AL
VIRASAL (brand for salicylic acid wart remover) - Tier 2; QL
vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1
WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL
WND 1 (brand for pku trio) - Tier 2; QL
WND 2 (brand for pku trio) - Tier 2; QL
womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
YUFLYMA 2-SYRINGE KIT - Tier 2; PA; SP; QL
ZOSTRIX HP (brand for capsaicin) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Molecular Target Inhibitors - Chemotherapy Agents	
---	--

Antineoplastics - Drugs to Treat Cancer	
---	--

<p>ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL</i> <i>gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL</i> GILOTRIF - Tier 2; PA; SP; QL <i>GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL</i> INLYTA - Tier 2; PA; SP; QL <i>lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL</i> 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 <i>pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL</i> TURALIO - Tier 2; PA; SP; QL; AL XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL</p>	<p>BOSULIF - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP; QL GAVRETO - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL IMBRUVICA - Tier 2; PA; SP; QL <i>IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL</i> LORBRENA - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; SP; QL SPRYCEL - Tier 2; PA; SP; QL TABRECTA - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL <i>TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL</i> TASIGNA - Tier 2; PA; SP; QL VIZIMPRO - Tier 2; PA; SP; QL <i>VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL</i></p>
--	---

Monoclonal Antibodies - Chemotherapy Agents	
---	--

Antineoplastics - Drugs to Treat Cancer	
---	--

	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
--	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanoid Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i> <i>tafluprost (pf) (generic for ZIOPTAN) - Tier 1; PA; QL</i> <i>travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL</i>	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
Ophthalmic Agents, Other	
<i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic ointment - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYICIN HC) - Tier 1; QL</i> CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2 <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1</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>	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 RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL XIIDRA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>neomycin-polymyxin-hc ophthalmic - Tier 1; QL neo-polycin hc (generic for NEO-POLYCYN HC) - Tier 1; QL phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1 RESTASIS (brand for cyclosporine) - Tier 2; PA; QL sulfacetamide-prednisolone - Tier 1 TOBRADEX - Tier 2; QL TOBRADEX ST - Tier 2; QL tobramycin-dexamethasone - Tier 1; QL</p>	
Ophthalmic Anti-allergy Agents	
<p>azelastine hcl ophthalmic - Tier 1; ST cromolyn sodium ophthalmic - Tier 1; QL olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</p>	
Ophthalmic Anti-Infectives	
<p>bacitracin ophthalmic - Tier 1; QL bacitracin-polymyxin b ophthalmic (generic for POLYCYN) - Tier 1; QL ciprofloxacin hcl ophthalmic - Tier 1; QL erythromycin ophthalmic - Tier 1; QL gentamicin sulfate ophthalmic - Tier 1; QL moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL NATACYN - Tier 2 neomycin-bacitracin zn-polymyx (generic for NEO-POLYCYN) - Tier 1; QL neomycin-polymyxin-gramicidin - Tier 1; QL neo-polycin (generic for NEO-POLYCYN) - Tier 1; QL ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL polycin (generic for POLYCYN) - Tier 1; QL polymyxin b-trimethoprim - Tier 1; QL sulfacetamide sodium ophthalmic - Tier 1; QL tobramycin ophthalmic - Tier 1; QL trifluridine - Tier 1; QL</p>	<p>AZASITE - Tier 2; PA; QL BESIVANCE - Tier 2; PA; QL VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Ophthalmic Anti-inflammatories

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

ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA
 BROMSITE - Tier 2; PA; QL
 EYSUVIS - Tier 2; PA; QL
 FLAREX - Tier 2; PA; QL
 FML FORTE - Tier 2; PA; QL
 ILEVRO - Tier 2; PA; QL
 INVELTYS - Tier 2; PA; QL
 LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL
 LOTEMAX SM - Tier 2; PA; QL
 NEVANAC - Tier 2; PA; QL
 PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL
 PROLENSA - Tier 2; PA; QL

Ophthalmic Beta-Adrenergic Blocking Agents

betaxolol hcl ophthalmic - Tier 1; QL
 BETOPTIC-S - Tier 2; QL
 carteolol hcl - Tier 1
 levobunolol hcl - Tier 1; QL
 timolol maleate ophthalmic solution - Tier 1; QL

BETIMOL - Tier 2; PA; QL
 ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL
 TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Ophthalmic Intraocular Pressure Lowering Agents, Other

apraclonidine hcl - Tier 1; QL
brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL
brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL
brinzolamide (generic for AZOPT) - Tier 1; PA
 DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL
dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL
methazolamide oral - Tier 1; QL
 PHOSPHOLINE IODIDE - Tier 2
pilocarpine hcl ophthalmic - Tier 1

ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL
AZOPT (brand for brinzolamide) - Tier 2; PA
 RHOPRESSA - Tier 2; PA; QL
 SIMBRINZA - Tier 2; PA; QL

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1
altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
altalube (generic for ALTALUBE) - Tier 1; QL
artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1
astringent eye drops (generic for VISINE-AC) - Tier 1; QL
BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2
BION TEARS PF (brand for cvs natural tears 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 DAYINIGHT) - Tier 1; QL
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye drops advanced relief - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

eye drops long lasting (generic for SYSTANE) - 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 irritation relief drops (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 NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2
GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2
GENTEAL TEARS SEVERE DAY/NIGHT (brand for dry eye relief) - Tier 2; QL
HYPOTEARNS (brand for cvs dry-eye relief nighttime) - Tier 2; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL
lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops (pf) 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

Non-Preferred Agents

Preferred Agents

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

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pure & gentle lubricant - Tier 1
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - 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
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE CONTACTS (brand for artificial tears) - Tier 2
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p>SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL ultra fresh (generic for ULTRA FRESH) - Tier 1; QL ultra fresh pm (generic for ALTALUBE) - Tier 1; QL ultra lubricant drop (generic for SYSTANE) - Tier 1; QL ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL</p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p>eye allergy relief (generic for OPCON-A) - Tier 1 NAPHCON-A (brand for allergy eye) - Tier 2 VISINE (brand for allergy eye) - Tier 2</p>	
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL allergy eye drops (generic for ALAWAY) - Tier 1; QL eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</p>	
<p>Otic Agents</p>	
<p>acetic acid otic - Tier 1; QL ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; QL hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1; QL neomycin-polymyxin-hc otic - Tier 1; QL ofloxacin otic - Tier 1; PA; QL</p>	<p>CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL CIPRO HC - Tier 2; PA; QL OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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

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

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

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

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

Respiratory Tract/Pulmonary Agents

Antihistamines

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

DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL

Preferred Agents

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 oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
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
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
cetirizine hcl oral tablet chewable (generic for WAL-ZYR CHILDRENS) - Tier 1; Members >= 8 years of age will require PA; QL

Non-Preferred Agents

Preferred Agents

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
clemastine fumarate oral syrup - 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 (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 hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl injection - Tier 1; QL
diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
geri-dryl (generic for BANOPHEN) - Tier 1; QL
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL

Non-Preferred Agents

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

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
pharbedryl (generic for BANOPHEN) - Tier 1; QL
RYCLORA - Tier 2; QL
siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
total allergy (generic for BANOPHEN) - Tier 1; QL
total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ZYRTEC (brand for cetirizine hcl) - Tier 2; Members >= 8 years of age will require PA; QL
ZYRTEC ALLERGY (brand for all day allergy) - Tier 2; QL
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (brand for cetirizine hcl) - Tier 2; Members >= 8 years of age will require PA; QL

Anti-inflammatories, Inhaled Corticosteroids

ASMANEX (120 METERED DOSES) - Tier 2; QL
ASMANEX (14 METERED DOSES) - Tier 2; QL
ASMANEX (30 METERED DOSES) - Tier 2; QL
ASMANEX (60 METERED DOSES) - Tier 2; QL
budesonide inhalation (generic for PULMICORT) - Tier 1; QL
FLOVENT DISKUS (brand for fluticasone propionate diskus) - Tier 2; QL
FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; QL
flunisolide nasal - Tier 1; QL
FLUTICASONE PROPIONATE DISKUS (brand for fluticasone propionate diskus) - Tier 2; QL
FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL
fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL

ALVESCO - Tier 2; PA
ARNUITY ELLIPTA - Tier 2; PA; QL
ASMANEX HFA - Tier 2; PA; Available for an extended day(s) supply||Members >= 8 years of age will require PA; QL
OMNARIS - Tier 2; PA; QL
PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; QL
QNASL - Tier 2; PA; QL
QNASL CHILDRENS - Tier 2; PA; QL
QVAR REDIHALER - Tier 2; PA; QL
XHANCE - Tier 2; PA; QL
ZETONNA - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
PULMICORT FLEXHALER - Tier 2; QL	
Antileukotrienes	
<i>montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL; AL</i> <i>montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL</i> <i>montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL</i>	<i>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL</i> <i>SINGULAIR ORAL PACKET (brand for montelukast sodium) - Tier 2; PA; QL; AL</i> <i>SINGULAIR ORAL TABLET (brand for montelukast sodium) - Tier 2; PA; QL</i> <i>SINGULAIR ORAL TABLET CHEWABLE (brand for montelukast sodium) - Tier 2; PA; QL</i> <i>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</i> <i>ZYFLO - Tier 2; PA</i>
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> <i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; Available for an extended day(s) supply HANDIHALER only; QL</i> SPIRIVA RESPIMAT - Tier 2; QL TUDORZA PRESSAIR - Tier 2; QL	INCRUSE ELLIPTA - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Bronchodilators, Sympathomimetic

<p><i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL</i> <i>ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL</i> <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i> <i>ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% - Tier 2; QL</i> <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL</i> <i>albuterol sulfate oral syrup - Tier 1; QL</i> <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic for EPIPEN JR 2-PAK) - Tier 1; QL</i> <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; QL</i> <i>SEREVENT DISKUS - Tier 2; PA; QL</i></p>	<p><i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i> <i>BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL</i> <i>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i> <i>PROAIR RESPICLICK - Tier 2; PA; QL</i> <i>PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> <i>STRIVERDI RESPIMAT - Tier 2; PA; QL</i> <i>SYMJEPI - Tier 2; PA; QL</i> <i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</i></p>
--	--

Cystic Fibrosis Agents

<p><i>BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL</i> <i>KALYDECO - Tier 2; PA; SP; QL</i> <i>KITABIS PAK (brand for tobramycin) - Tier 2; PA; SP; QL</i> <i>ORKAMBI - Tier 2; PA; SP; QL</i> <i>PULMOZYME - Tier 2; DX2RX; SP; QL</i> <i>SYMDEKO - Tier 2; PA; SP; QL</i> <i>TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG - Tier 2; PA; SP; QL</i> <i>TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</i></p>	<p><i>CAYSTON - Tier 2; PA; SP; QL</i> <i>TOBI PODHALER - Tier 2; PA; SP; QL</i> <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; PA; SP; QL</i></p>
---	---

Mast Cell Stabilizers

<p><i>cromolyn sodium inhalation - Tier 1; QL</i></p>	
---	--

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Phosphodiesterase Inhibitors, Airways Disease

elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL
 THEO-24 - Tier 2
theophylline (generic for ELIXOPHYLLIN) - Tier 1; QL
theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL
theophylline er oral tablet extended release 12 hour 450 mg - Tier 1
theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL
theophylline er oral tablet extended release 24 hour 600 mg - Tier 1

Pulmonary Antihypertensives

ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL
ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL
bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL
REVATIO ORAL SUSPENSION RECONSTITUTED (brand for sildenafil citrate) - Tier 2; SP; QL; AL
sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL

ADEMPAS - Tier 2; PA; SP; QL
 LETAIRIS (brand for ambrisentan) - Tier 2; PA; SP; QL
 OPSUMIT - Tier 2; PA; SP; QL
 ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL
 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
 REVATIO ORAL TABLET (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL
tadalafil (pah) (generic for ADCIRCA) - Tier 1; PA; SP; QL
 TADLIQ - Tier 2; PA; SP; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
	<p>TRACLEER 62.5 MG, 125 MG (brand for bosentan) - Tier 2; PA; SP; QL</p> <p>TRACLEER 32 MG - Tier 2; PA; SP; QL; AL</p> <p>TYVASO - Tier 2; PA; Coverable through Medical Benefit; SP</p> <p>TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL</p> <p>TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL</p> <p>TYVASO REFILL - Tier 2; PA; Coverable through Medical Benefit; SP</p> <p>TYVASO STARTER - Tier 2; PA; Coverable through Medical Benefit; SP</p> <p>UPTRAVI ORAL - Tier 2; PA; SP; QL</p> <p>VENTAVIS INHALATION SOLUTION 10 MCG/ML - Tier 2; PA; Coverable through Medical Benefit; SP; QL</p> <p>VENTAVIS INHALATION SOLUTION 20 MCG/ML - Tier 2; PA; Coverable through Medical Benefit; SP</p>
Pulmonary Fibrosis Agents	
<p>OFEV - Tier 2; PA; SP; QL</p> <p><i>pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL</i></p> <p><i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i></p>	<p>ESBRIET (brand for <i>pirfenidone</i>) - Tier 2; PA; SP; QL</p>
Respiratory Tract Agents, Other	
<p><i>acetylcysteine inhalation - Tier 1</i></p> <p>FASENRA PEN - Tier 2; PA; SP; QL</p> <p>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p> <p>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL</p> <p><i>promethazine vc - Tier 1; QL</i></p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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**

4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2
 4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2
 AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2
 altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
 altarussin (generic for TUSNEL-EX) - Tier 1; QL
 AYR (brand for altamist spray) - Tier 2
 AYR SALINE NASAL DROPS - Tier 2
 BABY AYR SALINE (brand for altamist spray) - Tier 2
 BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL
 BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL
 chest congestion relief child (generic for TUSNEL-EX) - Tier 1; QL
 chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1;
 QL
 chest congestion relief oral tablet (generic for XPECT) - Tier 1
 CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL
 cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
 AL
 cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier
 1; AL
 cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH
 LONG ACTING) - Tier 1
 cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
 AL
 deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier
 1
 ed bron gp - Tier 1
 ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1
 ft chest congestion relief (generic for XPECT) - Tier 1

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL

guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1

MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL

maxi-tuss pe max - Tier 1

medifin 400 (generic for XPECT) - Tier 1

medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL

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

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

mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL

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

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

mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL

mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1

mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL

Preferred Agents

mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL
mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
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
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal four (generic for 4-WAY FAST ACTING) - Tier 1
nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1
NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1
NEO-SYNEPHRINE COLD/ALLERGY EXT (brand for cvs nasal spray) - Tier 2

Non-Preferred Agents

Preferred Agents

non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1
nose drops nasal solution 1 % (generic for 4-WAY FAST ACTING) - 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 (generic for BROMFED DM) - Tier 1; QL
refenesen 400 (generic for XPECT) - Tier 1
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

Antihistamines - Allergy Drugs

12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL
 all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL
 all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL
 cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

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

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL
allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief (loratadine) (generic for CLARITIN) - Tier 1; QL
allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief childrens oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL
allergy relief oral capsule 10 mg (generic for CLARITIN) - 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 4 mg (generic for WAL-FINATE) - Tier 1; QL
allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL
allergy relief oral tablet dispersible 10 mg, 5 mg (generic for CLARITIN REDITABS) - 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
chlor-pheniramine (generic for WAL-FINATE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

chlorpheniramine maleate oral (generic for WAL-FINATE) - Tier 1; QL
chlortabs (generic for WAL-FINATE) - Tier 1; QL
CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL
CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; QL
CLARITIN ORAL CAPSULE (brand for allergy relief (loratadine)) - Tier 2; QL
CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL
CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; QL
CLARITIN REDITABS (brand for cvs allergy relief) - Tier 2; QL
CLARITIN REDITABS JUNIORS (brand for cvs allergy relief) - Tier 2; QL
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
ft allergy relief childrens oral tablet chewable (generic for CLARITIN) - Tier 1; QL
ft allergy relief oral tablet 4 mg (generic for WAL-FINATE) - 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 (generic for CLARITIN) - Tier 1; QL
loratadine oral (generic for CLARITIN) - Tier 1; QL
pharbechlor (generic for WAL-FINATE) - Tier 1; QL
TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

Non-Preferred Agents

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

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; ST
 ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; ST; QL
 ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; ST; QL
 ANORO ELLIPTA - Tier 2; PA; QL
 COMBIVENT RESPIMAT - Tier 2; QL
 DULERA INHALATION AEROSOL 100-5 MCG/ACT - Tier 2; ST
 DULERA INHALATION AEROSOL 200-5 MCG/ACT - Tier 2; ST; QL
 DULERA INHALATION AEROSOL 50-5 MCG/ACT - Tier 2; PA; QL
 FLUTICASONE-SALMETEROL INHALATION AEROSOL (brand for fluticasone-salmeterol) - Tier 2; ST; QL

BEVESPI AEROSPHERE - Tier 2; PA; QL
 BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL
 BREZTRI AEROSPHERE - Tier 2; PA; QL
 DUAKLIR PRESSAIR - Tier 2; PA; QL
 TRELEGY ELLIPTA - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; 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>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; ST; 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 (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal decongestant (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>12hr allergy & congestion (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL</i> <i>24hr allergy & congestion reli (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL</i> <i>ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL</i> <i>AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2</i> <i>ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; QL</i>	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ALLEGRA-D ALLERGY & CONGESTION (brand for 12hr allergy & congestion) - Tier 2; QL
allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
allergy relief d oral tablet extended release 12 hour 60-120 mg (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d oral tablet extended release 24 hour 180-240 mg (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy relief d12 oral tablet extended release 12 hour 60-120 mg (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d24 (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

allergy-d allergy & conges (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL

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

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

antihistamine & nasal deconges (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL

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

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

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

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

childrens cold & allergy - Tier 1

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

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

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

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL
cold & allergy - Tier 1
cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml
(generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
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
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) -
Tier 1; QL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for
DIMAPHEN DM COLD/COUGH) - Tier 1; QL
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM
COLD/COUGH) - Tier 1; QL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG
DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGH/CHEST CONG DM
CHILD) - Tier 1
cough dm childrens oral suspension extended release 30 mg/5ml
(generic for DELSYM) - Tier 1; QL
cough dm er (generic for DELSYM) - Tier 1; QL
cough dm oral suspension extended release 30 mg/5ml (generic for
DELSYM) - Tier 1; QL
DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough)
- Tier 2
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2

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

dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL

dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL

dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

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

ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL

fexofenadine/pse er (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL

fexofenadine-pseudoephed er (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL

ft allergy & congestion-d 12hr (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL

ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL

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

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

g tussin ac - Tier 1; QL; AL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

guaifenesin ac - Tier 1; QL; AL

guaifenesin-codeine - Tier 1; QL; AL

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

HYPERSAL (brand for sodium chloride) - Tier 2

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

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

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

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

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

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

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

Preferred Agents**Non-Preferred Agents**

loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
maxi-tuss ac - Tier 1; QL; AL
maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1
meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
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
MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2
MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2
MUCINEX SINUS-MAX SINUSIALLRGY (brand for 12 hour decongestant) - Tier 2
mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus d extended release (generic for MUCINEX D) - Tier 1; AL
mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus dm (generic for MUCINEX DM) - Tier 1; QL

Preferred Agents

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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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

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

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

nasal relief (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 nasal solution 0.05 % (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

nebusal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1

NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % - Tier 2

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

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

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

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

promethazine vclcodeine - Tier 1; QL; AL

Preferred Agents**Non-Preferred Agents**

promethazine-codeine oral solution - Tier 1; QL; AL
promethazine-dm - Tier 1; QL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
pulmosal (generic for PULMOSAL) - Tier 1
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL
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
rynex pe - Tier 1
rynex pse - Tier 1
siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sodium chloride inhalation nebulization solution 0.9 % - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

sodium chloride inhalation nebulization solution 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for PULMOSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
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
tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
tussin cough/chest dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>wal-fex d allergy & congestion oral tablet extended release 12 hour (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL</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 250 mg, 500 mg - Tier 1; QL</i></p> <p><i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>methocarbamol oral - Tier 1; QL</i></p> <p><i>orphenadrine citrate er - Tier 1; QL</i></p>	<p><i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i></p> <p><i>LORZONE (brand for chlorzoxazone) - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Sleep Promoting Agents	
<p><i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; QL</i> <i>eszopiclone (generic for LUNESTA) - Tier 1; QL; AL</i> <i>ROZEREM (brand for ramelteon) - Tier 2; ST; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL; AL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL</i></p>	<p><i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL; AL</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>EDLUAR - Tier 2; PA; QL</i> <i>estazolam - Tier 1; PA; QL; AL</i> <i>HALCION (brand for triazolam) - Tier 2; PA; QL; AL</i> <i>LUNESTA (brand for eszopiclone) - Tier 2; PA; QL; AL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; PA; ST; QL</i> <i>RESTORIL (brand for temazepam) - Tier 2; PA; QL; AL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i> <i>temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL; AL</i> <i>triazolam (generic for HALCION) - Tier 1; PA; QL; AL</i> <i>zaleplon - Tier 1; PA; QL; AL</i></p>
Wakefulness Promoting Agents	
<p><i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL</i></p>	<p><i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i></p>

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

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

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

animal shapes complete (generic for CEROVITE JR) - Tier 1; QL
animal shapes kids first (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL
biocel (generic for LYSIPLEX PLUS) - Tier 1; QL
biotin forte oral tablet 5 mg - Tier 1
biotin oral capsule 5000 mcg (generic for MERIBIN) - Tier 1
biotin oral tablet 5 mg - Tier 1
b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL
BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL
BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; QL
BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL
calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium fast dissolution - Tier 1; QL
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL

chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL

childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL

childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL

childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL

childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL

daily multivitamins/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

FLINTSTONES PLUS EXTRA IRON (brand for childrens animal shapes) - Tier 2; QL

FOLAGENT DHA (brand for v-c forte) - Tier 2

FOLAMED DHA (brand for v-c forte) - Tier 2

fruity c - Tier 1; QL

klor-con/ef - Tier 1; QL

k-prime - Tier 1; QL

Preferred Agents

little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
MERIBIN (brand for cvs biotin) - Tier 2
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
MULTIPRO (brand for v-c forte) - Tier 2
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL
OCUVEL (brand for v-c forte) - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
SUPPORT - Tier 2; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

v-c forte (generic for VIC-FORTE) - Tier 1
vic-forte (generic for VIC-FORTE) - Tier 1
vit c/rose hips - Tier 1; QL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/lacerola (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c/rose hips oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL
vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
b6 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
pyridoxine hcl oral - Tier 1; QL
thiamine hcl oral - Tier 1; QL
vitamin b1 - Tier 1; QL
vitamin b-1 oral tablet 250 mg - Tier 1; QL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1
vitamin b12 oral tablet extended release 1000 mcg - Tier 1
vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1
vitamin b-6 - Tier 1; QL
vitamin b-6 er - Tier 1; QL
vitamin e oral capsule 180 mg (400 unit) - Tier 1; QL

NASCOBAL - Tier 2; PA; QL

Prior Authorization / Class Criteria

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Index of Drugs

12 hour allergy-d.....	164	ACCOLATE.....	156	acetaminophen-codeine.....	7
12 hour decongestant.....	169	ACCU-CHEK AVIVA DEVICE.....	73	acetazolamide er.....	59
12 hour nasal decongestant.....	169	ACCU-CHEK AVIVA PLUS TEST STRIPS..	73	acetazolamide oral.....	59
12 hour nasal relief spray.....	169	ACCU-CHEK FASTCLIX LANCET KIT.....	73	acetic acid otic.....	150
12 hour nasal spray.....	169	ACCU-CHEK GUIDE CONTROL.....	73	acetylcysteine inhalation.....	159
12hr allergy & congestion.....	169	ACCU-CHEK GUIDE KIT W/DEVICE.....	73	acid controller.....	89
12hr allergy relief.....	165	ACCU-CHEK GUIDE TEST STRIPS.....	73	acid gone.....	91
24 hour nasal allergy.....	168	ACCU-CHEK SMARTVIEW.....	73	acid reducer oral tablet 10 mg.....	89
24hr allergy & congestion reli.....	169	ACCU-CHEK SMARTVIEW CONTROL.....	73	acid reducer oral tablet 200 mg.....	89
24hr allergy relief.....	165	ACCU-CHEK SOFTCLIX LANCET		acid reducer oral tablet delayed release 20	
3 day.....	31	DEVICE KIT.....	73	mg.....	90
3 day vaginal.....	32	ACCURETIC ORAL TABLET 10-12.5 MG..	59	acidophilus lactobacillus oral.....	91
3-day vaginal vaginal cream 2 %.....	32	accutane.....	66	acidophilus oral capsule , 10 mg.....	91
4-WAY FAST ACTING.....	160	ACCUTREND GLUCOSE CONTROL.....	73	acidophilus probiotic oral capsule 10 mg.....	91
4-WAY MENTHOL.....	160	acetaminophen 8 hour.....	9	acidophilus probiotic oral tablet , 0.5 mg.....	91
7T LIDO.....	16	acetaminophen 8 hours.....	9	acidophilus/l-sporogenes.....	91
8 hour arthritis pain.....	9	acetaminophen 8hr arth pain.....	9	acitretin.....	66
8 hour arthritis relief.....	9	acetaminophen 8hr musc ache.....	9	acne control cleanser.....	130
8 hour pain relief oral tablet extended		acetaminophen childrens.....	9	acne medication 10 external lotion.....	130
release 650 mg.....	9	acetaminophen childrens oral suspension		acne medication 5 external lotion.....	130
8 hour pain reliever.....	9	160 mg/5ml.....	9	acne treatment external cream 10 %.....	130
8 hr arthritis pain relief.....	9	acetaminophen er.....	9	ACTEMRA ACTPEN.....	124
8hr arthritis pain relief.....	9	acetaminophen ex st oral liquid 500		ACTEMRA SUBCUTANEOUS.....	124
8hr muscle aches & pain.....	9	mg/15ml.....	9	ACTHAR.....	112
a-25.....	82	acetaminophen ex st oral tablet 500 mg.....	9	ACTHIB.....	127
abacavir sulfate.....	45	acetaminophen extra strength.....	9	ACTIMMUNE.....	125
abacavir sulfate-lamivudine.....	45	acetaminophen infants.....	9	ACTIVELLA.....	115
abatinex.....	91	acetaminophen oral liquid 160 mg/5ml.....	9	ACTONEL ORAL TABLET 150 MG.....	129
ABILIFY.....	41	acetaminophen oral solution 160 mg/5ml,		ACTONEL ORAL TABLET 35 MG.....	129
ABILIFY MAINTENA.....	41	325 mg/10.15ml, 650 mg/20.3ml.....	10	ACULAR LS.....	145
abiraterone acetate.....	35	acetaminophen oral suspension 160		ACUVAIL.....	145
ABREVA.....	73	mg/5ml, 650 mg/20.3ml.....	10	acyclovir oral.....	43
ABRYSVO.....	130	acetaminophen oral tablet 325 mg.....	10	ADACEL.....	127
ABSORICA.....	66	acetaminophen oral tablet 500 mg.....	10	ADBRY.....	124
ABSORICA LD.....	66	acetaminophen oral tablet chewable 160		ADCIRCA.....	158
acamprosate calcium.....	17	mg.....	10	ADDERALL.....	63
ACANYA.....	66	acetaminophen rectal suppository 120 mg..	10	ADDERALL XR.....	63
acarbose oral.....	48	acetaminophen rectal suppository 650 mg..	10	adefovir dipivoxil.....	43

ADEMPAS.....	158	AKYNZEO ORAL.....	30	<i>aller-chlor</i>	165
ADMELOG.....	50	<i>ala-cort</i>	67	<i>allerclear</i>	165
ADMELOG SOLOSTAR.....	50	ALAVERT ALLERGY/SINUS.....	169	<i>allerclear d-12hr</i>	170
<i>adult 50+ probiotic</i>	91	ALAWAY.....	150	<i>allerclear d-24hr</i>	170
<i>adult probiotic</i>	91	ALAWAY CHILDRENS ALLERGY.....	150	<i>aller-ease oral tablet 180 mg</i>	165
<i>adv acne spot treatment</i>	130	<i>albendazole oral</i>	38	<i>aller-fex</i>	165
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT.....	168	<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	157	<i>allerg rel child (lorat)</i>	165
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT.....	168	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	157	<i>allerg relief child (lorat)</i>	165
ADVAIR HFA.....	168	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>	157	<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	170
<i>advanced acne spot treat</i>	130	ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%.....	157	<i>allergy & congestion relief</i>	170
<i>advanced antacid</i>	91	<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	157	<i>allergy (cetirizine)</i>	152
<i>advanced healing external ointment</i>	72	<i>albuterol sulfate oral syrup</i>	157	<i>allergy 24hour indoor/outdoor</i>	152
ADVATE.....	54	ALCOHOL PREP PADS PAD , 70 %.....	130	<i>allergy 24-hr</i>	165
ADVIL.....	4	ALDURAZYME.....	109	<i>allergy childrens oral liquid</i>	152
ADVIL COLD/SINUS.....	169	ALECENSA.....	142	<i>allergy childrens oral solution</i>	166
ADVIL JUNIOR STRENGTH.....	4	<i>alendronate sodium oral solution</i>	129	<i>allergy eye drops</i>	150
ADVIL LIQUI-GELS MINIS.....	4	<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	129	<i>allergy medication</i>	152
ADVIL MIGRAINE.....	4	<i>alendronate sodium oral tablet 70 mg</i>	129	<i>allergy medicine</i>	152
ADYNOVATE.....	55	ALEVE ORAL TABLET.....	4	<i>allergy medicine</i>	152
AEROCHAMBER PLUS FLO-VU.....	130	<i>alfuzosin hcl er</i>	111	<i>allergy nasal mist no drip</i>	170
AEROCHAMBER PLUS FLO-VU LARGE.....	130	<i>all day allergy d</i>	164	<i>allergy oral capsule 25 mg</i>	152
AEROCHAMBER PLUS FLO-VU SMALL.....	130	<i>all day allergy oral tablet 10 mg</i>	152	<i>allergy oral liquid 12.5 mg/5ml</i>	152
AEROCHAMBER PLUS FLO-VU W/MASK	130	<i>all day allergy relief</i>	152, 165	<i>allergy oral tablet 25 mg</i>	152
AFINITOR.....	37	<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	164	<i>allergy oral tablet 4 mg</i>	166
<i>afirmelle</i>	115	<i>all day pain relief oral tablet 220 mg</i>	4	<i>allergy rel child (loratadine)</i>	166
AFLURIA QUADRIVALENT.....	128	<i>all day relief</i>	4	<i>allergy relief (cetirizine) oral capsule 10 mg</i>	152
AFREZZA.....	50	ALLEGRA ALLERGY.....	165	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	152
AFRIN NODRIP ORIGINAL.....	169	ALLEGRA HIVES 24HR.....	165	<i>allergy relief (loratadine)</i>	166
AFRIN SALINE NASAL MIST.....	160	ALLEGRA-D ALLERGY & CONGESTION.....	169	<i>allergy relief adult</i>	152
AFSTYLA.....	55			<i>allergy relief cetirizine</i>	152
<i>aftera</i>	121			<i>allergy relief child</i>	166
AGONEAZE.....	16			<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	152
AIMOVIG.....	33			<i>allergy relief childrens oral solution 5 mg/5ml</i>	166
AJOVY.....	33			<i>allergy relief childrens oral tablet chewable 12.5 mg</i>	152

<i>allergy relief childrens oral tablet chewable 5 mg</i>	166	<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	164, 171	<i>amantadine hcl oral capsule</i>	40
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	164	<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	171	AMBIEN.....	181
<i>allergy relief d oral tablet extended release 12 hour 60-120 mg</i>	170	<i>allergy relief-d12</i>	171	AMBIEN CR.....	181
<i>allergy relief d oral tablet extended release 24 hour 180-240 mg</i>	170	<i>allergy spray 24 hour nasal aerosol</i>	168	<i>ambrisentan</i>	158
<i>allergy relief d-12</i>	170	<i>allergy/congestion relief</i>	171	<i>amethia</i>	115
<i>allergy relief d12 oral tablet extended release 12 hour 60-120 mg</i>	170	<i>allergy-d allergy & conges</i>	171	<i>amethyst</i>	115
<i>allergy relief d24</i>	170	<i>aller-tec</i>	153	<i>amiloride hcl oral</i>	60
<i>allergy relief d-24</i>	170	<i>aller-tec d</i>	164	<i>amiloride-hydrochlorothiazide</i>	59
<i>allergy relief max st</i>	152	<i>allopurinol oral tablet 100 mg, 300 mg</i>	33	<i>aminocaproic acid oral</i>	54
<i>allergy relief nasal decong</i>	170	<i>almacone double strength</i>	91	<i>amiodarone hcl oral</i>	57
<i>allergy relief oral capsule 10 mg</i>	166	ALOGLIPTIN BENZOATE.....	48	AMITIZA.....	88
<i>allergy relief oral capsule 25 mg</i>	152	ALOGLIPTIN-METFORMIN HCL.....	48	<i>amitriptyline hcl oral</i>	29
<i>allergy relief oral liquid 25 mg/10ml</i>	152	ALOGLIPTIN-PIOGLITAZONE.....	48	AMJEVITA SUBCUTANEOUS SOLUTION	
<i>allergy relief oral tablet 10 mg</i>	166	ALORA.....	115	AUTO-INJECTOR 40 MG/0.8ML.....	130
<i>allergy relief oral tablet 180 mg</i>	166	ALPHAGAN P.....	146	AMJEVITA SUBCUTANEOUS SOLUTION	
<i>allergy relief oral tablet 25 mg</i>	153	ALPHANATE.....	55	PREFILLED SYRINGE 20 MG/0.4ML, 40	
<i>allergy relief oral tablet 4 mg</i>	166	ALPHANINE SD.....	55	MG/0.8ML.....	130
<i>allergy relief oral tablet 60 mg</i>	166	<i>alprazolam er</i>	47	AMLADDEX.....	82
<i>allergy relief oral tablet chewable 12.5 mg</i>	153	<i>alprazolam intensol</i>	47	<i>amlodipine besylate oral</i>	58
<i>allergy relief oral tablet dispersible 10 mg, 5 mg</i>	166	<i>alprazolam oral</i>	47	<i>ammonium lactate external</i>	67
<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	164	<i>alprazolam xr</i>	47	<i>amnesteam</i>	66
<i>allergy relief(cetirizine)</i>	153	ALPROLIX.....	55	<i>amoxapine</i>	29
<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	153	<i>altachlore ophthalmic ointment</i>	146	<i>amoxicillin</i>	21
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	166	<i>altachlore ophthalmic solution</i>	146	<i>amoxicillin-potassium clavulanate</i>	21
<i>allergy relief/nasal decong</i>	170	<i>altafrin</i>	143	<i>amphetamine-dextroamphetamine</i>	63
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	164	<i>altalube</i>	146	<i>ampicillin</i>	21
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	170	<i>altamist spray</i>	160	AMPYRA.....	64
		<i>altarussin</i>	160	AMRIX.....	180
		<i>altarussin dm</i>	171	AMZEEQ.....	71
		<i>altavera</i>	115	<i>anagrelide hcl</i>	53
		ALTOPREV.....	61	ANASPAZ.....	130
		ALTRENO.....	66	<i>anastrozole oral</i>	36
		<i>alum & mag hydroxide-simeth</i>	91	ANDRODERM.....	114
		ALUNBRIG.....	142	ANDROGEL PUMP.....	114
		ALVESCO.....	155	ANECREAM EXTERNAL CREAM.....	16
		<i>alyacen 1/35</i>	115	<i>anefrin spray</i>	171
		<i>alyacen 7/7/7</i>	115	ANGELIQ.....	115
				<i>animal shapes complete</i>	182
				<i>animal shapes kids first</i>	182

ANNOVERA.....	115	<i>antacid plus antigas</i>	93	APIDRA SOLOSTAR.....	50
ANODYNE LPT.....	16	<i>antacid regular strength oral suspension</i>	93	APIDRA VIAL.....	50
ANORO ELLIPTA.....	168	<i>antacid regular strength oral tablet</i>		APOKYN.....	40
<i>antacid & anti-gas oral suspension 200-</i>		<i>chewable</i>	93	<i>apra</i>	10
<i>200-20 mg/5ml</i>	91	<i>antacid ultra strength oral tablet chewable</i>		<i>apraclonidine hcl</i>	146
<i>antacid & antigas oral suspension 2400-</i>		<i>1000 mg</i>	93	<i>aprepitant</i>	30
<i>2400-240 mg/30ml</i>	91	<i>antacid/antigas</i>	93	<i>apri</i>	115
<i>antacid & anti-gas oral suspension 400-</i>		<i>antacid/anti-gas max st</i>	93	APRISO.....	128
<i>400-40 mg/5ml</i>	91	<i>antacid/anti-gas oral suspension 200-200-</i>		APRODINE.....	171
<i>antacid & gas relief</i>	91	<i>20 mg/5ml, 400-400-40 mg/10ml</i>	93	APTENSIO XR.....	63
<i>antacid advanced</i>	91	<i>antacid/anti-gas oral suspension 400-400-</i>		APTIOM.....	26
<i>antacid advanced max st oral suspension</i>		<i>40 mg/5ml</i>	93	<i>aqueous vitamin d</i>	82
<i>400-400-40 mg/5ml</i>	91	<i>antacid/gas relief max st</i>	93	<i>aranelle</i>	115
<i>antacid anti-gas</i>	91	<i>antibiotic</i>	23, 130	ARANESP (ALBUMIN FREE).....	53
<i>antacid anti-gas ex st oral suspension 400-</i>		<i>anti-diarr/ant-gas</i>	93	ARAZLO.....	66
<i>400-40 mg/5ml</i>	91	<i>anti-diarrheal anti-gas</i>	93	AREXVY.....	130
<i>antacid anti-gas max strength</i>	92	<i>anti-diarrheal oral suspension 262 mg/15ml</i>	93	<i>arginine oral packet</i>	130
<i>antacid calcium</i>	92	<i>anti-diarrheal oral tablet 2 mg</i>	88	<i>aripiprazole oral solution</i>	41
<i>antacid calcium rich</i>	92	<i>anti-diarrheal/anti-gas</i>	93	<i>aripiprazole oral tablet</i>	41
<i>antacid extra strength oral suspension</i>	92	<i>antifungal (tolnaftate) external cream 1 %</i>	130	<i>aripiprazole oral tablet dispersible</i>	41
<i>antacid extra strength oral tablet chewable</i>		<i>antifungal external cream</i>	32	ARISTADA.....	41
<i>160-105 mg</i>	92	<i>antifungal external powder</i>	32	ARISTADA INITIO.....	41
<i>antacid extra strength oral tablet chewable</i>		<i>antifungal foot care</i>	32	<i>armodafinil</i>	181
<i>750 mg</i>	92	<i>antifungal miconazole</i>	32	ARMONAIR DIGIHALER.....	130
<i>antacid fast relief</i>	92	<i>antifungal tolnaftate</i>	130	ARMOUR THYROID.....	122
<i>antacid i</i>	92	<i>anti-gas oral capsule 180 mg</i>	94	ARNUITY ELLIPTA.....	155
<i>antacid iii</i>	92	<i>anti-hist allergy</i>	153	<i>arthritis pain oral tablet extended release</i>	
<i>antacid kids</i>	92	<i>antihistamine & nasal deconges</i>	171	<i>650 mg</i>	10
<i>antacid liquid</i>	92	<i>anti-itch aloe</i>	67	<i>arthritis pain relief oral tablet extended</i>	
<i>antacid m</i>	92	<i>anti-itch intensive heal</i>	67	<i>release 650 mg</i>	10
<i>antacid maximum</i>	92	<i>anti-itch max str external cream 1 %</i>	67	<i>arthritis pain reliever oral</i>	10
<i>antacid maximum strength</i>	92	<i>anti-itch maximum strength external cream</i>		<i>arthritis pain relieving</i>	130
<i>antacid maximum strength oral tablet</i>		<i>1 %</i>	67	<i>artificial tears ophthalmic solution</i>	146
<i>chewable 1000 mg</i>	92	<i>anti-nausea</i>	30	<i>ascomp-codeine</i>	7
<i>antacid oral suspension 200-200-20</i>		<i>anti-nausea relief</i>	30	<i>ascorbic acid oral tablet 500 mg</i>	182
<i>mg/5ml, 400-400-40 mg/10ml</i>	92	<i>antiseptic</i>	23	ASMANEX (120 METERED DOSES).....	155
<i>antacid oral tablet chewable 1000 mg</i>	92	ANUSOL-HC EXTERNAL.....	129	ASMANEX (14 METERED DOSES).....	155
<i>antacid oral tablet chewable 500 mg</i>	92	ANZEMET.....	30	ASMANEX (30 METERED DOSES).....	155
<i>antacid oral tablet chewable 750 mg</i>	93	<i>apap-caff-dihydrocodeine</i>	7	ASMANEX (60 METERED DOSES).....	155

ASMANEX HFA.....	155	<i>atovaquone</i>	39	AZOPT.....	146
ASPERFLEX LIDOCAINE EXTERNAL		<i>atovaquone-proguanil hcl</i>	39	AZSTARYS.....	63
CREAM.....	16	ATRALIN.....	66	<i>azurette</i>	115
<i>aspirin adults</i>	130	<i>atropine sulfate ophthalmic ointment</i>	143	<i>b complex</i>	82
<i>aspirin childrens</i>	131	<i>atropine sulfate ophthalmic solution 1 %</i>	143	<i>b complex vitamins</i>	82
<i>aspirin ec oral tablet 325 mg</i>	131	ATROVENT HFA.....	156	<i>b-1</i>	186
<i>aspirin ec oral tablet delayed release 325</i>		AUBAGIO.....	64	<i>b6</i>	186
<i>mg</i>	131	<i>aubra eq</i>	115	BABY AYR SALINE.....	160
<i>aspirin ec oral tablet delayed release 81</i>		AUGMENTIN ORAL SUSPENSION		<i>baby basics diaper rash</i>	72
<i>mg</i>	131	RECONSTITUTED.....	21	<i>bac</i>	7
<i>aspirin oral tablet 325 mg</i>	131	<i>aurovela 1.5/30</i>	115	<i>bacitracin external</i>	132
<i>aspirin oral tablet chewable 81 mg</i>	131	<i>aurovela 1/20</i>	115	<i>bacitracin ophthalmic</i>	144
<i>aspirin oral tablet delayed release 325 mg</i>	131	<i>aurovela 24 fe</i>	115	<i>bacitracin zinc external</i>	132
<i>aspirin oral tablet delayed release 81 mg</i> ..	131	<i>aurovela fe 1.5/30</i>	115	<i>bacitracin zinc first aid</i>	132
ASPIRIN ORAL TABLET DELAYED		<i>aurovela fe 1/20</i>	115	<i>bacitracin zinc-aloe</i>	132
RELEASE 81 MG.....	131	AURYXIA.....	81	<i>bacitracin-polymyxin b ophthalmic</i>	144
<i>aspirin rectal suppository 300 mg</i>	131	AUSTEDO.....	64	<i>bacitra-neomycin-polymyxin-hc</i>	143
<i>aspirin regimen</i>	131	AUSTEDO XR.....	64	<i>baclofen oral tablet</i>	42
<i>aspirin tri-buffered</i>	15	AUSTEDO XR PATIENT TITRATION.....	64	BAFIERTAM.....	64
<i>astrigent eye drops</i>	146	AUVELITY.....	131	BALCOLTRA.....	115
<i>astrigent solution</i>	72	AUVI-Q.....	157	BALVERSA.....	37
<i>atazanavir sulfate</i>	46	AVEDANA GLYCERIN (ADULT).....	104	<i>balziva</i>	115
ATELVIA.....	129	<i>aviane</i>	115	<i>banophen oral capsule 25 mg</i>	153
<i>atenolol oral</i>	58	AVONEX PEN.....	64	<i>banophen oral tablet</i>	153
<i>atenolol-chlorthalidone</i>	59	AVONEX PREFILLED.....	64	BANZEL.....	26
<i>athletes foot (terbinafine)</i>	32	AVSOLA.....	125	BAQSIMI ONE PACK.....	50
<i>athletes foot (tolnaftate) external aerosol</i>		AXONA.....	131	BAQSIMI TWO PACK.....	50
<i>powder 1 %</i>	131	AYR.....	160	BARACLUDGE ORAL SOLUTION.....	43
<i>athletes foot (tolnaftate) external cream 1</i>		AYR SALINE NASAL DROPS.....	160	BASAGLAR KWIKPEN.....	50
<i>%</i>	131	<i>ayuna</i>	115	BAYER ASPIRIN ORAL TABLET.....	132
<i>athletes foot external cream 1 %</i>	32	AZASITE.....	144	BAYER LOW DOSE ORAL TABLET	
<i>athletes foot external powder 2 %</i>	32	<i>azathioprine oral tablet 50 mg</i>	125	CHEWABLE.....	132
<i>athletes foot powder spray external aerosol</i>		<i>azelaic acid external</i>	66	<i>baza antifungal</i>	32
<i>powder 1 %</i>	131	<i>azelastine hcl nasal solution 0.1 %, 137</i>		BCAD 1.....	132
<i>athletes foot relief</i>	131	<i>mcg/spray</i>	153	BCAD 2.....	132
<i>athletes foot spray external aerosol 2 %</i>	32	<i>azelastine hcl ophthalmic</i>	144	<i>b-complex oral tablet</i>	82
<i>atomoxetine hcl</i>	63	<i>azithromycin oral suspension reconstituted</i> ..	21	<i>b-complex with b-12</i>	82
ATORVALIQ.....	61	<i>azithromycin oral tablet</i>	21	<i>b-complex/b-12 oral</i>	82
<i>atorvastatin calcium oral</i>	61	<i>azo</i>	111	BD AUTOSHIELD DUO PEN NEEDLES.....	73

BD ECLIPSE NEEDLE 25G X 5/8".....	132	BESIVANCE	144	<i>biotin oral tablet 5 mg</i>	182
BD ULTRA-FINE INSULIN SYRINGES73,	132	BETADINE EXTERNAL SOLUTION 10 %...	23	<i>biotinex</i>	94
BD ULTRA-FINE INSULIN SYRINGES		<i>betaine</i>	109	<i>bisacodyl ec</i>	132
30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G		<i>betamethasone dipropionate aug external</i>		<i>bisacodyl laxative</i>	132
X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G		<i>cream</i>	67	<i>bisacodyl oral</i>	132
X 5/16" 0.5 ML, 31G X 5/16" 1 ML.....	132	<i>betamethasone dipropionate external</i>		<i>bisacodyl rectal</i>	132
BD ULTRA-FINE INSULIN SYRINGES		<i>cream</i>	67	<i>bismuth</i>	94
31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	132	<i>betamethasone dipropionate external lotion</i>	67	<i>bismuth subsalicylate oral</i>	94
BD ULTRA-FINE INSULIN SYRINGES		<i>betamethasone dipropionate external</i>		<i>bisoprolol fumarate oral</i>	58
31G X 5/16" 0.3 ML.....	132	<i>ointment</i>	67	<i>bisoprolol-hydrochlorothiazide</i>	59
BD ULTRA-FINE PEN NEEDLES	73	<i>betamethasone valerate external cream</i>	67	BIVIGAM.....	124
BD ULTRA-FINE PEN NEEDLES 29G X		<i>betamethasone valerate external lotion</i>	67	<i>blisovi 24 fe</i>	115
12.7MM.....	132	<i>betamethasone valerate external ointment</i> ..	67	<i>blisovi fe 1.5/30</i>	115
BD ULTRA-FINE PEN NEEDLES 31G X 5		BETAPACE.....	57	<i>blisovi fe 1/20</i>	115
MM.....	132	BETAPACE AF	57	BLOOD GLUCOSE TEST STRIPS.....	74
BD ULTRA-FINE PEN NEEDLES 31G X 8		BETASERON.....	64	BONINE.....	29
MM.....	132	<i>betatemp childrens</i>	10	BOOSTRIX INTRAMUSCULAR	
<i>beauty 360 pure glycerin</i>	72	<i>betaxolol hcl ophthalmic</i>	145	SUSPENSION.....	127
<i>beauty 360 soothing bath</i>	72	<i>bethanechol chloride oral</i>	111	<i>boro-packs</i>	72
BELBUCA.....	7	BETHKIS.....	157	<i>bosentan</i>	158
BELSOMRA.....	181	BETIMOL.....	145	BOSULIF.....	142
BENADRYL ALLERGY CHILDRENS		BETOPTIC-S.....	145	<i>boudreauxs butt paste ointment 40 %</i>	
ORAL LIQUID	153	BEVESPI AEROSPHERE.....	168	<i>external</i>	72
BENADRYL ALLERGY CHILDRENS		<i>bexarotene</i>	37	BOUDREAUXS BUTT PASTE OINTMENT	
ORAL TABLET CHEWABLE	153	BEXSERO.....	127	40 % EXTERNAL.....	72
BENADRYL ALLERGY ORAL TABLET	153	BEYAZ.....	115	<i>bp wash external liquid 2.5 %</i>	132
BENADRYL ALLERGY ULTRATABS	153	<i>bicalutamide</i>	35	<i>b-plex plus</i>	182
<i>benazepril hcl oral</i>	57	BICILLIN L-A.....	21	BPROTECTED PEDIA D-VITE.....	82
<i>benazepril-hydrochlorothiazide</i>	59	BIDIL.....	59	BPROTECTED PEDIA IRON.....	77
BENEFIX.....	55	BIJUVA ORAL CAPSULE 1-100 MG.....	115	BPROTECTED PEDIA POLY-VITE.....	182
BENLYSTA SUBCUTANEOUS		BIKTARVY ORAL TABLET 30-120-15 MG..	44	BPROTECTED PEDIA POLY-VITE/FE.....	182
SOLUTION AUTO-INJECTOR.....	124	BIKTARVY ORAL TABLET 50-200-25 MG..	44	BPROTECTED VITAMIN C.....	182
BENZAC AC WASH.....	132	BINAXNOW COVID-19 AG HOME TEST..	132	BRAFTOVI.....	37
BENZAMYCIN.....	66	<i>biocel</i>	182	BREATHE COMFORT HUMIDIFIER.....	132
<i>benzepril external foam 5.3 %</i>	132	BIOLLE TEARS.....	146	BREO ELLIPTA INHALATION AEROSOL	
BENZNIDAZOLE.....	39	BIOLYTE.....	77	POWDER BREATH ACTIVATED 100-25	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	171	BION TEARS PF.....	146	MCG/ACT, 200-25 MCG/ACT.....	168
<i>benztropine mesylate oral</i>	40	<i>biotin forte oral tablet 5 mg</i>	182	BREZTRI AEROSPHERE.....	168
BERINERT.....	123	<i>biotin oral capsule 5000 mcg</i>	182	<i>briellyn</i>	115

BRILINTA.....	54	BYETTA 5 MCG PEN.....	48	<i>calcium carbonate antacid oral tablet</i>	
<i>brimonidine tartrate ophthalmic solution</i>		<i>cabergoline.....</i>	122	<i>chewable.....</i>	94
<i>0.15 %.....</i>	146	CABLIVI.....	54	<i>calcium carbonate oral tablet 1500 (600</i>	
<i>brimonidine tartrate ophthalmic solution 0.2</i>		CABOMETYX.....	142	<i>ca) mg.....</i>	182
<i>%.....</i>	146	<i>caffeine citrate oral.....</i>	64	<i>calcium carbonate oral tablet chewable</i>	
<i>brinzolamide.....</i>	146	<i>cal mag zinc +d3.....</i>	77	<i>1250 (500 ca) mg.....</i>	182
BRIVIACT ORAL.....	24	<i>calamine external lotion.....</i>	132	<i>calcium cit plus vit d-3.....</i>	78
BROMFED DM.....	160	<i>calamine external lotion , 8-8 %.....</i>	73	<i>calcium citrate + d3 maximum.....</i>	78
<i>bromocriptine mesylate oral.....</i>	40	<i>calamine-zinc oxide external lotion.....</i>	73	<i>calcium citrate +d3.....</i>	78
BROMSITE.....	145	<i>calcipotriene external cream.....</i>	70	<i>calcium citrate oral tablet 950 (200 ca) mg..</i>	78
BRONCHITOL.....	65	<i>calcipotriene external ointment.....</i>	70	<i>calcium citrate plus vit d.....</i>	78
BROVANA.....	157	<i>calcipotriene external solution.....</i>	70	<i>calcium citrate+d oral tablet 315-6.25 mg-</i>	
BRUKINSA.....	142	<i>calcitonin (salmon) nasal.....</i>	129	<i>mcg.....</i>	78
BRYHALI.....	67	<i>calcitriol external.....</i>	70	<i>calcium citrate+d3 oral tablet.....</i>	78
BUCKLEYS CHEST CONGESTION.....	160	<i>calcitriol oral capsule.....</i>	129	<i>calcium citrate+d3 w/magne.....</i>	78
<i>budesonide inhalation.....</i>	155	<i>calcitriol oral solution.....</i>	129	<i>calcium citrate-vit d.....</i>	78
<i>budesonide oral.....</i>	129	<i>calcium + vitamin d3 oral tablet 500-5 mg-</i>		<i>calcium citrate-vitamin d oral tablet 315-5</i>	
BUFFERIN.....	15	<i>mcg.....</i>	77	<i>mg-mcg.....</i>	78
<i>bumetanide oral.....</i>	60	<i>calcium 500/vitamin d3.....</i>	77	<i>calcium fast dissolution.....</i>	182
<i>buprenorphine hcl sublingual.....</i>	8	<i>calcium 600 oral tablet 1500 (600 ca) mg..</i>	182	<i>calcium high potency.....</i>	182
<i>buprenorphine hcl-naloxone hcl sublingual</i>		<i>calcium 600/vit d/minerals oral tablet 600-</i>		<i>calcium high potency/vitamin d.....</i>	78
<i>tablet sublingual.....</i>	17	<i>200 mg-unit.....</i>	77	<i>calcium oral tablet 1500 (600 ca) mg.....</i>	182
<i>bupropion hcl er (smoking det).....</i>	17	<i>calcium 600/vit d/minerals oral tablet</i>		<i>calcium oyster shell oral tablet 1250 (500</i>	
<i>bupropion hcl er (sr).....</i>	28	<i>chewable 600-400 mg-unit.....</i>	77	<i>ca) mg.....</i>	182
<i>bupropion hcl er (xl) oral tablet extended</i>		<i>calcium 600/vitamin d.....</i>	77	<i>calcium plus vitamin d.....</i>	78
<i>release 24 hour 150 mg, 300 mg.....</i>	28	<i>calcium 600/vitamin d-3.....</i>	77	<i>calcium plus vitamin d3.....</i>	78
<i>bupropion hcl oral.....</i>	28	<i>calcium 600+d oral tablet 600-10 mg-mcg... 77</i>		<i>calcium soft chews oral tablet chewable</i>	
<i>buspironone hcl oral.....</i>	46	<i>calcium 600+d oral tablet 600-5 mg-mcg... 182</i>		<i>500-200-40 mg-unt-mcg.....</i>	182
<i>butalbital-acetaminophen oral tablet 50-</i>		<i>calcium acetate (phos binder).....</i>	81	<i>calcium/minerals/vitamin d.....</i>	78
<i>325 mg.....</i>	7	<i>calcium acetate oral tablet 667 mg.....</i>	81	<i>calcium-magnesium-zinc oral tablet 333-</i>	
<i>butalbital-apap-caff-cod oral capsule 50-</i>		<i>calcium antacid.....</i>	94	<i>133-5 mg, 333.33-133.33-5 mg.....</i>	78
<i>325-40-30 mg.....</i>	7	<i>calcium antacid ex st oral tablet chewable</i>		<i>cal-gest antacid.....</i>	94
<i>butalbital-apap-caffeine oral tablet.....</i>	7	<i>750 mg.....</i>	94	CALQUENCE.....	132
<i>butalbital-asa-caff-codeine.....</i>	7	<i>calcium antacid extra strength.....</i>	94	<i>camila.....</i>	120
<i>butalbital-aspirin-caffeine.....</i>	7	<i>calcium carb-cholecalciferol oral tablet</i>		<i>camrese.....</i>	115
<i>butorphanol tartrate nasal.....</i>	7	<i>600-10 mg-mcg, 600-5 mg-mcg.....</i>	77	<i>camrese lo.....</i>	115
BUTRANS.....	7	<i>calcium carbonate antacid oral suspension. 94</i>		CANASA.....	128
BYDUREON BCISE AUTOINJECTOR.....	48	<i>calcium carbonate antacid oral tablet.....</i>	94	<i>capecitabine.....</i>	38
BYETTA 10 MCG PEN.....	48				

CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG.....	41	<i>cefadroxil</i>	20	CHEMSTRIP 7.....	74
CAPLYTA ORAL CAPSULE 42 MG.....	41	<i>cefazolin sodium injection solution reconstituted 1 gm</i>	20	CHEMSTRIP 9.....	74
CAPRELSA.....	142	<i>cefdinir</i>	20	CHEMSTRIP K.....	74
<i>capsaicin external cream</i>	132	<i>cefixime</i>	20	CHEMSTRIP UGK.....	74
<i>capsaicin hp</i>	133	<i>cefpodoxime proxetil</i>	20	<i>chest congest/cough child</i>	171
<i>capsaicin pain relief</i>	133	<i>cefprozil</i>	20	<i>chest congestion relief child</i>	160
<i>captopril oral</i>	57	<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	20	<i>chest congestion relief dm oral syrup</i>	171
<i>captopril-hydrochlorothiazide</i>	59	<i>cefuroxime axetil</i>	20	<i>chest congestion relief oral liquid</i>	160
CAPZASIN-HP.....	133	<i>celecoxib oral</i>	4	<i>chest congestion relief oral tablet</i>	160
<i>capzix</i>	133	CELEXA.....	28	<i>chewable c</i>	182
CARAC.....	70	CELONTIN.....	25	<i>chewable c with rose hips</i>	182
<i>carbamazepine er</i>	26	CENTRUM FLAVOR BURST KIDS.....	133	<i>chewable childrens vitamin</i>	183
<i>carbamazepine oral</i>	26	CENTRUM KIDS.....	133	<i>chewy not chalky flavor</i>	94
CARBATROL.....	26	<i>cephalexin oral capsule 250 mg, 500 mg</i>	20	<i>childrens acetaminophen</i>	10
<i>carbidopa oral</i>	40	<i>cephalexin oral capsule 750 mg</i>	20	<i>childrens allergy oral liquid 12.5 mg/5ml</i>	153
<i>carbidopa-levodopa er</i>	40	<i>cephalexin oral suspension reconstituted</i>	20	<i>childrens animal shapes</i>	183
<i>carbidopa-levodopa oral tablet</i>	40	<i>cephalexin oral tablet 250 mg</i>	20	<i>childrens apap</i>	10
<i>carboxymethylcellulose sodium ophthalmic solution</i>	146	<i>cephalexin oral tablet 500 mg</i>	20	<i>childrens aspirin oral tablet chewable 81 mg</i>	133
CAREPOINT POLY HUB NEEDLE 18G X 1".....	52	CEPROTIN.....	53	<i>childrens chewable vitamins</i>	183
CAREPOINT POLY HUB NEEDLE 25G X 5/8".....	133	CEQUA.....	143	<i>childrens chewables/ex c</i>	183
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8".....	133	CERDELGA.....	109	<i>childrens chewables/iron</i>	183
CARESENS CONTROL SOLUTION A/B.....	74	CEREZYME.....	109	<i>childrens cold & allergy</i>	171
CARESTART COVID-19 HOME TEST.....	133	<i>cerovel</i>	73	<i>childrens complete oral tablet chewable 18 mg</i>	183
CARETOUCH CONTROL SOL LEVEL 2....	74	<i>cerovite jr</i>	182	<i>childrens cough</i>	171
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8".....	133	<i>cetiri-d</i>	164	<i>childrens loratadine</i>	166
<i>carglumic acid</i>	76	<i>cetirizine allergy relief</i>	153	<i>childrens mucus relief cough</i>	171
<i>carteolol hcl</i>	145	<i>cetirizine hcl oral solution 1 mg/ml</i>	153	<i>childrens non-aspirin</i>	10
<i>cartia xt</i>	59	<i>cetirizine hcl oral tablet</i>	153	<i>childrens silapap</i>	10
<i>carvedilol</i>	58	<i>cetirizine hcl oral tablet chewable</i>	153	<i>childrens soothe</i>	94
CASTIVA WARMING.....	133	<i>cetirizine-pseudoephedrine er</i>	164	<i>childrens vitamins/extra c</i>	183
CAYA.....	133	CETRAXAL.....	150	<i>childrens vitamins/iron</i>	183
CAYSTON.....	157	<i>chateal eq</i>	115	<i>childs non-aspirin</i>	11
<i>cefaclor oral capsule</i>	20	CHEMET.....	81	<i>chlordiazepoxide hcl</i>	47
		CHEMSTRIP 10 MD.....	74	<i>chlorhexidine gluconate mouth/throat</i>	65
		CHEMSTRIP 10/SG.....	74	<i>chloroquine phosphate oral</i>	39
		CHEMSTRIP 2 GP.....	74	<i>chlor-pheniramine</i>	166
		CHEMSTRIP 5 OB.....	74	<i>chlorpheniramine maleate oral</i>	166

<i>chlorpromazine hcl oral tablet</i>	41	CLARITIN ORAL CAPSULE.....	167	<i>clobetasol propionate external cream</i>	67
<i>chlortabs</i>	167	CLARITIN ORAL TABLET.....	167	<i>clobetasol propionate external gel</i>	67
<i>chlorthalidone</i>	60	CLARITIN ORAL TABLET CHEWABLE 5		<i>clobetasol propionate external ointment</i>	67
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	180	MG.....	167	<i>clobetasol propionate external shampoo</i>	67
CHOLBAM.....	109	CLARITIN REDITABS.....	167	<i>clobetasol propionate external solution</i>	67
<i>cholestyramine light oral packet</i>	61	CLARITIN REDITABS JUNIORS.....	167	CLOBEX.....	67
<i>cholestyramine light oral powder</i>	61	CLARITIN-D 12 HOUR.....	171	CLOBEX SPRAY.....	67
<i>cholestyramine oral packet</i>	61	CLARITIN-D 24 HOUR.....	171	<i>clodan external shampoo</i>	67
<i>cholestyramine oral powder</i>	61	<i>classic prenatal</i>	82	<i>clomipramine hcl oral</i>	29
CIBINQO.....	73	<i>c-lax laxative</i>	133	<i>clonazepam oral tablet</i>	47
<i>ciclodan</i>	71	CLEARCANAL EARWAX SOFTENER.....	151	<i>clonazepam oral tablet dispersible</i>	47
<i>ciclopirox external solution</i>	71	CLEARDETECT COVID-19 AG HOME.....	133	<i>clonidine</i>	56
<i>ciclopirox olamine external cream</i>	71	<i>clearlax oral powder 17 gm/scoop</i>	102	<i>clonidine hcl er oral tablet extended</i>	
<i>cilostazol</i>	54	<i>clearskin</i>	133	<i>release 12 hour</i>	63
CIMDUO.....	45	<i>clemastine fumarate oral syrup</i>	154	<i>clonidine hcl oral</i>	56
<i>cimetidine oral tablet 200 mg</i>	89	<i>clemastine fumarate oral tablet 2.68 mg</i>	154	<i>clopidogrel bisulfate oral</i>	54
<i>cimetidine oral tablet 300 mg, 400 mg, 800</i>		CLENPIQ.....	89	<i>clorazepate dipotassium</i>	47
<i>mg</i>	89	CLEOCIN VAGINAL SUPPOSITORY.....	19	<i>clotrimazole 3</i>	32
CIMZIA SUBCUTANEOUS PREFILLED		CLIMARA.....	115	<i>clotrimazole 7</i>	32
SYRINGE KIT 2 X 200 MG/ML, 6 X 200		CLIMARA PRO.....	115	<i>clotrimazole external cream 1 %</i>	71
MG/ML.....	125	<i>clindacin etz external swab</i>	71	<i>clotrimazole external solution 1 %</i>	71
CIMZIA VIAL KIT.....	125	<i>clindacin-p</i>	71	<i>clotrimazole mouth/throat troche 10 mg</i>	31
<i>cinacalcet hcl</i>	129	<i>clindamycin hcl oral</i>	19	<i>clotrimazole vaginal</i>	32
CINRYZE.....	123	<i>clindamycin palmitate hcl</i>	19	<i>clotrimazole vaginal cream 1 %</i>	32
CIPRO HC.....	150	<i>clindamycin phos-benzoyl perox external</i>		<i>clotrimazole-betamethasone external</i>	
CIPRO ORAL SUSPENSION		<i>gel 1.2-5 %</i>	66	<i>cream</i>	70
RECONSTITUTED.....	21	<i>clindamycin phosphate external gel</i>	71	<i>clozapine</i>	42
<i>ciprofloxacin hcl ophthalmic</i>	144	<i>clindamycin phosphate external lotion</i>	71	CLOZARIL.....	42
<i>ciprofloxacin hcl oral</i>	21	<i>clindamycin phosphate external solution</i>	71	COAGADEX.....	55
<i>ciprofloxacin hcl otic</i>	150	<i>clindamycin phosphate external swab</i>	71	COARTEM.....	39
<i>citalopram hydrobromide oral solution</i>	28	<i>clindamycin phosphate vaginal</i>	19	<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	7
<i>citalopram hydrobromide oral tablet</i>	28	CLINDESSE.....	19	COLACE.....	104
<i>citroma</i>	104	CLINERE EARWAX REMOVAL KIT OTIC		COLAZAL.....	128
CITRUCEL.....	104	SOLUTION.....	151	<i>colchicine oral capsule</i>	33
<i>claravis</i>	66	CLINITEST RAPID COVID-19 TEST KIT		<i>colchicine oral tablet</i>	33
<i>clarithromycin er</i>	21	IN VITRO.....	133	COLCRYS.....	33
<i>clarithromycin oral</i>	21	<i>clobazam</i>	25	<i>cold & allergy</i>	172
CLARITIN ALLERGY CHILDRENS.....	167	<i>clobetasol prop emollient base</i>	67	<i>cold & allergy childrens oral elixir 1-15</i>	
CLARITIN CHILDRENS.....	167	<i>clobetasol propionate e</i>	67	<i>mg/5ml</i>	172

<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml</i>	172	COPAXONE.....	64	CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 3000-9500 UNIT.....	109
<i>cold & sinus</i>	172	COPIKTRA.....	37	CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT.....	109
<i>cold & sinus relief oral tablet 30-200 mg</i>	172	CORICIDIN HBP COUGH/COLD.....	160	CRESEMBA ORAL CAPSULE 186 MG.....	31
<i>cold/cough</i>	172	CORIFACT.....	55	CRESTOR.....	61
<i>cold/cough childrens</i>	172	CORLANOR.....	59	<i>critic-aid clear af</i>	32
<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	172	<i>corn & callus remover</i>	134	<i>cromolyn sodium inhalation</i>	157
<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> ..	172	<i>corn and callus remover</i>	134	<i>cromolyn sodium nasal</i>	169
<i>colestipol hcl oral tablet</i>	61	CORTIFOAM.....	129	<i>cromolyn sodium ophthalmic</i>	144
<i>col-rite oral capsule 250 mg</i>	104	<i>cortisone maximum strength external cream 1 %</i>	67	CROTAN.....	70
COMBIGAN.....	143	<i>cortisone maximum strength external gel 1 %</i>	67	<i>cryselle-28</i>	115
COMBIPATCH.....	115	CORTROPHIN.....	112	CUPRIMINE.....	111
COMBIVENT RESPIMAT.....	168	COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML.....	124	<i>curae</i>	121
COMETRIQ (100 MG DAILY DOSE).....	142	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	124	CUVITRU.....	124
COMETRIQ (140 MG DAILY DOSE).....	142	COSENTYX UNOREADY.....	124	<i>cyanocobalamin injection solution 1000 mcg/ml</i>	186
COMETRIQ (60 MG DAILY DOSE).....	142	COSOPT.....	143	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	180
<i>comfort gel</i>	94	COSOPT PF.....	143	CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %.....	143
<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	94	COTELLIC.....	37	<i>cyclopentolate hcl ophthalmic</i>	143
COMIRNATY.....	133	<i>cough & chest congestion</i>	172	<i>cyclophosphamide oral capsule</i>	35
COMPLERA.....	44	<i>cough & cold</i>	160	CYCLOPHOSPHAMIDE ORAL TABLET.....	35
<i>complete allergy</i>	154	<i>cough & cold hbp</i>	160	<i>cycloserine oral</i>	35
<i>complete allergy medicine oral capsule</i>	154	<i>cough childrens</i>	172	<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	125
<i>complete allergy relief</i>	154	<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	172	<i>cyclosporine modified oral capsule 50 mg</i>	125
<i>compro</i>	29	<i>cough dm er</i>	172	<i>cyclosporine modified oral solution</i>	125
COMTAN.....	40	<i>cough dm oral suspension extended release 30 mg/5ml</i>	172	<i>cyclosporine oral</i>	125
CONCERTA.....	63	<i>cough relief oral syrup 15 mg/5ml</i>	160	CYMBALTA.....	64
CONDOMS.....	134	<i>cough/cold hbp</i>	160	<i>cyproheptadine hcl oral</i>	154
<i>constulose</i>	88	COVID-19 AT HOME ANTIGEN TEST.....	134	CYSTAGON.....	109
CONTOUR NEXT EZ KIT W/DEVICE.....	74	COVID-19 AT HOME TEST KIT.....	134	CYSTARAN.....	143
CONTOUR NEXT GEN MONITOR KIT.....	74	COVID-19 AT-HOME TEST KIT IN VITRO.....	134	<i>cystine</i>	134
CONTOUR NEXT GEN TEST STRIPS.....	74				
CONTOUR NEXT MONITOR KIT W/DEVICE.....	74				
CONTOUR NEXT ONE KIT.....	74				
CONTOUR TEST STRIPS.....	74				
COOL MIST HUMIDIFER.....	134				
COOL MIST HUMIDIFIER.....	134				

<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	82	<i>deferasirox oral tablet soluble</i>	81	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	112
<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	82	<i>deferiprone</i>	81	<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	112
<i>d3 oral capsule 125 mcg (5000 ut)</i>	82	DELSTRIGO.....	44	<i>dexamethasone oral tablet therapy pack</i> ...	112
<i>d3 oral capsule 25 mcg (1000 ut)</i>	82	DELSYM CGH/CHEST CONG DM CHILD	172	<i>dexamethasone sodium phosphate ophthalmic</i>	145
<i>d-3-5</i>	82	DELSYM COUGH CHILDRENS.....	172	<i>dexmethylphenidate hcl</i>	63
<i>d3-50</i>	82	DELSYM COUGH/CHEST CONGEST DM	172	<i>dextroamphetamine sulfate oral tablet</i>	63
<i>dabigatran etexilate mesylate</i>	53	DELSYM ORAL SUSPENSION		<i>dextromethorphan polistirex er</i>	173
<i>daily acne wash</i>	134	EXTENDED RELEASE.....	173	<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	173
<i>daily fiber oral capsule 0.52 gm</i>	102	<i>delyla</i>	116	<i>dextromethorphan-guaifenesin oral syrup</i> ..	173
<i>daily multiple vitamins</i>	82	DELZICOL.....	128	DHIVY.....	40
<i>daily multivitamins/iron</i>	183	<i>demeclocycline hcl</i>	22	DIACOMIT.....	26
<i>daily vitamins</i>	82	DENGVAXIA.....	128	DIALYVITE 800 ORAL TABLET.....	83
<i>daily vite</i>	82	DENTA 5000 PLUS.....	76	DIALYVITE OMEGA-3 CONCENTRATE...	134
<i>daily vites</i>	82	DENTAGEL.....	76	DIALYVITE VITAMIN D 5000.....	83
<i>daily-vite</i>	82	DEPEN TITRATABS.....	111	<i>diamode</i>	88
<i>dairy aid</i>	94	DEPO-ESTRADIOL.....	116	<i>diaper rash external ointment</i>	72
<i>dairy relief fast acting oral tablet 9000 unit</i> ...	94	DEPO-SUBQ PROVERA 104.....	120	<i>diarrhea</i>	94
<i>dairy relief oral tablet 3000 unit</i>	94	DERMA-SMOOTH/FS BODY.....	67	<i>diarrhea relief</i>	94
<i>dalfampridine er</i>	64	DERMA-SMOOTH/FS SCALP.....	68	DIASTAT ACUDIAL.....	25
<i>danazol oral</i>	114	DERMELEVE ADVANCED FORMULA....	134	DIASTAT PEDIATRIC.....	25
<i>dantrolene sodium oral</i>	42	DESCOVY.....	45	DIATRUST COVID-19 HOME TEST.....	134
<i>dapsone oral</i>	34	DESENX EXTERNAL POWDER.....	32	<i>diazepam intensol</i>	47
DAPTACEL.....	127	<i>desgen dm oral liquid</i>	165	<i>diazepam oral</i>	47
<i>dasetta 1/35</i>	115	<i>desipramine hcl oral</i>	29	<i>diazepam rectal</i>	25
<i>dasetta 7/7/7</i>	115	<i>desmopressin ace spray refrig</i>	113	<i>dibromm childrens cold/cgh</i>	173
DAYHIST ALLERGY 12 HOUR RELIEF ...	154	<i>desmopressin acetate injection</i>	113	<i>diclofenac potassium oral tablet 50 mg</i>	4
DAYTRANA.....	63	<i>desmopressin acetate oral</i>	113	<i>diclofenac sodium er</i>	4
DAYVIGO.....	181	<i>desmopressin acetate pf</i>	113	<i>diclofenac sodium external gel 1 %</i>	4
<i>deblitane</i>	120	<i>desmopressin acetate spray</i>	113	<i>diclofenac sodium external solution 1.5 %</i>	4
DECARA ORAL CAPSULE 1.25 MG (50000 UT).....	82	<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	116	<i>diclofenac sodium ophthalmic</i>	145
DECARA ORAL CAPSULE 625 MCG (25000 UT).....	83	<i>despec dm</i>	165	<i>diclofenac sodium oral</i>	4
<i>deep sea nasal spray</i>	160	<i>despec dm-g</i>	165	<i>dicloxacillin sodium</i>	21
<i>deferasirox granules</i>	81	DETROL.....	110	<i>dicyclomine hcl oral capsule</i>	89
<i>deferasirox oral packet</i>	81	DETROL LA.....	110	<i>dicyclomine hcl oral tablet</i>	89
<i>deferasirox oral tablet</i>	81	<i>dexamethasone intensol</i>	112	DIFFERIN EXTERNAL CREAM.....	66
		<i>dexamethasone oral elixir</i>	112		
		<i>dexamethasone oral solution</i>	112		

DIFFERIN EXTERNAL GEL.....	66	DIVIGEL TRANSDERMAL GEL 0.25		<i>doxycycline hyclate oral tablet delayed</i>	
DIFICID.....	21	MG/0.25GM, 0.75 MG/0.75GM, 1.25		<i>release 200 mg.....</i>	22
DIFLUCAN.....	31	MG/1.25GM.....	116	<i>doxycycline monohydrate oral capsule 100</i>	
<i>diflunisal oral.....</i>	4	DIVIGEL TRANSDERMAL GEL 0.5		<i>mg.....</i>	22
<i>digestive probiotic oral capsule.....</i>	95	MG/0.5GM, 1 MG/GM.....	116	<i>doxycycline monohydrate oral capsule 50</i>	
<i>digestive probiotic oral capsule 250 mg.....</i>	95	<i>dm maximum adult.....</i>	173	<i>mg.....</i>	22
<i>digoxin oral solution.....</i>	59	<i>docosanol external.....</i>	73	DR SMITHS DIAPER.....	72
<i>digoxin oral tablet 125 mcg, 250 mcg.....</i>	59	<i>docusate calcium.....</i>	104	<i>driminate.....</i>	29
DILANTIN ORAL CAPSULE 30 MG.....	26	<i>docusate mini.....</i>	104	<i>dronabinol.....</i>	30
<i>diltiazem hcl er beads.....</i>	59	<i>docusate sodium oral capsule.....</i>	104	DROPSAFE ALCOHOL PREP.....	134
<i>diltiazem hcl er coated beads.....</i>	59	<i>docusate sodium oral liquid.....</i>	104	<i>drospirenone-ethinyl estradiol.....</i>	116
<i>diltiazem hcl er oral capsule extended</i>		<i>docusate sodium oral syrup.....</i>	104	DROXIA ORAL CAPSULE 200 MG, 300	
<i>release 12 hour.....</i>	59	DOCUSOL MINI.....	104	MG.....	53
<i>diltiazem hcl er oral capsule extended</i>		<i>docuzen.....</i>	104	DROXIA ORAL CAPSULE 400 MG.....	53
<i>release 24 hour.....</i>	59	DODEX.....	186	<i>droxidopa oral capsule 100 mg.....</i>	56
<i>diltiazem hcl oral.....</i>	59	<i>dofetilide.....</i>	57	<i>dry eye relief ophthalmic gel 0.4-0.3 %.....</i>	146
<i>dilt-xr.....</i>	59	<i>dolishale.....</i>	116	<i>dry-eye relief nighttime.....</i>	146
<i>dimaphen dm cold/cough.....</i>	173	<i>donepezil hcl oral tablet 10 mg, 5 mg.....</i>	27	<i>dss.....</i>	104
<i>dimethyl fumarate oral.....</i>	64	<i>donepezil hcl oral tablet 23 mg.....</i>	27	DUAKLIR PRESSAIR.....	168
<i>dimethyl fumarate starter pack.....</i>	64	DOPTELET.....	54	DUAVEE.....	116
<i>diotame instydose.....</i>	95	DORAL.....	47	DUEXIS.....	4
DIPENTUM.....	128	DORZOLAMIDE HCL SOLUTION 2 %		DULERA INHALATION AEROSOL 100-5	
<i>diphedryl allergy.....</i>	154	OPHTHALMIC.....	146	MCG/ACT.....	168
<i>diphen.....</i>	154	<i>dorzolamide hcl solution 2 % ophthalmic... 146</i>		DULERA INHALATION AEROSOL 200-5	
<i>diphenhydramine hcl childrens.....</i>	154	<i>dorzolamide hcl-timolol mal..... 143</i>		MCG/ACT.....	168
<i>diphenhydramine hcl injection.....</i>	154	<i>dorzolamide hcl-timolol mal pf..... 143</i>		DULERA INHALATION AEROSOL 50-5	
<i>diphenhydramine hcl oral.....</i>	154	<i>dotti..... 116</i>		MCG/ACT.....	168
<i>diphenoxylate-atropine oral liquid..... 88</i>		<i>double antibiotic external ointment 500-</i>		<i>duloxetine hcl oral capsule delayed release</i>	
<i>diphenoxylate-atropine oral tablet..... 88</i>		<i>10000 unit/gm..... 134</i>		<i>particles 20 mg, 30 mg, 60 mg..... 64</i>	
<i>dipyridamole oral..... 54</i>		DOVATO.....	44	DUOBRII.....	70
<i>disopyramide phosphate..... 57</i>		<i>doxazosin mesylate oral..... 56</i>		DUOPA.....	40
<i>disulfiram oral tablet 250 mg..... 17</i>		<i>doxepin hcl external..... 68</i>		DUPIXENT.....	124
<i>disulfiram oral tablet 500 mg..... 17</i>		<i>doxepin hcl oral capsule..... 29</i>		DUREX EXTRA SENSITIVE THIN.....	134
DIURIL.....	60	<i>doxepin hcl oral concentrate..... 29</i>		<i>dutasteride oral..... 111</i>	
<i>divalproex sodium er..... 48</i>		<i>doxepin hcl oral tablet..... 181</i>		D-VI-SOL.....	83
<i>divalproex sodium oral capsule delayed</i>		<i>doxycycline hyclate oral capsule..... 22</i>		<i>d-vite pediatric..... 83</i>	
<i>release sprinkle..... 48</i>		<i>doxycycline hyclate oral tablet 100 mg..... 22</i>		DYANAVEL XR ORAL SUSPENSION	
<i>divalproex sodium oral tablet delayed</i>		<i>doxycycline hyclate oral tablet 20 mg..... 22</i>		EXTENDED RELEASE.....	63
<i>release..... 48</i>					

DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	63	ELIQUIS	53	ENSTILAR	70
DYMISTA	154	ELIQUIS DVT/PE STARTER PACK	53	<i>entacapone</i>	40
E.E.S. 400	21	<i>elixophyllin</i>	158	<i>entecavir</i>	43
<i>ear drops otic solution 6.5 %</i>	151	ELLA	120	<i>enteric aspirin</i>	135
<i>ear wax kit</i>	151	ELLUME COVID-19 HOME TEST	135	ENTRESTO	59
<i>ear wax removal</i>	151	ELMIRON	111	<i>enulose</i>	88
<i>ear wax removal system</i>	151	ELOCTATE	55	EPCLUSA	43
<i>earwax removal</i>	151	ELYXYB	4	<i>ephrine nose drops</i>	160
<i>earwax removal drops</i>	151	EMEND ORAL	30	EPIDIOLEX	24
<i>earwax removal kit</i>	151	EMETROL ORAL SOLUTION	30	EPIDUO	66
EASIVENT	135	EMFLAZA ORAL SUSPENSION	112	EPIDUO FORTE	66
EASIVENT MASK LARGE	135	EMGALITY	33	<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	157
EASIVENT MASK MEDIUM	135	EMGALITY (300 MG DOSE)	33	<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	157
EASIVENT MASK SMALL	135	EMPAVELI	135	EPIPEN 2-PAK	157
<i>easygel</i>	76	<i>emtricitabine</i>	45	EPIPEN JR 2-PAK	157
<i>easy-lax plus</i>	104	<i>emtricitabine-tenofovir df</i>	45	<i>epitol</i>	26
EASYMAX 15 LEVEL 2 CONTROL	74	EMTRIVA ORAL SOLUTION	45	<i>eplerenone</i>	60
EASYMAX 15 LEVEL 2-3 CONTROL	74	EMVERM	38	EPOGEN	53
<i>ec-naproxen</i>	4	<i>enalapril maleate oral solution</i>	57	<i>ergocalciferol oral capsule</i>	183
<i>econtra one-step</i>	121	<i>enalapril maleate oral tablet</i>	57	ERIVEDGE	37
ED A-HIST ORAL LIQUID	165	<i>enalapril-hydrochlorothiazide</i>	59	ERLEADA	35
<i>ed bron gp</i>	160	ENBREL	125	<i>erlotinib hcl</i>	142
<i>ed chlorped jr</i>	167	ENDACOF-DM	173	ERMEZA	121
<i>ed-apap</i>	11	ENDARI	76	<i>errin</i>	120
EDARBI	56	<i>endocet</i>	7	ERYTHROCIN STEARATE	21
EDARBYCLOR	59	<i>enema</i>	95	<i>erythromycin base oral</i>	21
EDLUAR	181	<i>enema disposable</i>	95	<i>erythromycin ethylsuccinate oral</i>	21
EDURANT	44	<i>enema mineral oil</i>	102	<i>erythromycin external solution</i>	71
<i>efavirenz</i>	44	<i>enema ready-to-use</i>	95	<i>erythromycin ophthalmic</i>	144
<i>efavirenz-emtricitab-tenofo df</i>	44	<i>enema rectal enema 16-6 gml/133ml, 19-7 gml/118ml</i>	95	<i>erythromycin oral</i>	21
<i>effer-k oral tablet effervescent 25 meq</i>	183	ENEMEEZ MINI	105	ESBRIET	159
EFFIENT	54	ENFAMIL ENFALYTE	78	<i>escitalopram oxalate oral tablet</i>	28
EFUDEX	70	ENFAMIL EXPECTA	83	<i>esomeprazole magnesium oral packet</i>	90
ELAPRASE	109	ENGERIX-B	127	ESPEROCT	55
<i>electrolyte solution</i>	78	<i>enoxaparin sodium</i>	53	<i>essential one daily</i>	83
ELELYSO	109	<i>enpresse-28</i>	116	<i>essentials</i>	83
ELESTRIN	116	<i>enskyce</i>	116	<i>estarylla</i>	116
<i>elinest</i>	116	ENSPRYNG	125		

estazolam.....	181	EX-LAX ULTRA.....	135	fenofibrate oral tablet 160 mg, 54 mg.....	61
ESTRACE.....	116	EXTAVIA.....	64	fenofibric acid oral tablet 35 mg.....	62
estradiol oral.....	116	eye allergy relief.....	150	FENOGLIDE.....	61
estradiol transdermal gel 0.25 mg/0.25gm, 0.75 mg/0.75gm, 1.25 mg/1.25gm.....	116	eye drops advanced relief.....	146	fenopropfen calcium oral capsule 400 mg.....	4
estradiol transdermal gel 0.5 mg/0.5gm, 1 mg/gm.....	116	eye drops long lasting.....	146	fenopropfen calcium oral tablet.....	4
estradiol transdermal patch twice weekly...	116	eye drops ophthalmic solution 0.05 %.....	147	FENSOLVI (6 MONTH).....	122
estradiol transdermal patch weekly.....	116	eye drops ophthalmic solution 0.05-0.1-1-1 %.....	147	fentanyl citrate (pf).....	7
estradiol vaginal.....	116	eye drops ophthalmic solution 0.05-0.25 %.....	147	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....	7
ESTRING.....	116	eye irritation relief drops.....	147	ferate.....	78
eszopiclone.....	181	eye itch relief ophthalmic solution 0.035 %	150	FER-IN-SOL.....	78
ethambutol hcl oral tablet 100 mg.....	35	eye lubricant.....	147	ferosul.....	78
ethambutol hcl oral tablet 400 mg.....	35	EYSUVIS.....	145	ferretts.....	78
ethosuximide oral.....	25	ezetimibe.....	61	ferrex 150 capsule 150 mg oral.....	78
ethynodiol diac-eth estradiol.....	116	EZFE 200.....	78	FERREX 150 CAPSULE 150 MG ORAL.....	79
etodolac.....	4	FABRAZYME.....	109	FERRIC X-150.....	79
etoposide oral.....	36	falmina.....	116	FERRIPROX TWICE-A-DAY.....	81
etravirine.....	44	famciclovir oral.....	43	ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg.....	79
EUCRISA.....	68	famotidine acid reducer oral tablet 10 mg...	89	ferrous gluconate oral tablet 240 (27 fe) mg	79
EULEXIN.....	35	famotidine oral.....	89	ferrous gluconate oral tablet 324 (37.5 fe) mg.....	79
euthyrox.....	121	famotidine orig st.....	89	ferrous gluconate oral tablet 324 (38 fe) mg	79
EVAC.....	102	FANAPT.....	41	ferrous sulfate oral solution 75 (15 fe) mg/ml.....	79
EVAMIST.....	116	FANAPT TITRATION PACK.....	41	ferrous sulfate oral tablet 325 (65 fe) mg.....	79
EVEKEO.....	63	FARXIGA.....	48	ferrous sulfate oral tablet delayed release...	79
EVEKEO ODT.....	63	FASENRA PEN.....	159	FETZIMA.....	28
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	125	fast relief laxative.....	135	fever reducer/pain reliever.....	11
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg.....	37	FASTEP COVID-19 ANTIGEN TEST.....	135	fever reducing childrens.....	11
everolimus oral tablet soluble.....	37	FC2 FEMALE CONDOM.....	135	feverall adults.....	11
EVISTA.....	121	febuxostat.....	33	feverall childrens.....	11
EVOTAZ.....	46	FEIBA.....	55	FEVERALL INFANTS.....	11
EXCEDRIN EXTRA STRENGTH.....	11	felbamate oral tablet.....	24	FEVERALL JUNIOR STRENGTH.....	11
EXCEDRIN MIGRAINE.....	11	felbamate suspension 600 mg/5ml oral.....	24	fe-vite iron.....	79
EXELON.....	27	felodipine er.....	58	fexofenadine hcl oral.....	167
exemestane.....	36	FEMRING.....	116	fexofenadine/pse er.....	173
EXKIVITY.....	37	fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg.....	61	fexofenadine-pseudoephed er.....	173
EX-LAX MAXIMUM STRENGTH.....	105	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	61		
		fenofibrate oral tablet 145 mg, 48 mg.....	61		

FIASP.....	50	FLAREX.....	145	<i>fluphenazine hcl injection</i>	41
FIASP FLEXTOUCH.....	50	FLEBOGAMMA DIF.....	124	<i>fluphenazine hcl oral concentrate</i>	41
FIASP PENFILL.....	50	<i>flecainide acetate</i>	57	<i>fluphenazine hcl oral elixir</i>	41
<i>fiber laxative + calcium</i>	105	FLECTOR.....	4	<i>fluphenazine hcl oral tablet 1 mg</i>	41
<i>fiber laxative oral capsule 0.52 gm</i>	102	FLEET BISACODYL.....	135	<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg,</i>	
<i>fiber laxative oral tablet 500 mg</i>	105	FLEET ENEMA.....	95	<i>5 mg</i>	41
<i>fiber oral capsule 0.52 gm</i>	102	FLEET OIL.....	103	<i>flurbiprofen oral tablet 100 mg</i>	4
<i>fiber oral powder 28.3 %</i>	102	FLEET PEDIATRIC.....	95	<i>flurbiprofen sodium</i>	145
<i>fiber oral powder 48.57 %</i>	102	FLINTSTONES COMPLETE ORAL		FLUTICASONE PROPIONATE DISKUS...	155
<i>fiber oral powder 58.6 %</i>	102	TABLET CHEWABLE.....	136	<i>fluticasone propionate external cream</i>	68
<i>fiber oral tablet 500 mg</i>	105	FLINTSTONES PLUS EXTRA IRON.....	183	<i>fluticasone propionate external ointment</i>	68
<i>fiber oral tablet 625 mg</i>	105	FLORA VANCE.....	95	FLUTICASONE PROPIONATE HFA.....	155
<i>fiber therapy oral capsule 0.52 gm</i>	102	<i>floranex tablet oral</i>	95	<i>fluticasone propionate nasal</i>	155
<i>fiber therapy oral powder 28.3 %</i>	102	FLORANEX TABLET ORAL.....	95	FLUTICASONE-SALMETEROL	
<i>fiber therapy oral tablet 500 mg</i>	105	FLORASTOR.....	95	INHALATION AEROSOL.....	168
<i>fiber therapy oral tablet 625 mg</i>	105	FLOVENT DISKUS.....	155	<i>fluvoxamine maleate</i>	28
<i>fiber-caps</i>	105	FLOVENT HFA.....	155	FLUZONE HIGH-DOSE QUADRIVALENT	128
<i>fiber-lax</i>	105	FLOWFLEX COVID-19 AG HOME TEST..	136	FLUZONE QUADRIVALENT.....	128
FIBRICOR ORAL TABLET 35 MG.....	62	FLUAD QUADRIVALENT.....	128	FML FORTE.....	145
FIBRYGA.....	55	FLUARIX QUADRIVALENT.....	128	<i>foaming antacid oral tablet chewable 80-20</i>	
FINACEA.....	66	FLUBLOK QUADRIVALENT.....	128	<i>mg</i>	95
<i>finasteride oral tablet 5 mg</i>	111	FLUCELVAX QUADRIVALENT.....	128	FOCALIN.....	63
<i> fingolimod hcl</i>	64	<i>fluconazole oral</i>	31	FOCALIN XR.....	63
FINTEPLA.....	24	<i>fludrocortisone acetate oral</i>	112	FOLAGENT DHA.....	183
<i>first aid antibiotic external ointment 3.5-</i>		FLULAVAL QUADRIVALENT.....	128	FOLAMED DHA.....	183
<i>400-5000 , 3.5-400-5000 mg-unit</i>	23	FLUMIST QUADRIVALENT.....	128	FOLCYTEINE.....	83
<i>first aid antiseptic external solution 10 %</i>	23	<i>flunisolide nasal</i>	155	<i>folic acid oral tablet 1 mg</i>	136
FIRVANQ.....	19	<i>fluocinolone acetonide external cream 0.01</i>		<i>folic acid oral tablet 400 mcg, 800 mcg</i>	136
<i>fish oil concentrate oral capsule 1000 mg</i> ..	135	<i>%</i>	68	<i>foot & sneaker</i>	136
<i>fish oil half-the-size</i>	135	<i>fluocinolone acetonide external solution</i>	68	<i>foot care (terbinafine)</i>	32
<i>fish oil high potency</i>	135	<i>fluocinonide external cream</i>	68	<i>for sty relief</i>	147
<i>fish oil oral capsule 1000 mg</i>	135	<i>fluocinonide external ointment</i>	68	FORFIVO XL.....	28
<i>fish oil oral capsule 1200 mg</i>	135	<i>fluocinonide external solution</i>	68	FORTEO.....	129
<i>fish oil oral capsule 500 mg</i>	135	<i>fluorometholone</i>	145	FORTESTA.....	114
<i>fish oil oral capsule delayed release 1000</i>		<i>fluorouracil external cream 5 %</i>	70	FOSAMAX.....	129
<i>mg</i>	135	<i>fluorouracil external solution</i>	70	FOSAMAX PLUS D.....	129
<i>fish oil oral capsule delayed release 1200</i>		<i>fluoxetine hcl oral capsule</i>	28	<i>fosamprenavir calcium</i>	46
<i>mg</i>	135	<i>fluoxetine hcl oral solution</i>	28	<i>fosinopril sodium</i>	57
FLAGYL.....	19	<i>fluphenazine decanoate injection</i>	41	<i>fosinopril sodium-hctz</i>	59

FREESTYLE PRECISION NEO TEST.....	74	<i>ft gas relief ultra strength</i>	96	<i>gabapentin oral solution 250 mg/5ml</i>	25
FREESTYLE TEST.....	74	<i>ft gentle laxative</i>	136	<i>gabapentin oral tablet 600 mg, 800 mg</i>	25
<i>freeze dried acidophilus</i>	95	<i>ft ibuprofen</i>	4	<i>galantamine hydrobromide er</i>	27
FRESKARO MAGNESIUM CITRATE.....	105	<i>ft ibuprofen minis</i>	4	<i>galantamine hydrobromide oral solution</i>	27
FROVA.....	34	<i>ft laxative</i>	136	<i>galantamine hydrobromide oral tablet 12</i>	
<i>fruity c</i>	183	<i>ft magnesium citrate</i>	105	<i>mg, 8 mg</i>	27
<i>ft 8 hour pain relief</i>	11	<i>ft milk of magnesia</i>	96	<i>galantamine hydrobromide oral tablet 4 mg</i>	27
<i>ft acid reducer oral tablet</i>	89	<i>ft mineral oil</i>	103	GAMMAGARD.....	124
<i>ft all day allergy</i>	154	<i>ft motion sickness oral tablet 50 mg</i>	29	GAMMAGARD S/D LESS IGA.....	124
<i>ft all day allergy 24 hour</i>	154	<i>ft mucus relief 12hr oral tablet extended</i>		GAMMAKED.....	124
<i>ft all day allergy relief</i>	167	<i>release 12 hour 1200 mg</i>	160	GAMUNEX-C.....	124
<i>ft allergy & congestion-d 12hr</i>	173	<i>ft mucus relief d 12 hour</i>	173	GARDASIL 9.....	127
<i>ft allergy relief 12 hour</i>	167	<i>ft mucus relief dm oral tablet extended</i>		<i>gas relief extra strength</i>	96
<i>ft allergy relief 24 hour</i>	167	<i>release 12 hour 30-600 mg</i>	173	<i>gas relief extra strength oral tablet</i>	
<i>ft allergy relief childrens oral liquid</i>	154	<i>ft nasal decongestant max str</i>	173	<i>chewable 125 mg</i>	96
<i>ft allergy relief childrens oral tablet</i>		<i>ft nasal decongestant pe</i>	161	<i>gas relief extstrength</i>	96
<i>chewable</i>	167	<i>ft pain relief</i>	11	<i>gas relief infants</i>	96
<i>ft allergy relief oral capsule</i>	154	<i>ft pain relief adult extra st</i>	11	<i>gas relief infants drops oral suspension 40</i>	
<i>ft allergy relief oral tablet 25 mg</i>	154	<i>ft senna laxatives</i>	105	<i>mg/0.6ml</i>	96
<i>ft allergy relief oral tablet 4 mg</i>	167	<i>ft senna-s</i>	105	<i>gas relief infants oral suspension 20</i>	
<i>ft antacid & antigas</i>	95	<i>ft stomach relief oral suspension</i>	96	<i>mg/0.3ml</i>	96
<i>ft antacid extra strength</i>	95	<i>ft stomach relief oral tablet chewable</i>	96	<i>gas relief oral capsule 125 mg</i>	96
<i>ft antacid regular strength</i>	95	<i>ft stool softener oral capsule</i>	105	<i>gas relief oral capsule 180 mg</i>	96
<i>ft antifungal external cream 1 %</i>	136	<i>ft stool softener oral tablet 50-8.6 mg</i>	105	<i>gas relief oral tablet chewable 125 mg</i>	96
<i>ft antifungal external cream 2 %</i>	32	<i>ft tussin adult</i>	161	<i>gas relief oral tablet chewable 80 mg</i>	96
<i>ft aspirin</i>	136	<i>ft tussin cf adult</i>	165	<i>gas relief ultra strength</i>	96
<i>ft aspirin low dose</i>	136	<i>full spectrum b/vitamin c</i>	83	<i>gas relief ultstrength</i>	97
<i>ft athletes foot (terbinafine)</i>	32	FULPHILA.....	53	GAS-X EXTRA STRENGTH ORAL	
<i>ft chest congestion relief</i>	160	<i>fungi-guard</i>	136	CAPSULE.....	97
<i>ft children's pain/fever</i>	11	FUROSCIX.....	60	GAS-X EXTRA STRENGTH ORAL	
<i>ft clearlax</i>	103	<i>furosemide oral solution 10 mg/ml</i>	60	TABLET CHEWABLE.....	97
<i>ft docosanol</i>	73	<i>furosemide oral tablet</i>	60	GAS-X ULTRA STRENGTH.....	97
<i>ft earwax removal</i>	151	FUZEON.....	45	<i>gavilax oral powder</i>	103
<i>ft earwax removal kit</i>	151	<i>fyavolv oral tablet 0.5-2.5 mg-mcg</i>	116	<i>gavilyte-c</i>	89
<i>ft enteric coated aspirin</i>	136	<i>fyavolv oral tablet 1-5 mg-mcg</i>	116	<i>gavilyte-g</i>	89
<i>ft fiber laxative</i>	105	FYCOMPA.....	24	GAVISCON.....	97
<i>ft gas relief</i>	95	FYLNETRA.....	136	GAVISCON EXTRA RELIEF FORMULA.....	97
<i>ft gas relief extra strength</i>	95	<i>g tussin ac</i>	173	GAVISCON EXTRA STRENGTH.....	97
<i>ft gas relief infants</i>	95	<i>gabapentin oral capsule</i>	25	GAVRETO.....	142

<i>gefitinib</i>	142	<i>glipizide xl</i>	48	<i>guaifenesin er oral tablet extended release</i>	
GELUSIL.....	97	GLUCAGEN HYPOKIT.....	50	<i>12 hour 1200 mg</i>	161
<i>gemfibrozil oral</i>	61	GLUCAGON EMERGENCY INJECTION		<i>guaifenesin oral liquid</i>	161
GEMTESA.....	42	SOLUTION RECONSTITUTED.....	50	<i>guaifenesin oral tablet 400 mg</i>	161
<i>generlac</i>	88	<i>glucagon emergency kit 1 mg injection</i>	50	<i>guaifenesin-codeine</i>	174
<i>gengraf</i>	125	GLUCAGON EMERGENCY KIT 1 MG		<i>guaifenesin-dm oral syrup</i>	174
GENICIN VITA-Q.....	83	INJECTION.....	50	<i>guanfacine hcl</i>	56
GENOTROPIN.....	113	GLUCO TO GO.....	52	<i>guanfacine hcl er</i>	63
GENOTROPIN MINIQUICK.....	113	GLUCOSE CONTROL SOLUTIONS.....	74	<i>gummy dinos</i>	136
<i>gentamicin sulfate external</i>	71	<i>glucose oral tablet chewable 4 gm</i>	52	<i>gummy multivitamin kids</i>	136
<i>gentamicin sulfate ophthalmic</i>	144	<i>glyburide micronized</i>	48	GVOKE HYPOPEN 1-PACK.....	50
GENTEAL SEVERE.....	147	<i>glyburide oral</i>	48	GVOKE HYPOPEN 2-PACK.....	50
GENTEAL TEARS MODERATE PF.....	147	<i>glyburide-metformin</i>	48	GVOKE KIT.....	50
GENTEAL TEARS NIGHT-TIME.....	147	<i>glycerin (adult) rectal suppository 2 gm</i>	105	GVOKE PFS.....	50
GENTEAL TEARS OPHTHALMIC		<i>glycerin (infants & children) rectal</i>		GYNAZOLE-1.....	31
SOLUTION 0.1-0.2-0.3 %.....	147	<i>suppository 1 gm</i>	105	<i>habitrol</i>	17
GENTEAL TEARS PF.....	147	<i>glycerin adult rectal suppository 2 gm</i>	105	HAEGARDA.....	123
GENTEAL TEARS SEVERE DAY/NIGHT.....	147	<i>glycerin child rectal suppository 1 gm, 1.2</i>		<i>hailey 1.5/30</i>	116
<i>gentle laxative</i>	136	<i>gm</i>	105	<i>hailey 24 fe</i>	116
<i>gentle laxative womens</i>	136	<i>glycerin childrens</i>	105	<i>hailey fe 1.5/30</i>	116
<i>gentlelax</i>	103	<i>glycerin external</i>	72	<i>hailey fe 1/20</i>	117
<i>genuine aspirin</i>	136	<i>glycerin external liquid 99.5 %</i>	72	HALCION.....	181
GENVOYA.....	44	<i>glycerin pediatric rectal suppository 1.2 gm</i>		<i>halobetasol propionate external cream</i>	68
GEODON ORAL.....	41	106	<i>halobetasol propionate external ointment</i>	68
<i>geri-dryl</i>	154	<i>glycine urologic</i>	136	<i>haloperidol decanoate intramuscular</i>	41
<i>geri-kot</i>	105	<i>glycolax</i>	103	<i>haloperidol lactate oral</i>	41
<i>geri-lanta</i>	97	<i>glycopyrrolate oral solution</i>	89	<i>haloperidol oral</i>	41
<i>geri-lanta maximum strength</i>	97	<i>glycopyrrolate oral tablet 1 mg</i>	89	HARVONI.....	43
<i>geri-mox</i>	97	<i>glycopyrrolate oral tablet 2 mg</i>	89	HAVRIX.....	127
<i>geri-tussin dm oral syrup</i>	173	GLYXAMBI.....	48	HCU COOLER.....	136
<i>geri-tussin oral liquid</i>	161	GOCOVRI.....	40	HCU GEL.....	136
GILENYA.....	64	<i>gormel</i>	73	HCY 1.....	136
GILOTTRIF.....	142	<i>gormel 10</i>	73	HCY 2.....	137
<i>giltuss severe sinus</i>	174	GRALISE ORAL TABLET 300 MG, 600		<i>headache formula</i>	11
<i>glatopa</i>	64	MG.....	64	<i>headache relief</i>	11
GLEEVEC.....	142	<i>granisetron hcl oral</i>	30	<i>headache relief extra str</i>	11
<i>glimepiride</i>	48	GRANIX.....	53	<i>healthy hair/skin/nails</i>	83
<i>glipizide er</i>	48	<i>griseofulvin microsize oral</i>	31	<i>heartburn antacid</i>	97
<i>glipizide oral tablet 10 mg, 5 mg</i>	48	<i>guaifenesin ac</i>	174	<i>heartburn antacid ex st</i>	97

<i>heartburn prevention oral tablet 10 mg</i>	89	HUMATE-P	55	<i>hydrocortisone external cream 1 %</i>	68
<i>heartburn relief ex st</i>	97	HUMATROPE.....	113	<i>hydrocortisone external lotion 2.5 %</i>	68
<i>heartburn relief oral tablet 10 mg</i>	89	HUMIRA PEN-PEDIATRIC UC START	125	<i>hydrocortisone external ointment 0.5 %</i>	68
<i>heartburn relief oral tablet 200 mg</i>	90	HUMIRA PEN-PSOR/UEIT STARTER....	125	<i>hydrocortisone external ointment 1 %</i>	68
<i>heartburn relief oral tablet chewable 160-105 mg</i>	97	HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML.....	125	<i>hydrocortisone external ointment 2.5 %</i>	68
<i>heartland gas relief</i>	97	HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML.....	126	<i>hydrocortisone max st external cream</i>	68
<i>heather</i>	120	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 & 40MG/0.4ML.....	126	<i>hydrocortisone max st/12 moist</i>	68
<i>h-e-b aspirin</i>	137	HUMULIN 70/30 KWIKPEN.....	51	<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	112
<i>h-e-b childrens allergy</i>	154	HUMULIN 70/30 VIAL.....	51	<i>hydrocortisone plus external cream 1 %</i>	68
HEMANGEOL.....	58	HUMULIN N KWIKPEN.....	51	<i>hydrocortisone rectal enema 100 mg/60ml</i>	129
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML.....	55	HUMULIN N VIAL.....	51	<i>hydrocortisone ultra-moisture</i>	69
HEMLIBRA SUBCUTANEOUS SOLUTION 60 MG/0.4ML.....	55	HUMULIN R U-500 KWIKPEN.....	51	<i>hydrocortisone/aloe</i>	69
HEMOPIL M.....	55	HUMULIN R U-500 VIAL (CONCENTRATED).....	51	<i>hydrocortisone/aloe max str</i>	69
<i>hemorrhoidal rectal suppository 0.25-3-85.5 %</i>	73	HUMULIN R VIAL.....	51	<i>hydrocortisone-acetic acid</i>	150
<i>heparin sodium (porcine)</i>	53	HYCANTIN ORAL.....	36	<i>hydrocortisone-aloe max st external cream 1 %</i>	69
<i>heparin sodium (porcine) pf</i>	53	<i>hydralazine hcl oral</i>	62	<i>hydrolatum</i>	72
HEPLISAV-B.....	128	<i>hydrochlorothiazide oral capsule</i>	60	<i>hydromet</i>	137
<i>her style</i>	121	<i>hydrochlorothiazide oral tablet 12.5 mg</i>	60	<i>hydromorphone hcl oral</i>	8
<i>hi cal</i>	79	<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	60	<i>hydromorphone hcl rectal</i>	8
HIBERIX.....	127	<i>hydrocodone bit-homatrop mbr</i>	137	<i>hydrophor</i>	72
HIDEX 6-DAY.....	112	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	7	<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	39
<i>high potency probiotic</i>	97	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	8	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	39
HIZENTRA.....	124	<i>hydrocodone-ibuprofen</i>	8	<i>hydroxyurea oral</i>	36
HORIZANT.....	64	<i>hydrocortisone (perianal)</i>	129	<i>hydroxyzine hcl oral</i>	46
HUMALOG INJECTION.....	50	<i>hydrocortisone acetate external</i>	72	<i>hydroxyzine pamoate oral</i>	46
HUMALOG JUNIOR KWIKPEN.....	50	<i>hydrocortisone anti-itch</i>	68	HYFTOR.....	137
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML.....	50	<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	68	HYMOVIS.....	137
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML.....	50			<i>hyoscyamine sulfate oral</i>	137
HUMALOG MIX 50/50.....	51			<i>hyoscyamine sulfate sl</i>	137
HUMALOG MIX 50/50 KWIKPEN.....	51			<i>hyoscyamine sulfate sublingual</i>	137
HUMALOG MIX 75/25.....	51			<i>hyosyne</i>	137
HUMALOG MIX 75/25 KWIKPEN.....	51			HYPERSAL.....	174
HUMALOG SUBCUTANEOUS.....	51			HYPOTEARAS.....	147
				HYQVIA.....	124
				HYSINGLA ER.....	7

<i>ibandronate sodium oral</i>	129	INBRIJA.....	40	INSULIN PEN NEEDLES 32G X 4 MM ,	
IBRANCE.....	37	INCRELEX.....	113	32G X 6 MM.....	74
IBSRELA.....	88	INCRUSE ELLIPTA.....	156	INSULIN SYRINGES 28G X 1/2" 0.5 ML,	
<i>ibu-200</i>	4	<i>indapamide</i>	60	28G X 1/2" 1 ML.....	137
<i>ibuprofen</i>	4	INDICAID COVID-19 RAPID TEST.....	137	INSULIN SYRINGES 29G X 1/2" 0.3 ML,	
<i>ibuprofen childrens oral tablet chewable</i>		<i>indomethacin er</i>	5	29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	137
<i>100 mg</i>	4	<i>indomethacin oral</i>	5	INSULIN SYRINGES 29G X 1/2" 1 ML,	
<i>ibuprofen cold & sinus</i>	174	<i>indomethacin rectal suppository 50 mg</i>	5	30G X 5/16" 0.5 ML.....	137
<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	174	<i>indoor/outdoor allergy rlf</i>	154	INSULIN SYRINGES 30G X 1/2" 0.5 ML,	
<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	174	INFANRIX.....	127	30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,	
<i>ibuprofen ib childrens</i>	4	<i>infant gas relief</i>	98	31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML,	
<i>ibuprofen ib oral tablet 200 mg</i>	5	INFANTS ADVIL.....	5	31G X 5/16" 1 ML.....	137
<i>ibuprofen infants oral suspension 50</i>		<i>infants gas relief</i>	98	INSULIN SYRINGES 30G X 5/16" 1 ML....	137
<i>mg/1.25ml</i>	5	<i>infants ibuprofen</i>	5	INTELISWAB COVID-19 RAPID TEST.....	137
<i>ibuprofen jr oral tablet 100 mg</i>	5	<i>infants pain & fever</i>	11	<i>intestinex</i>	98
<i>ibuprofen junior</i>	5	<i>infants pain relief drops</i>	11	<i>introvale</i>	117
<i>ibuprofen junior strength</i>	5	<i>infants pain/fever</i>	11	INTUNIV.....	63
<i>ibuprofen oral capsule 200 mg</i>	5	INFLECTRA.....	126	INVEGA.....	41
<i>ibuprofen oral suspension 100 mg/5ml</i>	5	INGREZZA.....	64	INVEGA HAFYERA.....	41
<i>ibuprofen oral tablet 200 mg</i>	5	INLYTA.....	142	INVEGA SUSTENNA.....	41
<i>ibuprofen oral tablet 400 mg, 600 mg, 800</i>		INSPIREASE.....	137	INVEGA TRINZA.....	41
<i>mg</i>	5	INSPIREASE RESERVOIR BAGS.....	137	INVELTYS.....	145
<i>icatibant acetate</i>	123	<i>instacort 5</i>	69	INVOKAMET.....	48
ICLUSIG.....	142	INSULIN ASP PROT & ASP FLEXPEN.....	51	INVOKAMET XR.....	48
IDELVION.....	55	INSULIN ASPART.....	51	INVOKANA.....	48
IDHIFA.....	36	INSULIN ASPART FLEXPEN.....	51	IPOL.....	127
<i>iferex 150</i>	79	INSULIN ASPART PENFILL.....	51	<i>ipratropium bromide inhalation</i>	156
IHEALTH COVID-19 RAPID TEST.....	137	INSULIN ASPART PROT & ASPART.....	51	<i>ipratropium bromide nasal</i>	156
ILEVRO.....	145	INSULIN GLARGINE.....	51	<i>ipratropium-albuterol</i>	168
ILUMYA.....	124	INSULIN GLARGINE SOLOSTAR.....	51	<i>irbesartan</i>	56
IMBRUVICA.....	142	INSULIN GLARGINE-YFGN.....	51	IRESSA.....	142
<i>imipramine hcl oral</i>	29	INSULIN LISPRO.....	51	<i>iron (ferrous sulfate) oral solution</i>	79
<i>imipramine pamoate</i>	29	INSULIN LISPRO (1 UNIT DIAL).....	51	<i>iron infant/toddler</i>	79
<i>imiquimod external cream 5 %</i>	70	INSULIN LISPRO JUNIOR KWIKPEN.....	51	<i>iron oral tablet 240 (27 fe) mg</i>	79
IMITREX NASAL.....	34	INSULIN LISPRO PROT & LISPRO.....	51	<i>iron oral tablet 325 (65 fe) mg</i>	79
IMITREX ORAL.....	34	INSULIN PEN NEEDLES.....	74	<i>iron supplement childrens</i>	79
IMODIUM A-D ORAL TABLET.....	88	INSULIN PEN NEEDLES 29G X 12.7MM..	137	ISENTRESS HD.....	44
IMODIUM MULTI-SYMPTOM RELIEF.....	97	INSULIN PEN NEEDLES 29G X 12MM ,		ISENTRESS ORAL PACKET.....	44
		31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	137	ISENTRESS ORAL TABLET.....	44

ISENTRESS ORAL TABLET CHEWABLE.. 44	KALETRA..... 46	KISQALI (600 MG DOSE) TABLET
<i>isibloom</i> 117	KALYDECO..... 157	THERAPY PACK 200 MG ORAL..... 37
<i>isoniazid oral</i> 35	KANUMA..... 109	KISQALI FEMARA (200 MG DOSE)..... 37
<i>isosorbide dinitrate</i> 62	KAOPECTATE ORAL SUSPENSION..... 98	KISQALI FEMARA (400 MG DOSE)..... 37
<i>isosorbide mononitrate</i> 62	KAPVAY..... 63	KISQALI FEMARA (600 MG DOSE)..... 37
<i>isosorbide mononitrate er</i> 62	<i>kariva</i> 117	KITABIS PAK..... 157
<i>isotretinoin oral</i> 66	KATERZIA..... 58	<i>klor-con</i> 76
ISTALOL..... 145	KAZANO..... 49	<i>klor-con 10</i> 76
<i>ivermectin oral</i> 38	<i>kelnor 1/35</i> 117	<i>klor-con m10</i> 76
IXINITY..... 55	<i>kelnor 1/50</i> 117	<i>klor-con m20</i> 76
<i>jaimiess</i> 117	KENALOG INJECTION SUSPENSION 10	<i>klor-con/ef</i> 183
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5</i>	MG/ML..... 112	KLOXXADO..... 17
<i>mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i> 53	KERALYT EXTERNAL GEL 6 %..... 137	KOATE..... 55
<i>jantoven oral tablet 6 mg</i> 53	KERENDIA..... 59	KOATE-DVI..... 55
JANUMET..... 48	KERYDIN..... 71	KOGENATE FS..... 55
JANUMET XR..... 48	KESIMPTA..... 64	KOMBIGLYZE XR..... 49
JANUVIA..... 49	<i>ketoconazole external cream</i> 71	<i>konsyl daily fiber oral powder 28.3 %</i> 103
JARDIANCE..... 49	<i>ketoconazole external shampoo</i> 71	KORLYM..... 113
<i>jasmiel</i> 117	KETO-DIASTIX..... 74	KOSELUGO..... 37
JAVYGTOR ORAL PACKET 100 MG..... 109	KETONE CARE..... 74	<i>kourzeq</i> 65
JAVYGTOR ORAL PACKET 500 MG..... 109	KETONE TEST..... 74	KOVALTRY..... 54
JAVYGTOR ORAL TABLET..... 109	<i>ketoprofen er</i> 5	K-PHOS..... 79
JENTADUETO..... 49	<i>ketoprofen oral capsule 50 mg</i> 5	<i>k-prime</i> 183
JENTADUETO XR..... 49	<i>ketorolac tromethamine ophthalmic</i>	KRINTAFEL..... 39
<i>jinteli</i> 117	<i>solution 0.4 %</i> 145	KRISTALOSE..... 88
JIVI..... 137	<i>ketorolac tromethamine ophthalmic</i>	<i>kurvelo</i> 117
<i>jock itch external cream 1 %</i> 32	<i>solution 0.5 %</i> 145	KUVAN ORAL PACKET 100 MG..... 109
<i>jock itch max st</i> 137	<i>ketorolac tromethamine oral</i> 5	KUVAN ORAL PACKET 500 MG..... 109
<i>jock itch spray powder</i> 137	<i>ketorolac tromethamine solution 30 mg/ml</i>	KUVAN ORAL TABLET..... 109
JORNAY PM..... 63	<i>injection</i> 5	<i>labetalol hcl oral</i> 58
JUBLIA..... 71	KETOROLAC TROMETHAMINE	LAC-HYDRIN FIVE..... 69
<i>juleber</i> 117	SOLUTION 30 MG/ML INJECTION..... 5	<i>lacosamide oral tablet</i> 26
JULUCA..... 44	KETOSTIX..... 74	LACTAID..... 98
<i>junel 1.5/30</i> 117	<i>ketotifen fumarate ophthalmic</i> 150	LACTAID FAST ACT ORAL TABLET..... 98
<i>junel 1/20</i> 117	KEVZARA..... 124	<i>lactase enzyme</i> 98
<i>junel fe</i> 117	KINERET..... 124	<i>lactase enzyme ultra str</i> 98
JYNARQUE ORAL TABLET THERAPY	KISQALI (200 MG DOSE)..... 37	<i>lactase fast acting</i> 98
PACK 15 MG..... 81	KISQALI (400 MG DOSE) TABLET	<i>lactobacillus oral tablet</i> 98
KALBITOR..... 123	THERAPY PACK 200 MG ORAL..... 37	<i>lacto-pectin</i> 98

<i>lactose fast acting relief oral tablet</i>	98	<i>laxative pills oral tablet 25 mg</i>	106	<i>levonorgestrel</i>	121
<i>lactulose</i>	88	<i>laxative rectal suppository 10 mg</i>	137	<i>levonorgestrel-ethinyl estrad</i>	117
<i>lactulose encephalopathy</i>	88	<i>laxative regular strength</i>	106	<i>levonorg-eth estrad triphasic</i>	117
LAGEVRIO.....	46	LEDIPASVIR-SOFOSBUVIR.....	43	<i>levora 0.15/30 (28)</i>	117
LAMISIL AT EXTERNAL CREAM.....	32	<i>leflunomide oral</i>	126	<i>levo-t</i>	121
LAMISIL AT JOCK ITCH.....	32	LENVIMA (10 MG DAILY DOSE).....	142	<i>levothyroxine sodium oral tablet</i>	121
<i>lamivudine oral solution</i>	45	LENVIMA (12 MG DAILY DOSE).....	142	<i>levoxyf</i>	121
<i>lamivudine oral tablet 100 mg</i>	43	LENVIMA (14 MG DAILY DOSE).....	142	LEXIVA ORAL SUSPENSION.....	46
<i>lamivudine oral tablet 150 mg, 300 mg</i>	45	LENVIMA (18 MG DAILY DOSE).....	142	LIALDA.....	128
<i>lamivudine-zidovudine</i>	45	LENVIMA (20 MG DAILY DOSE).....	142	LICART.....	6
<i>lamotrigine er</i>	24	LENVIMA (24 MG DAILY DOSE).....	142	<i>lice killing</i>	39, 70
<i>lamotrigine oral tablet</i>	24	LENVIMA (4 MG DAILY DOSE).....	142	<i>lice killing max st external shampoo 0.33-4</i>	
<i>lamotrigine oral tablet chewable</i>	24	LENVIMA (8 MG DAILY DOSE).....	142	<i>%</i>	39
<i>lamotrigine oral tablet dispersible</i>	24	LESCOL XL.....	61	<i>lice killing max strength</i>	39
LANCETS.....	74	<i>lessina</i>	117	<i>lice killing maximum strength</i>	39
<i>lansoprazole oral capsule delayed release</i>		LETAIRIS.....	158	<i>lice maximum strength</i>	39
<i>15 mg</i>	90	<i>letrozole oral</i>	36	<i>lice treatment external liquid 1 %</i>	70
<i>lansoprazole oral capsule delayed release</i>		<i>leucine oral</i>	138	<i>lice treatment external lotion 1 %</i>	70
<i>30 mg</i>	90	<i>leucovorin calcium oral tablet 10 mg</i>	38	<i>lice treatment external shampoo 0.33-4 %</i> ...	39
<i>lansoprazole oral tablet delayed release</i>		<i>leucovorin calcium oral tablet 15 mg, 25</i>		LIDO BDK.....	16
<i>dispersible 15 mg</i>	90	<i>mg, 5 mg</i>	38	<i>lidocaine external cream</i>	16
LANTUS SOLOSTAR.....	51	LEUKINE.....	53	<i>lidocaine external ointment 5 %</i>	16
LANTUS U-100 VIAL.....	51	<i>leuprolide acetate injection</i>	122	<i>lidocaine external patch 5 %</i>	16
<i>lapatinib ditosylate</i>	142	LEVEMIR FLEXPEN.....	51	<i>lidocaine hcl external cream 3 %</i>	16
<i>larin 1.5/30</i>	117	LEVEMIR U-100 VIAL.....	51	<i>lidocaine viscous hcl</i>	16
<i>larin 1/20</i>	117	<i>levetiracetam er oral tablet extended</i>		<i>lidocaine-prilocaine</i>	16
<i>larin 24 fe</i>	117	<i>release 24 hour 500 mg</i>	24	<i>lidopin external cream 3 %</i>	16
<i>larin fe 1.5/30</i>	117	<i>levetiracetam er oral tablet extended</i>		<i>linezolid oral suspension reconstituted</i>	19
<i>larin fe 1/20</i>	117	<i>release 24 hour 750 mg</i>	24	<i>linezolid oral tablet</i>	19
<i>latanoprost ophthalmic</i>	143	<i>levetiracetam oral solution</i>	24	LINZESS.....	88
LATUDA.....	41	<i>levetiracetam oral tablet</i>	24	<i>liothyronine sodium oral</i>	121
<i>laxacin</i>	106	<i>levobunolol hcl</i>	145	LIPISTART.....	138
<i>laxaclear</i>	103	<i>levocarnitine oral solution</i>	109	LIPITOR.....	61
<i>laxative max str</i>	106	<i>levocarnitine sf</i>	109	LIPOFEN.....	61
<i>laxative maximum strength oral tablet 25</i>		<i>levocetirizine dihydrochloride oral tablet</i>	154	<i>liquid acetaminophen</i>	12
<i>mg</i>	106	<i>levofloxacin oral</i>	21	<i>liquid allergy relief</i>	155
<i>laxative oral powder 17 gm/scoop</i>	103	<i>levonest</i>	117	<i>liquid corn & callus rem</i>	138
<i>laxative oral tablet delayed release 5 mg</i> ...	137	<i>levonorgest-eth estrad 91-day oral tablet</i>		<i>liquid pain relief</i>	12
<i>laxative pills max st</i>	106	<i>0.15-0.03 mg</i>	117	<i>liquid wart remover max st</i>	138

<i>lisinopril oral</i>	57	LORZONE.....	180	LUMIGAN.....	143
<i>lisinopril-hydrochlorothiazide</i>	59	<i>losartan potassium oral</i>	56	LUMIZYME.....	110
<i>lithium</i>	48	<i>losartan potassium-hctz</i>	60	LUNESTA.....	181
<i>lithium carbonate er</i>	48	LOTEMAX.....	145	LUPKYNIS.....	123
<i>lithium carbonate oral</i>	48	LOTEMAX SM.....	145	LUPRON DEPOT (1-MONTH).....	122
<i>little ones childrens</i>	183	<i>lovastatin oral</i>	61	LUPRON DEPOT (3-MONTH).....	122
LIVALO.....	61	LOVAZA.....	61	LUPRON DEPOT (4-MONTH)	
LIVIXIL PAK.....	16	<i>low-ogestrel</i>	117	INTRAMUSCULAR KIT 30MG.....	122
LMX 4.....	16	<i>loxapine succinate</i>	41	LUPRON DEPOT (6-MONTH)	
LO LOESTRIN FE.....	117	<i>lo-zumandimine</i>	117	INTRAMUSCULAR KIT 45MG.....	122
LOKELMA.....	82	<i>lubiprostone capsule 24 mcg oral</i>	88	LUPRON DEPOT-PED (1-MONTH).....	122
<i>long acting nasal spray</i>	174	<i>lubiprostone capsule 8 mcg oral</i>	88	LUPRON DEPOT-PED (3-MONTH).....	122
<i>long lasting antacid</i>	98	<i>lubricant drops fast act</i>	147	LUPRON DEPOT-PED (6-MONTH).....	122
<i>long lasting nasal spray</i>	174	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	147	<i>lurasidone hcl</i>	41
LONSURF.....	36	<i>lubricant drops ophthalmic solution</i>	147	<i>lutera</i>	118
<i>loperamide hcl oral capsule</i>	88	<i>lubricant eye drops (pf) ophthalmic solution</i>		LYBALVI.....	41
<i>loperamide hcl oral suspension</i>	88	0.4-0.3 %.....	147	<i>lyllana</i>	118
<i>loperamide hcl oral tablet</i>	88	<i>lubricant eye drops (pf) ophthalmic solution</i>		LYNPARZA.....	37
<i>loperamide-simethicone</i>	98	0.5 %.....	147	LYRICA CR.....	64
<i>lopinavir-ritonavir</i>	46	<i>lubricant eye drops ophthalmic solution</i>		<i>lysiptex plus oral tablet</i>	184
<i>loradamed</i>	167	0.4-0.3 %.....	147	LYSODREN.....	122
<i>lorata-d</i>	174	<i>lubricant eye drops ophthalmic solution 0.5</i>		LYUMJEV.....	51
<i>loratadine allergy relief oral tablet 10 mg</i> ...	167	%.....	148	LYUMJEV KWIKPEN.....	51
<i>loratadine allergy relief oral tablet</i>		<i>lubricant eye drops ophthalmic solution 0.6</i>		MAALOX CHILDRENS.....	98
<i>dispersible 10 mg</i>	167	%.....	148	MAALOX MAX ORAL SUSPENSION.....	98
<i>loratadine childrens</i>	167	<i>lubricant eye drops pf</i>	148	MAALOX MULTI SYMPTOM MAX ST.....	98
<i>lorata-dine d</i>	174	<i>lubricant eye nighttime</i>	148	<i>mag-al plus</i>	98
<i>loratadine d 12hr</i>	174	<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>		<i>mag-al plus xs</i>	98
<i>loratadine oral</i>	167	148	<i>magnesium citrate oral solution</i>	106
<i>loratadine-d</i>	174	<i>lubricant pm</i>	148	<i>magnesium oxide -mg supplement oral</i>	
<i>loratadine-d 12hr</i>	174	<i>lubricating eye drop</i>	148	<i>tablet 400 (240 mg) mg</i>	79
<i>loratadine-d 24hr</i>	174	<i>lubricating eye drops</i>	148	<i>magnesium oxide oral tablet 400 mg</i>	138
<i>lorazepam injection solution 2 mg/ml</i>	47	<i>lubricating eye/overnight</i>	148	<i>magnesium oxide oral tablet 420 mg</i>	138
<i>lorazepam intensol</i>	47	<i>lubricating plus eye drops</i>	148	<i>magnesium-aluminum-simethicone</i>	99
<i>lorazepam oral concentrate 2 mg/ml</i>	47	<i>lubricating plus ophthalmic solution 0.5 %</i>	148	<i>magnesium-oxide</i>	80
<i>lorazepam oral tablet</i>	47	<i>lubricating tears ophthalmic solution 0.4-</i>		<i>malathion</i>	70
LORBRENA.....	142	0.3 %.....	148	MAOX.....	138
LOREEV XR.....	47	<i>lubrifresh p.m.</i>	148	<i>mapap acetaminophen extra str</i>	12
<i>loryna</i>	117	LUMAKRAS.....	38	<i>mapap childrens</i>	12

<i>mapap oral capsule</i>	12	MEDROL ORAL TABLET 2 MG.....	112	<i>methotrexate sodium</i>	126
<i>marlissa</i>	118	<i>medroxyprogesterone acetate</i>	120	<i>methotrexate sodium (pf)</i>	126
MASK VORTEX/CHILD/FROG.....	138	<i>mefloquine hcl</i>	39	<i>methoxsalen rapid</i>	70
MASK VORTEX/TODDLER/LADYBUG.....	138	<i>mega probiotic</i>	99	METHYLDOPA.....	56
MATULANE.....	35	<i>megestrol acetate oral suspension 40 mg/ml</i>	120	<i>methylergonovine maleate oral</i>	113
MAVENCLAD (10 TABS).....	64	<i>megestrol acetate oral tablet 20 mg</i>	120	METHYLIN.....	63
MAVENCLAD (4 TABS).....	64	<i>megestrol acetate oral tablet 40 mg</i>	120	<i>methylphenidate hcl er (cd)</i>	63
MAVENCLAD (5 TABS).....	64	<i>meijer allergy relief-d</i>	175	<i>methylphenidate hcl oral tablet</i>	63
MAVENCLAD (6 TABS).....	64	<i>meijer antacid</i>	99	<i>methylprednisolone oral</i>	112
MAVENCLAD (7 TABS).....	64	<i>meijer anti-diarrheal</i>	88	<i>metoclopramide hcl oral solution</i>	29
MAVENCLAD (8 TABS).....	64	MEKINIST.....	37	<i>metoclopramide hcl oral tablet</i>	29
MAVENCLAD (9 TABS).....	64	MEKTOVI.....	37	<i>metolazone</i>	60
MAVYRET ORAL PACKET.....	43	<i>meloxicam oral tablet</i>	6	<i>metoprolol succinate er</i>	58
MAVYRET ORAL TABLET.....	43	<i>memantine hcl oral solution</i>	27	<i>metoprolol tartrate oral</i>	58
MAX RELIEF JUNIOR.....	12	<i>memantine hcl oral tablet</i>	27	<i>metoprolol-hydrochlorothiazide</i>	60
MAX TUSSIN MUCUS & CHEST CONG...	161	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG.....	118	METROGEL.....	19
MAXALT.....	34	MENEST ORAL TABLET 2.5 MG.....	118	<i>metronidazole external</i>	19
MAXIDEX.....	145	MENOSTAR.....	118	<i>metronidazole oral tablet</i>	19
<i>maxi-tuss ac</i>	175	MENVEO INTRAMUSCULAR SOLUTION	127	<i>metronidazole vaginal</i>	19
<i>maxi-tuss gmx</i>	175	MENVEO INTRAMUSCULAR SOLUTION	127	<i>mexiletine hcl oral</i>	57
<i>maxi-tuss pe max</i>	161	RECONSTITUTED.....	127	<i>micaderm</i>	32
MAYZENT.....	65	<i>meperidine hcl oral tablet</i>	8	MICATIN.....	32
MAYZENT STARTER PACK.....	65	<i>mercaptopurine oral</i>	36	<i>miconazole 1 combo pack</i>	31
MCT PRO-CAL.....	138	MERIBIN.....	184	<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i> ..	31
<i>m-dryl</i>	155	<i>mesalamine er oral capsule 500 mg</i>	128	<i>miconazole 3</i>	31
<i>meclizine hcl oral tablet 12.5 mg</i>	29	MESNEX ORAL.....	38	<i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	31
<i>meclizine hcl oral tablet 25 mg</i>	29	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	49	<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	31
<i>meclizine hcl oral tablet chewable</i>	29	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	49	<i>miconazole 7 day treatment</i>	31
<i>medicated spot</i>	138	<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	49	<i>miconazole 7 vaginal cream 2 %</i>	31
<i>medifin 400</i>	161	<i>methazolamide oral</i>	146	<i>miconazole 7 vaginal suppository 100 mg</i> ...	31
<i>medifin mucus relief child</i>	161	<i>methenamine hippurate</i>	19	<i>miconazole antifungal</i>	32
<i>medi-first aspirin</i>	138	<i>methergine</i>	113	<i>miconazole nitrate external cream</i>	33
<i>medi-first ibuprofen</i>	6	<i>methimazole oral</i>	123	<i>miconazole nitrate vaginal</i>	31
<i>medi-first triple antibiotic</i>	23	<i>methocarbamol oral</i>	180	<i>miconazorb af</i>	33
<i>mediproxen</i>	6			<i>microgestin 1.5/30</i>	118
<i>medique aspirin</i>	138			<i>microgestin 1/20</i>	118
MEDISENSE GLUCOSE KETONE CONTR.....	74			<i>microgestin 24 fe</i>	118
MEDISENSE HI/MID/LOW CONTROL.....	74				

<i>microgestin fe 1.5/30</i>	118	<i>mm aspirin</i>	138	MSUD GEL.....	138
<i>microgestin fe 1/20</i>	118	<i>mm clearlax</i>	103	MUCINEX CHILDRENS FREEFROM	
<i>midodrine hcl</i>	56	<i>mm ibuprofen</i>	6	ORAL LIQUID 5-100 MG/5ML.....	175
<i>mifepristone</i>	114	<i>mm stool softener laxative</i>	106	MUCINEX CHILDRENS STUFFY NOSE...	175
<i>miglustat</i>	110	MMA/PA GEL.....	138	MUCINEX COUGH CHILDRENS.....	175
<i>migraine formula oral tablet 250-250-65 mg</i>	12	M-M-R II.....	127	MUCINEX D.....	175
<i>migraine headache relief</i>	12	M-NATAL PLUS.....	83	MUCINEX D MAX STRENGTH.....	175
<i>migraine relief oral tablet 250-250-65 mg</i>	12	<i>modafinil</i>	181	MUCINEX DM.....	175
MIGRANAL.....	33	MODERNA COVID-19 VAC 6M-11Y.....	138	MUCINEX FAST-MAX CHEST CONG MS	161
<i>mili</i>	118	<i>moexipril hcl</i>	57	MUCINEX FAST-MAX DM MAX.....	175
<i>milk of magnesia</i>	99	<i>mometasone furoate external</i>	69	MUCINEX MAXIMUM STRENGTH.....	161
<i>milk of magnesia oral suspension 1200</i>		<i>mondoxylene nl</i>	22	MUCINEX SINUS-MAX CLEAR & COOL..	175
<i>mg/15ml</i>	99	MONOJECT HYPODERMIC NEEDLE 18G		MUCINEX SINUS-MAX SINUS/ALLRGY..	175
<i>mimvey</i>	118	X 1".....	52	<i>mucus & cough relief child</i>	175
<i>mineral oil enema</i>	103	<i>montelukast sodium oral packet</i>	156	<i>mucus d</i>	175
<i>mineral oil heavy oral</i>	103	<i>montelukast sodium oral tablet</i>	156	<i>mucus d extended release</i>	175
<i>mineral oil oral oil</i>	103	<i>montelukast sodium oral tablet chewable</i> ..	156	<i>mucus d max st er</i>	175
<i>mineral oil rectal enema</i>	103	<i>mood support probiotic</i>	99	<i>mucus dm</i>	175
<i>mini nicotine</i>	18	<i>morphine sulfate (concentrate)</i>	8	<i>mucus dm extended release oral tablet</i>	
MINIVELLE.....	118	<i>morphine sulfate er</i>	7	<i>extended release 12 hour 30-600 mg</i>	175
<i>minocycline hcl er oral tablet extended</i>		<i>morphine sulfate er beads</i>	7	<i>mucus er maximum str</i>	161
<i>release 24 hour 105 mg, 115 mg, 55 mg,</i>		<i>morphine sulfate oral</i>	8	<i>mucus er oral tablet extended release 12</i>	
<i>65 mg, 80 mg</i>	22	<i>morphine sulfate rectal</i>	8	<i>hour 1200 mg</i>	161
<i>minocycline hcl oral capsule 100 mg, 50</i>		MOTEGRITY.....	88	<i>mucus extended release oral tablet</i>	
<i>mg</i>	22	<i>motion sickness oral tablet 50 mg</i>	29	<i>extended release 12 hour 1200 mg</i>	161
<i>minocycline hcl oral capsule 75 mg</i>	22	<i>motion sickness relief oral tablet 50 mg</i>	29	<i>mucus relief 12 hour max st</i>	161
<i>minoxidil oral</i>	62	<i>motion sickness relief oral tablet chewable</i>		<i>mucus relief chest oral tablet 400 mg</i>	161
<i>mintox maximum strength</i>	99	<i>25 mg</i>	29	<i>mucus relief childrens oral liquid 100</i>	
<i>mintox plus</i>	99	<i>motion-time</i>	29	<i>mg/5ml</i>	161
MIRALAX ORAL POWDER.....	103	MOTRIN CHILDRENS.....	6	<i>mucus relief cough childrens</i>	176
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	28	MOTRIN IB.....	6	<i>mucus relief d max strength</i>	176
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	28	MOTRIN INFANTS DROPS.....	6	<i>mucus relief d oral tablet extended release</i>	
<i>mirtazapine oral tablet dispersible</i>	28	MOUNJARO.....	138	<i>12 hour 120-1200 mg</i>	176
MIRVASO.....	66	MOVANTIK.....	88	<i>mucus relief d oral tablet extended release</i>	
<i>misoprostol oral</i>	90	MOVIPREP.....	89	<i>12 hour 60-600 mg</i>	176
MITIGARE.....	33	<i>moxifloxacin hcl ophthalmic</i>	144	<i>mucus relief dm max oral liquid 20-400</i>	
<i>mm acetaminophen ex str</i>	12	<i>moxifloxacin hcl oral</i>	21	<i>mg/20ml, 5-100 mg/5ml</i>	176
MM ALLER-BEN.....	155	<i>m-pap</i>	12		
<i>mm arthritis pain</i>	12	MSUD COOLER.....	138		

<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	<i>mycophenolate mofetil oral tablet</i>	<i>nasal decongestant max st</i>
.....176	126	176
<i>mucus relief dm oral tablet extended</i>	<i>mycophenolate sodium</i>	<i>nasal decongestant oral tablet 30 mg</i>
<i>release 12 hour 30-600 mg</i>	126	176
176	MYDAYIS.....	<i>nasal decongestant oral tablet extended</i>
<i>mucus relief er</i>	63	<i>release 12 hour 120 mg</i>
161	MYFEMBREE.....	176
<i>mucus relief er oral tablet extended release</i>	87	<i>nasal decongestant pe max st</i>
<i>12 hour 1200 mg</i>	99	162
162	MYLICON INFANTS GAS RELIEF.....	<i>nasal decongestant pe oral tablet 10 mg</i> ...
<i>mucus relief max st</i>	110	162
162	MYRBETRIQ ORAL SUSPENSION	<i>nasal decongestant pe oral tablet 30 mg</i> ...
<i>mucus relief max strength oral tablet</i>	RECONSTITUTED ER.....	176
<i>extended release 12 hour 1200 mg</i>	110	<i>nasal decongestant spray</i>
162	MYRBETRIQ ORAL TABLET EXTENDED	177
<i>mucus relief oral tablet 400 mg</i>	RELEASE 24 HOUR.....	162
162	110	<i>nasal four</i>
<i>mucus relief oral tablet extended release</i>	<i>nabumetone oral</i>	162
<i>12 hour 1200 mg</i>	6	<i>nasal four spray</i>
162	<i>nadolol oral</i>	162
<i>mucus+chest congestion</i>	58	<i>nasal mist nasal solution</i>
162	<i>naloxone hcl injection</i>	177
<i>mucus-d</i>	17	<i>nasal mist no drip</i>
176	<i>naloxone hcl nasal</i>	177
<i>mucus-dm</i>	17	NASAL MOIST NASAL SOLUTION.....
176	<i>naltrexone hcl oral</i>	162
<i>mucus-er oral tablet extended release 12</i>	26	<i>nasal moisturizing spray</i>
<i>hour 1200 mg</i>	150	162
162	NAMZARIC.....	<i>nasal relief</i>
MULPLETA.....	NAPHCN-A.....	177
53	NAPRELAN ORAL TABLET EXTENDED	<i>nasal spray 12 hour</i>
MULTAQ.....	RELEASE 24 HOUR 375 MG, 750 MG.....	177
57	6	<i>nasal spray extra moist</i>
<i>multi vitamin</i>	NAPRELAN ORAL TABLET EXTENDED	177
83	RELEASE 24 HOUR 500 MG.....	<i>nasal spray extra moisturizing</i>
<i>multi vitamin w/d-3</i>	6	177
83	NAPROSYN.....	<i>nasal spray fast acting</i>
<i>multiple vitamin-folic acid</i>	6	162
83	<i>naproxen dr</i>	<i>nasal spray nasal solution 0.05 %</i>
<i>multiple vitamins essential</i>	6	177
83	<i>naproxen oral</i>	<i>nasal spray nasal solution 1 %</i>
<i>multiple vitamins/iron</i>	6	162
184	<i>naproxen sodium er oral tablet extended</i>	<i>nasal spray no drip</i>
MULTIPRO.....	<i>release 24 hour 375 mg, 750 mg</i>	177
184	6	<i>nasal spray saline</i>
<i>multi-vitamin</i>	<i>naproxen sodium er oral tablet extended</i>	162
83	<i>release 24 hour 500 mg</i>	<i>nasal spray sinus</i>
<i>multivitamin infant & toddler oral solution</i>	6	177
.184	<i>naproxen sodium oral tablet 220 mg</i>	NASALCROM.....
<i>multi-vitamin/iron</i>	6	169
184	<i>naproxen sodium oral tablet 275 mg</i>	NASCOBAL.....
<i>mupirocin calcium</i>	6	186
71	<i>naproxen sodium oral tablet 550 mg</i>	NATACYN.....
<i>mupirocin external</i>	155	144
71	NARAMIN.....	NATAZIA.....
MURO 128 OPHTHALMIC OINTMENT.....	34	118
148	<i>naratriptan hcl</i>	<i>nateglinide</i>
MURO 128 OPHTHALMIC SOLUTION 5	17	49
%.....	NARCAN.....	114
148	NASACORT ALLERGY 24HR.....	<i>natural daily fiber</i>
<i>my choice</i>	168	103
121	<i>nasal allergy 24 hour</i>	<i>natural fiber oral capsule 0.52 gm</i>
<i>my way</i>	168	103
121	<i>nasal allergy nasal aerosol 55 mcg/act</i>	<i>natural fiber oral powder 28.3 %</i>
<i>mycophenolate mofetil oral capsule</i>	168	103
126	<i>nasal allergy spray</i>	<i>natural fiber oral powder 58.6 %</i>
<i>mycophenolate mofetil oral suspension</i>	168	103
<i>reconstituted</i>	<i>nasal decongestant 12 hour</i>	<i>natural fiber supplement</i>
126	176	104
	<i>nasal decongestant 12hr</i>	<i>natural fish oil</i>
	176	138
		<i>natural senna laxative</i>
		106
		<i>natural tears pf</i>
		148
		<i>natural vegetable</i>
		104

<i>natural vegetable laxative oral tablet 8.6 mg</i>	106	NEUTEK 2TEK CONTROL.....	74	<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	17
<i>natura-lax</i>	104	NEUTROGENA OIL-FREE ACNE WASH.....	138	<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	17
<i>nausea control</i>	30	NEVANAC.....	145	<i>nicotine transdermal system</i>	17
<i>nausea relief oral solution 1.87-1.87-21.5</i> ...	30	<i>nevirapine</i>	44	NICOTROL.....	17
NAYZILAM.....	25	<i>nevirapine er</i>	44	NICOTROL NS.....	17
<i>nebusal inhalation nebulization solution 3 %</i>	177	<i>new day</i>	121	<i>nifedipine er</i>	58
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %.....	177	NEWFLORA PROBIOTIC.....	99	<i>nifedipine er osmotic release</i>	58
<i>necon 0.5/35 (28)</i>	118	NEXAVAR.....	37	<i>nifedipine oral</i>	58
NEODOT THERMOMETER.....	138	NEXLETOL.....	61	<i>nighttime dry-eye relief</i>	148
NEOMULTIVITE.....	83	NEXLIZET.....	61	<i>nighttime relief lub eye</i>	148
<i>neomycin sulfate oral</i>	19	NEXTSTELLIS.....	87	<i>nikki</i>	118
<i>neomycin-bacitracin zn-polymyx</i>	144	<i>niacin er oral capsule extended release 250 mg</i>	84	NINLARO.....	36
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	143	<i>niacin er oral capsule extended release 500 mg</i>	84	<i>nitazoxanide oral</i>	39
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	143	<i>niacin er oral tablet extended release 1000 mg</i>	84	NITRO-BID.....	62
<i>neomycin-polymyxin-gramicidin</i>	144	<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	84	NITRO-DUR.....	62
<i>neomycin-polymyxin-hc ophthalmic</i>	143	<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	84	<i>nitrofurantoin macrocrystal</i>	19
<i>neomycin-polymyxin-hc otic</i>	150	NICODERM CQ.....	17	<i>nitrofurantoin monohydrate macrocrystals</i> ...	19
NEONATAL COMPLETE ORAL TABLET 27-1 MG.....	83	NICORETTE.....	18	<i>nitrofurantoin oral suspension 25 mg/5ml</i>	20
NEONATAL PLUS.....	84	NICORETTE MINI.....	18	<i>nitroglycerin sublingual</i>	62
NEONATAL PRENATAL.....	84	NICORETTE STARTER KIT.....	18	<i>nitroglycerin transdermal</i>	62
NEONATAL VITAMIN.....	84	<i>nicotine gum mouth/throat gum 2 mg</i>	18	<i>nitroglycerin translingual</i>	62
<i>neo-polycin</i>	144	<i>nicotine gum mouth/throat gum 4 mg</i>	18	NITYR.....	110
<i>neo-polycin hc</i>	144	<i>nicotine gum mouth/throat lozenge 2 mg</i>	18	NIVA THYROID.....	122
NEOSPORIN ORIGINAL.....	23	<i>nicotine gum mouth/throat lozenge 4 mg</i>	18	NIVA-PLUS.....	84
NEO-SYNEPHRINE COLD/ALLRGY EXT.....	162	<i>nicotine mini</i>	18	NIVESTYM.....	53
<i>nephro vitamins</i>	84	<i>nicotine mouth/throat gum 2 mg</i>	18	<i>no drip extra moisturizing</i>	177
NEPHRO-VITE.....	84	<i>nicotine mouth/throat gum 4 mg</i>	18	<i>no drip nasal relief</i>	177
NESINA.....	49	<i>nicotine mouth/throat lozenge 2 mg</i>	18	<i>no drip nasal spray</i>	177
NEULASTA.....	53	<i>nicotine mouth/throat lozenge 4 mg</i>	18	<i>no drip original 12 hours</i>	177
NEULASTA ONPRO.....	53	<i>nicotine polacrilex mini</i>	18	NOC DURNA.....	113
NEUPOGEN.....	53	<i>nicotine polacrilex mouth/throat</i>	18	<i>nohist-lq</i>	165
NEUPRO.....	40	<i>nicotine step 1</i>	17	NOKOR VENTED NEEDLE.....	52
NEURONTIN.....	25	<i>nicotine step 2</i>	17	<i>non-aspirin</i>	12
		<i>nicotine step 3</i>	17	<i>non-aspirin 8 hour</i>	12
		<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	17	<i>non-aspirin childrens</i>	12
				<i>non-aspirin extra strength</i>	12
				<i>non-aspirin jr strength</i>	12

<i>non-aspirin pain relief</i>	12	NOVOLOG U-100 VIAL.....	51	OA 2.....	138
<i>non-pseudo sinus decongestant</i>	162	NOVOSEVEN RT.....	55	OBIZUR.....	55
NORDITROPIN FLEXPEN.....	113	NOXAFIL ORAL PACKET.....	31	OBSTETRIX DHA.....	84
<i>norethin ace-eth estrad-fe oral tablet</i>	118	NOXAFIL ORAL SUSPENSION.....	31	OCEAN FOR KIDS.....	163
<i>norethin ace-eth estrad-fe oral tablet</i> <i>chewable</i>	118	NOXAFIL ORAL TABLET DELAYED RELEASE.....	31	OCEAN NASAL SPRAY.....	163
<i>norethindrone acetate oral</i>	120	<i>np thyroid oral tablet 120 mg, 15 mg</i>	122	<i>ocella</i>	119
<i>norethindrone acet-ethinyl est</i>	118	NPLATE.....	53	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 30 GM/300ML.....	124
<i>norethindrone oral</i>	120	NUBEQA.....	35	OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS.....	124
<i>norethin-eth estradiol-fe oral tablet</i> <i>chewable 0.4-35 mg-mcg</i>	118	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	159	OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS.....	124
<i>norgestimate-eth estradiol</i>	118	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	159	OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS.....	124
<i>norgestimate-ethinyl estradiol triphasic</i>	118	NUCYNTA.....	8	OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS.....	124
NORITATE.....	20	NUCYNTA ER.....	7	OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS.....	124
NORLIQVA.....	58	NUEDEXTA.....	64	<i>octreotide acetate injection solution 100</i> <i>mcg/ml, 50 mcg/ml</i>	122
NORPACE CR.....	57	NU-IRON.....	80	<i>octreotide acetate injection solution 1000</i> <i>mcg/ml</i>	122
<i>nortrel 0.5/35 (28)</i>	118	NULEV.....	138	<i>octreotide acetate injection solution 200</i> <i>mcg/ml</i>	122
<i>nortrel 1/35 (21)</i>	118	NURTEC.....	33	<i>octreotide acetate injection solution 500</i> <i>mcg/ml</i>	123
<i>nortrel 1/35 (28)</i>	118	NUTRAPLUS.....	73	OCUVEL.....	184
<i>nortrel 7/7/7</i>	118	<i>nutrifac zx</i>	184	ODEFSEY.....	45
<i>nortriptyline hcl oral</i>	29	NUTROPIN AQ NUSPIN 10.....	113	ODOMZO.....	37
NORVIR ORAL PACKET.....	46	NUTROPIN AQ NUSPIN 20.....	113	<i>odorless coated fish oil</i>	138
<i>nose drops extstrength</i>	163	NUTROPIN AQ NUSPIN 5.....	113	OFEV.....	159
<i>nose drops nasal solution 1 %</i>	163	NUVARING.....	119	<i>ofloxacin ophthalmic</i>	144
NOURIANZ.....	40	NUVESSA.....	20	<i>ofloxacin oral</i>	21
NOVAREL.....	113	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT.....	54	<i>ofloxacin otic</i>	150
NOVAVAX COVID-19 VACCINE.....	128	NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT.....	54	<i>ointment base</i>	72
NOVOEIGHT.....	54	NUZYRA ORAL.....	22	<i>olanzapine oral</i>	41
NOVOLIN 70/30 FLEXPEN.....	51	<i>nyamyc</i>	71	<i>olopatadine hcl ophthalmic</i>	144
NOVOLIN 70/30 RELION.....	51	<i>nylia 7/7/7</i>	119	OLUMIANT ORAL TABLET 1 MG, 2 MG...124	
NOVOLIN 70/30 VIAL.....	51	<i>nystatin external</i>	71	OLUMIANT ORAL TABLET 4 MG.....	124
NOVOLIN N FLEXPEN.....	51	<i>nystatin mouth/throat</i>	31		
NOVOLIN N VIAL.....	51	<i>nystatin oral</i>	31		
NOVOLIN R FLEXPEN.....	51	<i>nystop</i>	71		
NOVOLIN R VIAL.....	51	NYVEPRIA.....	53		
NOVOLOG FLEXPEN.....	51	OA 1.....	138		
NOVOLOG MIX 70/30 FLEXPEN.....	51				
NOVOLOG MIX 70/30 VIAL.....	51				
NOVOLOG PENFILL.....	51				

OMECLAMOX-PAK.....	89	ONETOUCH VERIO REFLECT KIT		<i>oxaprozin</i>	6
<i>omega-3 fish oil oral capsule 1000 mg</i>	138	W/DEVICE.....	75	OXAYDO ORAL TABLET 5 MG.....	15
<i>omega-3 fish oil oral capsule 1200 mg</i>	139	ONETOUCH VERIO STRIP IN VITRO.....	75	<i>oxazepam</i>	47
<i>omega-3 fish oil oral capsule 300 mg</i>	139	ONEXTON.....	66	OXBRYTA ORAL TABLET 300 MG.....	53
<i>omega-3 microgel</i>	139	ONGENTYS.....	40	OXBRYTA ORAL TABLET 500 MG.....	53
<i>omega-3 oral capsule 1000 mg</i>	139	ONGLYZA.....	49	OXBRYTA ORAL TABLET SOLUBLE.....	53
<i>omega-3 oral capsule 1400 mg</i>	139	<i>opcicon one-step</i>	121	<i>oxcarbazepine oral tablet</i>	26
<i>omeprazole magnesium oral tablet delayed</i>		OPSUMIT.....	158	OXLUMO.....	111
<i>release</i>	90	<i>option 2</i>	121	OXTELLAR XR.....	26
<i>omeprazole oral capsule delayed release</i>	90	OPZELURA.....	73	<i>oxybutynin chloride er</i>	110
OMNARIS.....	155	ORACEA.....	22	<i>oxybutynin chloride oral tablet 5 mg</i>	110
OMNIFLEX DIAPHRAGM.....	139	<i>oralone</i>	65	<i>oxycodone hcl oral capsule</i>	8
OMNIPOD 5 G6 INTRO (GEN 5).....	139	ORENCIA CLICKJECT.....	124	<i>oxycodone hcl oral concentrate</i>	8
OMNIPOD 5 G6 POD (GEN 5).....	139	ORENCIA SUBCUTANEOUS.....	124	<i>oxycodone hcl oral solution</i>	8
OMNITROPE.....	113	ORENITRAM MONTH 1.....	158	<i>oxycodone hcl oral tablet</i>	15
ON/GO COVID-19 ANTIGEN TEST.....	139	ORENITRAM MONTH 2.....	158	OXYCODONE-ACETAMINOPHEN ORAL	
ON/GO ONE COVID-19 HOME TEST.....	139	ORENITRAM MONTH 3.....	158	SOLUTION 5-325 MG/5ML.....	8
<i>once daily</i>	84	ORENITRAM ORAL TABLET EXTENDED		OXYCODONE-ACETAMINOPHEN ORAL	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	30	RELEASE 0.125 MG, 0.25 MG, 1 MG.....	158	TABLET 10-300 MG, 5-300 MG, 7.5-300	
<i>ondansetron odt</i>	30	ORENITRAM ORAL TABLET EXTENDED		MG.....	8
<i>one daily</i>	84	RELEASE 2.5 MG, 5 MG.....	158	<i>oxycodone-acetaminophen oral tablet 10-</i>	
ONE VITE DAILY MULTIVITAMIN.....	84	ORFADIN ORAL CAPSULE 10 MG.....	110	<i>325 mg, 2.5-325 mg, 5-325 mg, 7.5-325</i>	
ONE VITE WOMENS.....	84	ORFADIN ORAL CAPSULE 2 MG, 20 MG,		<i>mg</i>	8
ONE VITE WOMENS PLUS.....	84	5 MG.....	110	OXYCONTIN.....	7
<i>one-daily multi vitamins</i>	84	ORFADIN ORAL SUSPENSION.....	110	<i>oysco 500+d</i>	80
<i>one-daily multi-vitamin</i>	84	ORGOVYX.....	19	<i>oyster shell calcium + d oral tablet 500-10</i>	
<i>one-daily multi-vitamin/iron</i>	184	ORIAHNN.....	123	<i>mg-mcg</i>	80
<i>one-daily/iron</i>	184	ORILISSA.....	123	<i>oyster shell calcium + d3</i>	80
ONELAX.....	139	ORKAMBI.....	157	<i>oyster shell calcium oral tablet 500 mg</i>	184
ONELAX DOCUSATE SODIUM.....	106	ORLADEYO.....	139	<i>oyster shell calcium plus d</i>	80
ONELAX MAGNESIUM CITRATE.....	106	<i>orphenadrine citrate er</i>	180	<i>oyster shell calcium w/d</i>	80
ONELAX SENNA.....	106	OS-CAL CALCIUM + D3.....	80	<i>oyster shell calcium/d oral tablet 250-3.125</i>	
ONETOUCH ULTRA 2 KIT W/DEVICE.....	74, 75	<i>oseltamivir phosphate oral</i>	46	<i>mg-mcg</i>	184
ONETOUCH ULTRA IN VITRO LIQUID.....	75	OSENI.....	49	<i>oyster shell calcium/vit d</i>	80
ONETOUCH ULTRA STRIP IN VITRO.....	75	OSMOLEX ER.....	40	<i>oyster shell calcium/vit d3 oral tablet 500-5</i>	
ONETOUCH VERIO FLEX SYSTEM KIT		OSPHENA.....	121	<i>mg-mcg</i>	80
W/DEVICE.....	75	OTEZLA.....	124	<i>oyster shell calcium/vitamin d oral tablet</i>	
ONETOUCH VERIO IN VITRO LIQUID.....	75	OTOVEL.....	150	<i>250-3.125 mg-mcg</i>	184
		OTREXUP.....	126		

<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	80	<i>pain reliever plus</i>	14	<i>permethrin external</i>	70
<i>oyster shell calcium-vit d</i>	80	<i>pain-off</i>	14	<i>perphenazine oral</i>	30
OZEMPIC.....	49	<i>paliperidone er</i>	41	<i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	28
OZEMPIC (2 MG/DOSE).....	49	PANADOL CHILDRENS.....	14	<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>	28
<i>p col-rite</i>	106	PANADOL EXTRA STRENGTH.....	14	PERSERIS.....	41
PACERONE.....	57	PANADOL INFANTS.....	14	PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 8000-28750 UNIT.....	110
<i>pain & fever child</i>	12	PANOXYL.....	139	PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT.....	110
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	12	<i>pantoprazole sodium oral</i>	90	PFD 2.....	139
<i>pain & fever childrens oral tablet chewable 160 mg</i>	13	<i>paroxetine hcl oral tablet</i>	28	PFD TODDLER.....	139
<i>pain & fever infants</i>	13	PATADAY OPHTHALMIC SOLUTION 0.1 % , 0.2 %.....	144	PFIZER COVID-19 VAC-TRIS 5-11Y.....	139
<i>pain relief childrens oral elixir 160 mg/5ml</i> ...	13	PAXIL.....	28	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	139
<i>pain relief childrens oral suspension</i>	13	<i>pazopanib hcl</i>	142	<i>pharbecchlor</i>	167
<i>pain relief childrens oral tablet chewable 160 mg</i>	13	<i>ped electrolyte freeze pop</i>	80	<i>pharbedryl</i>	155
<i>pain relief extra st</i>	13	PEDIA-LAX ORAL LIQUID.....	106	PHARBETOL.....	14
<i>pain relief extra strength oral capsule 500 mg</i>	13	PEDIALYTE FREEZER POPS.....	80	PHARBETOL EXTRA STRENGTH.....	14
<i>pain relief extra strength oral liquid 500 mg/15ml</i>	13	PEDIALYTE ORAL SOLUTION.....	80	<i>pharbinex</i>	163
<i>pain relief extra strength oral tablet 500 mg</i> ...	13	PEDIALYTE SINGLES.....	80	PHAZYME.....	99
<i>pain relief oral liquid 500 mg/15ml</i>	13	PEDIARIX.....	127	PHAZYME ULTRA STRENGTH.....	99
<i>pain relief oral tablet 325 mg</i>	13	<i>pediatric electrolyte oral solution</i>	80	<i>phenazo oral tablet 200 mg</i>	111
<i>pain relief oral tablet 500 mg</i>	13	PEDVAX HIB.....	127	<i>phenazo oral tablet 95 mg</i>	111
<i>pain relief oral tablet extended release 650 mg</i>	13	<i>peg 3350 oral powder</i>	104	<i>phenazopyridine hcl oral</i>	111
<i>pain relief regular strength</i>	13	<i>peg 3350-kcl-na bicarb-nacl</i>	89	<i>phenobarbital oral</i>	25
<i>pain relief/rapid burst</i>	13	<i>peg-3350/electrolytes</i>	89	<i>phenylephrine hcl ophthalmic</i>	144
<i>pain reliever</i>	13	PEGASYS SUBCUTANEOUS SOLUTION.....	125	<i>phenylephrine hcl oral</i>	163
<i>pain reliever childrens oral suspension 160 mg/5ml</i>	14	<i>penicillamine oral capsule</i>	111	PHENYL-FREE 2.....	139
<i>pain reliever ex st oral liquid 500 mg/15ml</i> ...	14	<i>penicillamine oral tablet</i>	111	PHENYL-FREE 2HP.....	139
<i>pain reliever ex st oral tablet 500 mg</i>	14	<i>penicillin v potassium</i>	21	<i>phenytek oral capsule 200 mg</i>	26
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	14	PENTACEL.....	127	<i>phenytoin infatabs</i>	26
<i>pain reliever extra strength oral tablet 500 mg</i>	14	<i>pentamidine isethionate inhalation</i>	39	<i>phenytoin oral suspension 125 mg/5ml</i>	26
		PENTASA.....	128	<i>phenytoin oral tablet chewable</i>	26
		<i>pentazocine-naloxone hcl</i>	8	<i>phenytoin sodium extended</i>	26
		<i>pentoxifylline er</i>	60	<i>philith</i>	119
		PEPTO-BISMOL ORAL SUSPENSION.....		PHOSPHA 250 NEUTRAL.....	80
		524 MG/30ML.....	99		
		PERDIEM OVERNIGHT RELIEF.....	106		
		PERFOROMIST.....	157		
		<i>perindopril erbumine</i>	57		
		<i>periogard</i>	65		

PHOSPHOLINE IODIDE.....	146	PLEGRIDY STARTER PACK		<i>potassium citrate er oral tablet extended</i>	
<i>phosphorous</i>	80	SUBCUTANEOUS SOLUTION PEN-		<i>release 10 meq (1080 mg)</i>	76
<i>phospho-trin 250 neutral</i>	80	INJECTOR.....	65	<i>potassium citrate er oral tablet extended</i>	
PHOSPHO-TRIN K500.....	81	PLEGRIDY STARTER PACK		<i>release 15 meq (1620 mg)</i>	76
<i>phytonadione injection solution 10 mg/ml</i>	84	SUBCUTANEOUS SOLUTION		<i>potassium citrate er oral tablet extended</i>	
<i>phytonadione oral</i>	84	PREFILLED SYRINGE.....	65	<i>release 5 meq (540 mg)</i>	76
PIFELTRO.....	44	PLENVU.....	89	<i>potassium citrate-citric acid</i>	81
<i>pilocarpine hcl ophthalmic</i>	146	<i>plerixafor</i>	53	<i>povidone iodine</i>	23
<i>pilocarpine hcl oral tablet 5 mg</i>	65	PNEUMOVAX 23.....	128	<i>povidone-iodine external solution</i>	23
<i>pilocarpine hcl oral tablet 7.5 mg</i>	65	<i>podofilox external</i>	70	PRADAXA ORAL CAPSULE.....	53
PILOT COVID-19 AT-HOME TEST.....	139	<i>poly bacitracin</i>	140	PRADAXA ORAL PACKET.....	53
<i>pimecrolimus</i>	69	<i>polycin</i>	144	PRALUENT.....	61
<i>pimozide</i>	41	<i>polyethylene glycol 3350 oral powder</i>	104	<i>pramipexole dihydrochloride er oral tablet</i>	
<i>pimtrea</i>	119	<i>polyethylene glycol 3350-grx oral powder</i>	104	<i>extended release 24 hour 4.5 mg</i>	40
<i>pink bismuth maximum strength</i>	99	<i>poly-iron 150</i>	81	<i>pramipexole dihydrochloride oral tablet</i>	
<i>pink bismuth oral suspension 262 mg/15ml</i>	99	<i>polymyxin b-trimethoprim</i>	144	<i>0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg...</i>	40
<i>pink bismuth oral suspension 525 mg/15ml</i>	99	<i>polysaccharide iron complex</i>	81	<i>pramipexole dihydrochloride oral tablet</i>	
<i>pink bismuth oral tablet 262 mg</i>	99	<i>polysaccharide-iron complex</i>	81	<i>0.75 mg</i>	40
<i>pink bismuth oral tablet chewable 262 mg</i>	100	POLYSPORIN.....	140	<i>pravastatin sodium</i>	61
<i>pink bismuth ultra str</i>	100	<i>polyvinyl alcohol ophthalmic</i>	148	<i>praziquantel oral</i>	38
<i>pink-bismuth</i>	100	POLY-VI-SOL.....	184	<i>prazosin hcl oral</i>	56
<i>pioglitazone hcl</i>	49	POLY-VITE PEDIATRIC.....	184	PRECISION GLUCOSE KETONE CONTR.	75
<i>pioglitazone hcl-metformin hcl</i>	49	POMALYST.....	35	PRECISION XTRA BLOOD GLUCOSE.....	75
PIP GLUCOSE CONTROL SOLUTION.....	75	PONVORY.....	143	PRED FORTE.....	145
<i>piperacillin sod-tazobactam so intravenous</i>		PONVORY STARTER PACK.....	143	<i>prednisolone acetate ophthalmic</i>	145
<i>solution reconstituted 4-0.5 gm, 4.5 (4-0.5)</i>		<i>portia-28</i>	119	PREDNISOLONE ACETATE P-F.....	145
<i>gm</i>	21	<i>potassium chloride crys er oral tablet</i>		<i>prednisolone oral solution</i>	112
PIQRAY (200 MG DAILY DOSE).....	37	<i>extended release 10 meq</i>	76	<i>prednisolone sodium phosphate</i>	
PIQRAY (250 MG DAILY DOSE).....	37	<i>potassium chloride crys er oral tablet</i>		<i>ophthalmic</i>	145
PIQRAY (300 MG DAILY DOSE).....	37	<i>extended release 20 meq</i>	76	<i>prednisolone sodium phosphate oral</i>	
<i>pirfenidone oral capsule</i>	159	<i>potassium chloride er oral capsule</i>		<i>solution 15 mg/5ml</i>	112
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	159	<i>extended release 10 meq</i>	76	<i>prednisolone sodium phosphate oral</i>	
<i>piroxicam oral</i>	6	<i>potassium chloride er oral tablet extended</i>		<i>solution 6.7 (5 base) mg/5ml</i>	112
PKU COOLER 10.....	139	<i>release 10 meq</i>	76	<i>prednisone intensol</i>	112
PKU COOLER 15.....	139	<i>potassium chloride er oral tablet extended</i>		<i>prednisone oral solution</i>	112
PKU COOLER 20.....	139	<i>release 20 meq</i>	76	<i>prednisone oral tablet</i>	112
<i>pku trio</i>	140	<i>potassium chloride er oral tablet extended</i>		<i>prednisone oral tablet therapy pack 10 mg</i>	
PLAN B ONE-STEP.....	121	<i>release 8 meq</i>	76	<i>(21)</i>	112
PLEGRIDY.....	65	<i>potassium chloride oral</i>	76		

<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	112	PRILOVIX PLUS.....	16	<i>promethazine vc</i>	159
<i>pregabalin</i>	64	PRILOVIX ULTRALITE.....	16	<i>promethazine vc/codeine</i>	177
PREGNYL.....	113	PRILOVIX ULTRALITE PLUS.....	16	<i>promethazine-codeine oral solution</i>	177
PREHEVBRIO.....	127	<i>primaquine phosphate</i>	39	<i>promethazine-dm</i>	178
PREMARIN ORAL.....	119	<i>primidone oral tablet 250 mg, 50 mg</i>	25	<i>promethegan</i>	30
PREMARIN VAGINAL.....	119	PRIORIX.....	127	PRONUTRIENTS VITAMIN D3.....	85
<i>premium lidocaine</i>	16	PRISTIQ.....	28	<i>propafenone hcl</i>	57
PREMPHASE.....	119	PRIVIGEN.....	124	<i>propranolol hcl er</i>	58
PREMPRO.....	119	PROAIR RESPICLICK.....	157	<i>propranolol hcl oral solution 20 mg/5ml</i>	58
<i>prenatal formula oral tablet 28-0.8 mg</i>	84	<i>probenecid</i>	33	<i>propranolol hcl oral solution 40 mg/5ml</i>	58
<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	84	PROBIOMAX SERENITY.....	100	<i>propranolol hcl oral tablet</i>	58
<i>prenatal multi+dha</i>	85	<i>probiotic blend</i>	100	<i>propylthiouracil oral</i>	123
<i>prenatal multivitamins</i>	85	<i>probiotic colon care</i>	100	PROQUAD.....	127
<i>prenatal oral tablet 27-0.8 mg</i>	85	<i>probiotic complex</i>	100	PROTONIX ORAL PACKET.....	90
<i>prenatal oral tablet 27-1 mg</i>	85	<i>probiotic extra strength</i>	100	<i>protriptyline hcl</i>	29
<i>prenatal oral tablet 28-0.8 mg</i>	85	<i>probiotic maximum strength</i>	100	PROVENTIL HFA.....	157
<i>prenatal plus</i>	85	<i>probiotic oral capsule</i>	100	PROXIVOL.....	16
<i>prenatal plus vitamin/mineral</i>	85	<i>probiotic oral capsule 250 mg</i>	100	<i>pseudoephedrine hcl 12 hr</i>	178
<i>prenatal vitamins</i>	85	<i>probiotic pearls ex st</i>	100	<i>pseudoephedrine hcl er</i>	178
<i>prenatal/iron</i>	85	<i>prochlorperazine</i>	30	<i>pseudoephedrine hcl oral tablet 30 mg</i>	178
PRENATVITE RX.....	85	<i>prochlorperazine maleate oral</i>	30	<i>pseudoephedrine-bromphen-dm</i>	163
PREPARATION H EXTERNAL CREAM 1%.....	69	PROCRIT.....	53	<i>pseudoephedrine-guaifenesin er</i>	178
<i>prevalite oral packet</i>	61	PRO-CRITIC.....	140	PULMICORT FLEXHALER.....	155
<i>prevalite oral powder</i>	61	PROCTOCORT EXTERNAL.....	129	PULMICORT SUSPENSION.....	156
PREVIDENT.....	76	PROCTOFOAM HC.....	70	<i>pulmosal</i>	178
PREVIDENT 5000 DRY MOUTH.....	76	<i>procto-med hc</i>	129	PULMOZYME.....	157
PREVIDENT 5000 PLUS.....	77	<i>proctosol hc</i>	129	<i>pure & gentle lubricant</i>	148
PREVNAR 13.....	128	<i>proctozone-hc</i>	129	<i>purelax oral powder</i>	104
PREVNAR 20.....	128	PROFILNINE.....	55	PURIXAN.....	36
PREZCOBIX.....	46	<i>progesterone oral</i>	120	PYLERA.....	89
PREZISTA.....	140	PROGLYCEM.....	50	<i>pyrazinamide oral</i>	35
PRIFTIN.....	35	PROLATE ORAL TABLET.....	8	PYRIDIDIUM.....	111
PRILOSEC OTC.....	90	PROLENSA.....	145	<i>pyridostigmine bromide er</i>	34
PRILOVIX.....	16	PROLIA.....	129	<i>pyridostigmine bromide oral solution</i>	34
PRILOVIX LITE.....	16	PROMACTA.....	53	<i>pyridostigmine bromide oral tablet 60 mg</i>	34
PRILOVIX LITE PLUS.....	16	<i>promethazine hcl injection solution 25 mg/ml</i>	30	<i>pyridoxine hcl oral</i>	186
		<i>promethazine hcl oral</i>	30	<i>pyrimethamine oral</i>	39
		<i>promethazine hcl rectal</i>	30	QBREXZA.....	70
				QELBREE.....	47

QNASL.....	156	REBIF REBIDOSE TITRATION PACK.....	65	RETIN-A.....	66
QNASL CHILDRENS.....	156	REBIF TITRATION PACK.....	65	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	66
QTERN.....	49	REBINYN INTRAVENOUS SOLUTION		RETIN-A MICRO PUMP EXTERNAL GEL	
QUADRACEL INTRAMUSCULAR		RECONSTITUTED 1000 UNIT, 2000		0.06 %.....	66
SUSPENSION.....	127	UNIT, 500 UNIT.....	55	RETIN-A MICRO PUMP EXTERNAL GEL	
<i>quazepam</i>	47	<i>reclipsen</i>	119	0.08 %.....	66
<i>quetiapine fumarate er</i>	41	RECOMBINATE.....	55	REVATIO ORAL SUSPENSION	
<i>quetiapine fumarate oral tablet 100 mg,</i>		RECOMBIVAX HB.....	127	RECONSTITUTED.....	158
<i>200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	41	RECTIV.....	62	REVATIO ORAL TABLET.....	158
<i>quetiapine fumarate oral tablet 150 mg</i>	41	<i>refenesen 400</i>	163	REVCIVI.....	110
QUICKVUE AT-HOME COVID-19 TEST ...	140	REFRESH LACRI-LUBE.....	149	REVITAFLO.....	100
<i>quinapril hcl</i>	57	REFRESH PLUS.....	149	REVLIMID.....	35
<i>quinapril-hydrochlorothiazide</i>	60	REFRESH TEARS.....	149	REXULTI.....	41
<i>quinidine gluconate er</i>	57	REHYDRALYTE.....	81	REYATAZ ORAL CAPSULE.....	46
<i>quinidine sulfate</i>	57	RELADOR PAK.....	16	REYATAZ ORAL PACKET.....	46
<i>quinine sulfate</i>	39	RELADOR PAK PLUS.....	16	REYVOW.....	34
QUINTET CONTROL HIGH/NORMAL.....	75	RELENZA DISKHALER.....	46	RHOFADE.....	66
<i>quit2</i>	18	RELEXXII ORAL TABLET EXTENDED		RHOPRESSA.....	146
<i>quit4</i>	18	RELEASE 18 MG, 27 MG, 36 MG, 54 MG ..	63	RIASTAP.....	56
QULIPTA.....	33	RELEXXII ORAL TABLET EXTENDED		<i>ribavirin oral</i>	43
QUVIVIQ.....	140	RELEASE 45 MG, 63 MG, 72 MG.....	63	<i>rifabutin</i>	34
QVAR REDIHALER.....	156	<i>relief eye drops</i>	149	<i>rifampin oral</i>	35
<i>radiance platinum vitamin d3</i>	85	RELION TRUE METRIX TEST STRIPS.....	75	<i>riluzole</i>	64
RADICAVA ORS.....	64	RELISTOR.....	88	<i>rimantadine hcl</i>	46
RADICAVA ORS STARTER KIT.....	64	RELPA.....	34	RINVOQ.....	124
<i>raloxifene hcl</i>	121	RELYVRIO.....	140	RISAQUAD.....	100
<i>ramelteon</i>	181	<i>rena-vite</i>	85	RISAQUAD-2.....	100
<i>ramipril</i>	57	<i>renewal soothing bath</i>	72	RISPERDAL CONSTA.....	41
<i>ranolazine er</i>	60	<i>repaglinide</i>	49	RISPERDAL ORAL SOLUTION.....	42
<i>rapid melts junior oral tablet dispersible</i>		REPATHA.....	61	RISPERDAL ORAL TABLET.....	42
<i>160 mg</i>	14	REPHRESH PRO-B.....	100	<i>risperidone oral solution</i>	42
RASUVO.....	126	RESTASIS.....	144	<i>risperidone oral tablet</i>	42
RAVICTI.....	110	RESTASIS MULTIDOSE.....	144	<i>risperidone oral tablet dispersible</i>	42
RAYALDEE.....	129	RESTORA.....	100	RITALIN.....	63
RAYOS.....	112	<i>restore plus lubricant eye</i>	149	RITALIN LA.....	63
<i>react</i>	121	<i>restore pm</i>	149	<i>ritonavir</i>	46
<i>ready-to-use enema rectal enema</i>	100	RESTORIL.....	181	<i>rivastigmine</i>	27
REBIF.....	65	RETACRIT.....	53	<i>rivastigmine tartrate</i>	27
REBIF REBIDOSE.....	65	RETEVMO.....	142	RIXUBIS.....	56

<i>rizatriptan benzoate</i>	34	SAFYRAL.....	119	<i>senna plus oral tablet</i>	107
<i>robafen cf multi-symptom cold</i>	165	SAIZEN.....	113	<i>senna s</i>	107
ROBITUSSIN 12 HOUR COUGH.....	178	<i>sajazir</i>	123	<i>senna smooth</i>	107
ROBITUSSIN 12 HOUR COUGH CHILD..	178	<i>salicylic acid external foam</i>	140	<i>senna-docusate sodium</i>	107
ROBITUSSIN COUGH+CHEST CONG		<i>salicylic acid external gel</i>	140	<i>senna-lax</i>	107
DM ORAL LIQUID 20-400 MG/20ML.....	178	<i>salicylic acid wart remover</i>	140	<i>senna-plus</i>	107
ROBITUSSIN PEAK COLD MULTI-SYM...	165	<i>saline enema</i>	100	<i>senna-s</i>	107
ROCKLATAN.....	144	<i>saline mist spray</i>	163	<i>senna-tabs</i>	107
<i>ropinirole hcl</i>	40	<i>saline nasal spray</i>	163	<i>senna-time</i>	107
<i>rosuvastatin calcium</i>	61	<i>salsalate oral</i>	15	<i>senna-time s</i>	107
ROTARIX.....	127	SALVAX.....	140	<i>sennazon</i>	107
ROTATEQ.....	127	<i>sam-e.p.a</i>	140	SENOKOT.....	107
<i>roweepra</i>	24	SANCUSO.....	30	SENOKOT S.....	107
ROXYBOND ORAL TABLET ABUSE-		SANDIMMUNE ORAL SOLUTION.....	126	SEREVENT DISKUS.....	157
DETERRENT 15 MG, 30 MG, 5 MG.....	7	SAPHRIS.....	42	SEROQUEL.....	42
ROZEREM.....	181	SAVAYSA.....	53	SEROQUEL XR.....	42
ROZLYTREK ORAL CAPSULE.....	37	<i>saxagliptin hcl</i>	49	<i>sertraline hcl oral concentrate</i>	28
ROZLYTREK ORAL PACKET.....	37	<i>saxagliptin-metformin er</i>	49	<i>sertraline hcl oral tablet</i>	28
RUBRACA.....	37	<i>sb arthritis pain relief</i>	14	<i>setlakin</i>	119
RUCONEST.....	123	<i>sb docusate sodium/senna</i>	106	<i>sevelamer carbonate oral tablet</i>	81
<i>rufinamide oral tablet</i>	26	<i>sb lice killing max st</i>	39	SEVENFACT.....	140
RUKOBIA.....	45	<i>sb mucus relief</i>	163	<i>sf</i>	77
RYALTRIS.....	140	<i>sb pain reliever childrens</i>	14	<i>sf 5000 plus</i>	77
RYBELSUS.....	49	<i>scalp relief external liquid 3 %</i>	140	SFROWASA.....	128
RYCLORA.....	155	SCEMBLIX.....	38	<i>sharobel</i>	120
<i>rynex dm</i>	178	SCRUB CARE POVIDONE-IODINE.....	23	SIGNIFOR.....	123
<i>rynex pe</i>	178	<i>sea-omega</i>	140	SIKLOS.....	53
<i>rynex pse</i>	178	SEGLENTIS.....	8	<i>siladryl allergy</i>	155
RYTARY ORAL CAPSULE EXTENDED		SEGLUROMET.....	49	<i>sildenafil citrate oral tablet 20 mg</i>	158
RELEASE 23.75-95 MG, 36.25-145 MG,		<i>selenium sulfide external lotion</i>	69	SILENOR.....	181
61.25-245 MG.....	40	SELZENTRY ORAL TABLET.....	45	SILIQ.....	124
RYTARY ORAL CAPSULE EXTENDED		SEMGLEE (YFGN).....	51	<i>siltussin sa</i>	163
RELEASE 48.75-195 MG.....	40	<i>senexon-s</i>	106	<i>siltussin-dm alcohol free</i>	178
RYTHMOL SR ORAL CAPSULE		<i>senior probiotic</i>	100	<i>silver sulfadiazine external</i>	70
EXTENDED RELEASE 12 HOUR 225 MG,		<i>senna lax</i>	106	SIMBRINZA.....	146
325 MG.....	57	<i>senna laxative</i>	106	<i>simeped</i>	100
RYTHMOL SR ORAL CAPSULE		<i>senna oral liquid</i>	107	<i>simethicone drops infants</i>	100
EXTENDED RELEASE 12 HOUR 425 MG..	57	<i>senna oral syrup</i>	107	<i>simethicone oral</i>	100
<i>saccharomyces boulardii</i>	100	<i>senna oral tablet</i>	107	<i>simethicone ultra strength</i>	101

<i>simliya</i>	119	<i>sodium chloride (hypertonic) ophthalmic ointment</i>	149	<i>soothe oral suspension</i>	101
<i>simpesse</i>	119	<i>sodium chloride (hypertonic) ophthalmic solution</i>	149	<i>soothe oral tablet chewable</i>	101
SIMPONI.....	126	<i>sodium chloride (pf)</i>	77	<i>sorafenib tosylate</i>	37
<i>simvastatin oral</i>	61	<i>sodium chloride inhalation nebulization solution 0.9 %</i>	178	<i>sorbitol oral</i>	104
SINEMET.....	40	<i>sodium chloride inhalation nebulization solution 10 %</i>	178	SORILUX.....	70
SINGULAIR ORAL PACKET.....	156	<i>sodium chloride inhalation nebulization solution 3 %</i>	179	<i>sotalol hcl (af)</i>	57
SINGULAIR ORAL TABLET.....	156	<i>sodium chloride inhalation nebulization solution 7 %</i>	179	<i>sotalol hcl oral</i>	57
SINGULAIR ORAL TABLET CHEWABLE.....	156	<i>sodium chloride intravenous solution 0.45 %</i> , 0.9 %.....	77	SOTYKTU.....	140
<i>sinus 12 hour</i>	178	<i>sodium chloride ophthalmic ointment 5 %</i> ..	149	SOVALDI.....	43
<i>sinus 12-hour</i>	178	<i>sodium chloride ophthalmic solution 5 %</i> ...	149	SPEEDY SWAB COVID-19 ANTIGEN.....	140
<i>sinus congestion max strength</i>	178	<i>sodium fluoride 5000 plus</i>	77	SPIKEVAX.....	140
<i>sinus nasal spray</i>	178	<i>sodium fluoride 5000 ppm dental cream</i>	77	<i>spinosad</i>	70
<i>sinus pe decongestant</i>	163	<i>sodium fluoride dental cream</i>	77	SPINRAZA.....	110
<i>sinus relief extra strength</i>	163	<i>sodium fluoride dental gel</i>	77	SPIRIVA HANDIHALER.....	156
<i>sinus/congestion relief pe</i>	163	<i>sodium fluoride oral solution</i>	77	SPIRIVA RESPIMAT.....	156
<i>sirolimus oral solution</i>	126	<i>sodium fluoride oral tablet chewable</i>	77	<i>spironolactone oral tablet</i>	60
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	126	SODIUM OXYBATE.....	181	<i>spironolactone-hctz</i>	60
<i>sirolimus oral tablet 2 mg</i>	126	<i>sodium phenylbutyrate oral powder</i>	110	SPRAVATO (84 MG DOSE).....	28
SIRTURO.....	35	<i>sodium phenylbutyrate oral tablet</i>	110	<i>sprintec 28</i>	119
SITAVIG.....	43	<i>sodium polystyrene sulfonate</i>	82	SPRYCEL.....	142
SKYRIZI PEN.....	124	SOFOSBUVIR-VELPATASVIR.....	43	<i>sps</i>	82
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE.....	140	<i>soft glucose</i>	52	<i>sronyx</i>	119
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	125	SOLIQUA.....	49	<i>ssd</i>	70
SKYTROFA SUBCUTANEOUS CARTRIDGE 4.3 MG.....	113	SOLIRIS.....	140	ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE.....	140
SLO-NIACIN.....	85	SOLODYN.....	22	STEGLATRO.....	49
<i>smooth antacid ex st oral tablet chewable 750 mg</i>	101	SOLOSEC.....	20	STEGLUJAN.....	49
<i>smooth antacid extra st</i>	101	<i>soluble fiber therapy</i>	107	STELARA SUBCUTANEOUS.....	125
<i>smooth antacid extra strength</i>	101	SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG.....	112	STIMUFEND.....	140
<i>smooth lax oral powder</i>	104	SOMAVERT.....	123	<i>stimulant laxative oral tablet 8.6-50 mg</i>	107
SOAAZ ORAL TABLET 20 MG.....	60	SOOLANTRA.....	70	STIOLTO RESPIMAT.....	169
<i>sod chloride hypertonicity</i>	149	<i>soothe maximum strength</i>	101	STIVARGA.....	37
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	81			<i>stomach relief extra strength</i>	101
<i>sodium bicarbonate oral tablet</i>	101			<i>stomach relief max st oral suspension 525 mg/15ml</i>	101
				<i>stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml</i>	101
				<i>stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	101

<i>stomach relief oral tablet 262 mg</i>	101	<i>sulfamethoxazole-trimethoprim oral</i>	22	SYSTANE COMPLETE.....	149
<i>stomach relief oral tablet chewable 262 mg</i>	101	<i>sulfasalazine oral</i>	128	SYSTANE CONTACTS.....	149
<i>stomach relief plus</i>	101	<i>sulfatrim pediatric</i>	22	SYSTANE HYDRATION PF.....	149
<i>stomach relief ultra oral suspension 525</i> <i>mg/15ml</i>	101	<i>sulindac oral</i>	6	SYSTANE NIGHTTIME.....	149
<i>stool softener laxative oral capsule</i>	107	<i>sumatriptan succinate oral</i>	34	SYSTANE PRESERVATIVE FREE.....	149
<i>stool softener oral capsule 100 mg</i>	107	<i>sumatriptan succinate refill</i>	34	SYSTANE ULTRA.....	149
<i>stool softener oral capsule 240 mg</i>	107	<i>sumatriptan succinate subcutaneous</i>	34	SYSTANE ULTRA PF.....	150
<i>stool softener oral capsule 250 mg</i>	107	<i>sunitinib malate</i>	37	<i>tab tussin</i>	163
<i>stool softener oral capsule 50 mg</i>	107	SUNLENCA ORAL.....	140	<i>tab-a-vite/beta carotene</i>	85
<i>stool softener pls laxative</i>	107	SUNLENCA SUBCUTANEOUS.....	140	TABLOID.....	36
<i>stool softener plus laxative</i>	107	SUNOSI.....	181	TABRECTA.....	142
<i>stool softener/laxative</i>	107	<i>suphedrine 12hour</i>	179	TACLONEX.....	70
<i>stool softener/laxative oral tablet</i>	107	<i>suphedrine maximum strength</i>	179	<i>tacrolimus external ointment 0.03 %</i>	69
STRATTERA.....	63	<i>suphedrine oral tablet 30 mg</i>	179	<i>tacrolimus external ointment 0.1 %</i>	69
STRENSIQ.....	110	<i>suphedrine oral tablet extended release 12</i> <i>hour 120 mg</i>	179	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	126
<i>stress formula</i>	85	SUPPORT.....	184	<i>tacrolimus oral capsule 1 mg</i>	126
<i>stress formula/iron</i>	184	SUPREP BOWEL PREP KIT.....	89	<i>tadalafil (pah)</i>	158
STRIBILD.....	44	<i>sure result sr relief</i>	140	TADLIQ.....	158
STRIVE DUAL ZONE PEAK FLOW MTR..	140	<i>surelac</i>	102	TAFINLAR.....	37
STRIVERDI RESPIMAT.....	157	SUTAB.....	23	<i>tafluprost (pf)</i>	143
SUBLOCADE.....	17	SUTENT.....	37	TAGAMET HB 200.....	90
SUBOXONE.....	17	<i>syeda</i>	119	TAGRISO.....	142
<i>subvenite</i>	24	SYMBICORT.....	169	<i>take action</i>	121
<i>sucrafate oral suspension</i>	90	SYMDEKO.....	157	TAKHZYRO SUBCUTANEOUS SOLUTION.....	123
<i>sucrafate oral tablet</i>	90	SYMFI.....	44	TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML.....	123
SUDAFED.....	179	SYMFI LO.....	44	TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML.....	123
SUDAFED PE CONGESTION ORAL TABLET 10 MG.....	163	SYMJEPI.....	157	TALICIA.....	89
SUDAFED PE SINUS CONGESTION.....	163	SYMLINPEN 120.....	49	TALTZ.....	125
SUDAFED SINUS CONGESTION.....	179	SYMLINPEN 60.....	49	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG.....	37
SUDAFED SINUS CONGESTION 12HR... <i>sudogest 12 hour</i>	179	SYMPAZAN.....	25	TAMIFLU.....	46
<i>sudogest maximum strength</i>	179	SYMPROIC.....	88	<i>tamoxifen citrate oral</i>	36
<i>sudogest oral tablet 30 mg</i>	179	SYMTUZA.....	46	<i>tamsulosin hcl</i>	111
<i>sulfacetamide sodium ophthalmic</i>	144	SYNAGIS.....	125	TAPERDEX 12-DAY.....	112
<i>sulfacetamide-prednisolone</i>	144	SYNAREL.....	123		
<i>sulfadiazine oral</i>	22	SYNJARDY.....	49		
		SYNJARDY XR.....	49		
		SYSTANE.....	149		
		SYSTANE BALANCE.....	149		

TAPERDEX 6-DAY.....	112	TESTIM.....	114	<i>tinidazole oral tablet 500 mg</i>	20
TAPERDEX 7-DAY.....	112	<i>testosterone cypionate intramuscular</i>	114	TIROSINT ORAL CAPSULE 100 MCG,	
TARCEVA.....	142	<i>testosterone enanthate intramuscular</i>	114	112 MCG, 125 MCG, 13 MCG, 137 MCG,	
TARGRETIN.....	37	<i>testosterone transdermal gel 1.62 %, 20.25</i>		150 MCG, 175 MCG, 200 MCG, 25 MCG,	
<i>tarina 24 fe</i>	119	<i>mg/lact (1.62%)</i>	114	50 MCG, 75 MCG, 88 MCG.....	121
<i>tarina fe 1/20 eq</i>	119	<i>testosterone transdermal gel 50 mg/5gm</i>		TIROSINT-SOL.....	121
TASIGNA.....	142	<i>(1%)</i>	114	TIVICAY.....	44
TASMAR.....	40	TETANUS-DIPHTHERIA TOXOIDS TD....	127	TIVICAY PD.....	44
TAVALISSE.....	54	TEZSPIRE SUBCUTANEOUS SOLUTION		<i>tizanidine hcl oral tablet</i>	42
TAZORAC EXTERNAL CREAM 0.1 %.....	66	AUTO-INJECTOR.....	159	TM-DAILY VITE.....	85
TAZORAC EXTERNAL GEL.....	66	<i>the magic bullet</i>	140	TOBI PODHALER.....	157
<i>taztia xt</i>	59	THEO-24.....	158	TOBRADEX.....	144
TDVAX.....	127	<i>theophylline</i>	158	TOBRADEX ST.....	144
TECARTUS.....	140	<i>theophylline er oral tablet extended release</i>		<i>tobramycin inhalation nebulization solution</i>	
TECFIDERA ORAL CAPSULE DELAYED		<i>12 hour 300 mg</i>	158	<i>300 mg/4ml</i>	157
RELEASE.....	65	<i>theophylline er oral tablet extended release</i>		<i>tobramycin ophthalmic</i>	144
TEENY TUMMY GAS RELIEF DROPS....	102	<i>12 hour 450 mg</i>	158	<i>tobramycin-dexamethasone</i>	144
TEGSEDI.....	110	<i>theophylline er oral tablet extended release</i>		<i>tolnaftate antifungal</i>	141
TEKTRUNA.....	60	<i>24 hour 400 mg</i>	158	<i>tolnaftate external cream</i>	141
<i>telmisartan</i>	56	<i>theophylline er oral tablet extended release</i>		<i>tolnaftate external powder</i>	141
<i>temazepam oral capsule 15 mg, 30 mg</i>	181	<i>24 hour 600 mg</i>	158	<i>tolvaptan oral tablet 15 mg</i>	81
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i> .	181	THERA.....	85	TOPAMAX.....	24
<i>temozolomide oral capsule 100 mg</i>	35	<i>thera-tabs</i>	85	TOPAMAX SPRINKLE.....	24
<i>temozolomide oral capsule 140 mg, 180</i>		<i>thiamine hcl oral</i>	186	<i>topiramate er oral capsule er 24 hour</i>	
<i>mg, 20 mg, 250 mg, 5 mg</i>	35	<i>thiamine mononitrate oral</i>	85	<i>sprinkle</i>	24
TENCON.....	8	THIOLA.....	111	<i>topiramate oral capsule sprinkle</i>	24
TENIVAC.....	127	THIOLA EC.....	111	<i>topiramate oral tablet</i>	25
<i>tenofovir disoproxil fumarate</i>	45	<i>thioridazine hcl oral</i>	41	<i>toremifene citrate</i>	36
TEPMETKO.....	37	<i>thiothixene</i>	41	<i>torse mide</i>	60
<i>terazosin hcl</i>	111	THRIVE.....	18	<i>total allergy</i>	155
<i>terbinafine hcl external</i>	33	<i>thyroid oral tablet 120 mg, 15 mg</i>	122	<i>total allergy medicine</i>	155
<i>terbinafine hcl oral</i>	31	<i>tiadylt er</i>	59	TOUJEO MAX SOLOSTAR.....	51
<i>terbinafine hydrochloride external cream 1</i>		<i>tiagabine hcl</i>	25	TOUJEO SOLOSTAR.....	51
<i>%</i>	33	TIGLUTIK.....	64	TOVIAZ.....	110
<i>terconazole vaginal cream</i>	31	TIKOSYN.....	57	TRACLEER 32 MG.....	159
<i>teriflunomide</i>	65	<i>timolol maleate ophthalmic solution</i>	145	TRACLEER 62.5 MG, 125 MG.....	158
TERIPARATIDE (RECOMBINANT)		TIMOPTIC OCUDOSE.....	145	TRADJENTA.....	49
SUBCUTANEOUS SOLUTION PEN-		TINACTIN EXTERNAL CREAM.....	140	<i>tramadol hcl er</i>	7
INJECTOR 620 MCG/2.48ML.....	129	<i>tinidazole oral tablet 250 mg</i>	20	<i>tramadol hcl oral tablet</i>	8

<i>trandolapril</i>	57	<i>tri-estarylla</i>	119	TRULICITY.....	49
<i>tranexamic acid oral</i>	54	<i>trifluoperazine hcl</i>	41	TRUMENBA.....	127
TRAVATAN Z.....	143	<i>trifluridine</i>	144	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 200-300 MG.....	45
<i>travel ease</i>	30	<i>trihexyphenidyl hcl</i>	40	TRUVADA ORAL TABLET 167-250 MG.....	45
<i>travoprost (bak free)</i>	143	TRIJARDY XR.....	49	TUDORZA PRESSAIR.....	156
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG.....	142	TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG.....	157	TUMS.....	102
<i>trazodone hcl oral</i>	28	TRIKAFTA ORAL THERAPY PACK.....	157	TUMS CHEWY BITES.....	102
TRECTOR.....	35	<i>tri-legest fe</i>	119	TUMS E-X 750.....	102
TRELEGY ELLIPTA.....	169	TRILEPTAL ORAL SUSPENSION.....	26	TUMS EXTRA STRENGTH 750.....	102
TREMFYA.....	125	TRILIPIX.....	61	TUMS LASTING EFFECTS.....	102
TRESIBA.....	51	<i>tri-lo-estarylla</i>	119	TUMS SMOOTHIES.....	102
TRESIBA FLEXTOUCH.....	51	<i>tri-lo-marzia</i>	119	TUMS ULTRA 1000.....	102
<i>tretinoin oral</i>	37	<i>tri-lo-mili</i>	119	TURALIO.....	142
TRETTEN.....	56	<i>tri-lo-sprintec</i>	119	<i>turqoz</i>	120
TREXALL.....	126	<i>trimethobenzamide hcl oral</i>	30	<i>tusnel-ex</i>	163
TREXIMET.....	34	<i>trimethoprim oral</i>	20	<i>tussin adult chest congest</i>	163
TREZIX.....	8	<i>tri-mili</i>	119	<i>tussin cf cough & cold oral syrup 5-10-100</i> <i>mg/5ml</i>	165
<i>triamcinolone acetonide external cream</i>	69	<i>trimipramine maleate oral</i>	29	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	179
<i>triamcinolone acetonide external lotion</i> <i>0.025 %</i>	69	TRINTELLIX.....	28	<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	165
<i>triamcinolone acetonide external lotion 0.1</i> <i>%</i>	69	<i>triple antibiotic external ointment , 3.5-400-</i> <i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	23	<i>tussin chest congestion oral liquid 100</i> <i>mg/5ml</i>	164
<i>triamcinolone acetonide external ointment</i> <i>0.025 %, 0.1 %, 0.5 %</i>	69	<i>triple antibiotic original</i>	23	<i>tussin cough dm sugar free</i>	179
<i>triamcinolone acetonide external ointment</i> <i>0.05 %</i>	69	TRIPTODUR.....	123	<i>tussin cough long acting</i>	164
<i>triamcinolone acetonide mouth/throat</i>	65	<i>tri-sprintec</i>	119	<i>tussin cough oral syrup</i>	164
<i>triamcinolone acetonide suspension 40</i> <i>mg/ml injection</i>	112	TRIUMEQ.....	45	<i>tussin cough/chest congest oral syrup 100-</i> <i>10 mg/5ml</i>	179
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION.....	112	TRIUMEQ PD.....	45	<i>tussin cough/chest dm max</i>	179
<i>triamcinolone in absorbase</i>	69	<i>tri-vite pediatric</i>	85	<i>tussin dm cough + chest oral liquid 20-400</i> <i>mg/20ml</i>	179
TRIAMINIC ALLERCHEWS.....	167	<i>trivora (28)</i>	119	<i>tussin dm cough/chest cong</i>	180
<i>triamterene-hctz</i>	60	<i>tri-vylibra</i>	119	<i>tussin dm cough/chest oral syrup 10-100</i> <i>mg/5ml</i>	180
<i>triazolam</i>	181	<i>tri-vylibra lo</i>	119	<i>tussin dm max adult</i>	180
<i>tri-buffered aspirin</i>	15	TROKENDI XR.....	25	<i>tussin dm max daytime</i>	180
TRICOR.....	61	TRUECONTROL GLUCOSE CONT LEV 0.75 TRUECONTROL GLUCOSE CONT LEV 1.75	75	<i>tussin dm max oral liquid 20-400 mg/20ml</i>	180
<i>triderm</i>	69	TRUELYTE.....	81	<i>tussin dm max st</i>	180
		TRUEPLUS GLUCOSE ON THE GO.....	52	<i>tussin dm oral syrup 100-10 mg/5ml</i>	180
		TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE.....	52		
		TRULANCE.....	88		

<i>tussin expectorant adult</i>	164	ULTOMIRIS.....	141	VARIVAX.....	127
<i>tussin maximum strength oral syrup 15 mg/5ml</i>	164	<i>ultra dairy digestive</i>	102	VASCEPA.....	61
<i>tussin mucus & chest cong</i>	164	<i>ultra fresh</i>	150	VAXELIS.....	141
<i>tussin mucus & chest congest</i>	164	<i>ultra fresh pm</i>	150	VAXNEUVANCE.....	127
<i>tussin mucus/chest congest</i>	164	<i>ultra lubricant drop</i>	150	<i>v-c forte</i>	184
<i>tussin mucus/congestion</i>	164	<i>ultra lubricating eye drops</i>	150	VECTICAL.....	70
<i>tussin mucus+chest congest</i>	164	<i>ultra lubricating eye drops pf</i>	150	<i>vegetable lax+stool softener</i>	107
<i>tussin mucus+chest congest sf</i>	164	<i>unithroid</i>	121	<i>vegetable laxative</i>	107
<i>tussin mucus+chest congestion</i>	164	UPTRAVI ORAL.....	159	<i>velivet</i>	120
<i>tussin multi-symptom cold cf</i>	165	<i>urea 20 intensive hydrating</i>	73	VELPHORO.....	81
<i>tussin oral liquid 100 mg/5ml</i>	164	<i>urea external cream 10 %</i>	73	VELTASSA.....	82
TWINRIX.....	127	<i>urea external cream 20 %</i>	73	VELTIN.....	66
<i>tyblume</i>	120	<i>urea external lotion</i>	73	VEMLIDY.....	43
TYBOST.....	45	<i>ureacin-10</i>	73	<i>venlafaxine hcl</i>	28
TYLENOL FOR CHILDREN + ADULTS.....	14	<i>ureacin-20</i>	73	<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	28
TYLENOL ORAL SUSPENSION 160 MG/5ML.....	14	<i>urinary pain relief oral tablet 95 mg</i>	111	VENTAVIS INHALATION SOLUTION 10 MCG/ML.....	159
TYLENOL ORAL TABLET 325 MG.....	15	<i>ursodiol oral capsule 300 mg</i>	89	VENTAVIS INHALATION SOLUTION 20 MCG/ML.....	159
TYLENOL ORAL TABLET 500 MG.....	15	<i>ursodiol oral tablet</i>	89	VENTOLIN HFA.....	157
TYLENOL ORAL TABLET CHEWABLE 160 MG.....	15	VAGIFEM.....	120	<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg...</i>	59
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG.....	15	<i>valacyclovir hcl oral</i>	43	<i>verapamil hcl er oral tablet extended release</i>	59
TYMLOS.....	129	<i>valganciclovir hcl oral solution reconstituted</i>	42	<i>verapamil hcl oral</i>	59
TYR COOLER.....	141	<i>valganciclovir hcl oral tablet</i>	42	VERKAZIA.....	144
TYR GEL.....	141	<i>valproic acid oral</i>	25	VERQUVO.....	62
TYROS 1.....	141	<i>valsartan oral tablet</i>	56	VERSACLOZ.....	42
TYROS 2.....	141	<i>valsartan-hydrochlorothiazide</i>	60	VERZENIO.....	37
TYRVAYA.....	144	VALTOCO 10 MG DOSE.....	25	VESICARE.....	110
TYVASO.....	159	VALTOCO 15 MG DOSE.....	25	<i>vestura</i>	120
TYVASO DPI MAINTENANCE KIT.....	159	VALTOCO 20 MG DOSE.....	25	VFEND ORAL SUSPENSION RECONSTITUTED.....	31
TYVASO DPI TITRATION KIT.....	159	VALTOCO 5 MG DOSE.....	25	VFEND ORAL TABLET.....	31
TYVASO REFILL.....	159	VANCOGIN ORAL CAPSULE 250 MG.....	20	VIBERZI.....	88
TYVASO STARTER.....	159	<i>vancomycin hcl oral capsule</i>	20	<i>vic-forte</i>	185
UBRELVY.....	33	<i>vancomycin hcl oral solution reconstituted</i> ...	20	VICTOZA.....	49
UCERIS.....	129	VANDAZOLE.....	20	<i>vienna</i>	120
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	53	VAPORIZER WARM STEAM.....	141		
		VAQTA.....	127		
		<i>varenicline tartrate</i>	17		
		<i>varenicline tartrate (starter)</i>	18		
		<i>varenicline tartrate(continue)</i>	18		

VIGAMOX.....	144	<i>vitamin c oral tablet chewable 500 mg</i>	185	VITRAKVI.....	37
VIIBRYD.....	29	<i>vitamin clacerola</i>	185	VIVELLE-DOT.....	120
VIIBRYD STARTER PACK.....	29	<i>vitamin c/rose hips oral tablet 1000 mg</i>	185	VIVITROL.....	17
VIMPAT ORAL.....	26	<i>vitamin c/rose hips oral tablet 500 mg</i>	185	VIVJOA.....	141
VIOKACE.....	110	<i>vitamin c-rose hips oral tablet</i>	185	VIZIMPRO.....	142
<i>viorele</i>	120	<i>vitamin d (cholecalciferol) oral tablet 10</i>		VOGELXO.....	114
VIRASAL.....	141	<i>mcg (400 unit)</i>	86	<i>volnea</i>	120
VIREAD ORAL POWDER.....	45	<i>vitamin d (cholecalciferol) oral tablet 25</i>		VONVENDI.....	56
VISBIOME HIGH POTENCY ORAL		<i>mcg (1000 ut)</i>	86	VOSEVI.....	43
CAPSULE.....	102	<i>vitamin d (ergocalciferol) oral capsule 1.25</i>		VOTRIENT.....	142
VISINE.....	150	<i>mg (50000 ut), 50000 unit</i>	185	VPRIV.....	110
<i>vit c/rose hips</i>	185	<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	86	VRAYLAR.....	42
<i>vita s forte</i>	185	<i>vitamin d oral liquid</i>	86	VTAMA.....	141
<i>vitacel</i>	185	<i>vitamin d oral tablet chewable 10 mcg (400</i>		VUMERITY.....	65
<i>vitachew multiple vitamin</i>	141	<i>unit)</i>	86	<i>vyfemla</i>	120
<i>vitachew vitamin d3</i>	85	<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> ..	86	<i>vylibra</i>	120
<i>vitamin a oral capsule 2400 mcg (8000 ut),</i>		<i>vitamin d3 oral capsule 1000 unit, 25 mcg</i>		VYNDAMAX.....	110
<i>3 mg (10000 ut)</i>	86	<i>(1000 ut)</i>	86	VYNDAQEL.....	110
<i>vitamin b complex oral capsule</i>	86	<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> ..	86	VYTORIN.....	61
<i>vitamin b1</i>	186	<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i> ..	86	VYVANSE ORAL CAPSULE.....	63
<i>vitamin b-1 oral tablet 100 mg</i>	86	<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i> ..	86	VYVANSE ORAL TABLET CHEWABLE 10	
<i>vitamin b-1 oral tablet 250 mg</i>	186	<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i>	86	MG, 20 MG, 30 MG, 40 MG, 50 MG.....	63
<i>vitamin b-12 er oral tablet extended</i>		<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i> ...	86	VYVANSE ORAL TABLET CHEWABLE 60	
<i>release 1000 mcg</i>	186	<i>vitamin d3 oral liquid 10 mcg/ml</i>	86	MG.....	63
<i>vitamin b12 oral tablet extended release</i>		<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	87	VYZULTA.....	143
<i>1000 mcg</i>	186	<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	87	WAKIX.....	181
<i>vitamin b-12 tr oral tablet extended release</i>		<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	87	<i>wal-fex d allergy & congestion oral tablet</i>	
<i>1000 mcg</i>	186	<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	87	<i>extended release 12 hour</i>	180
<i>vitamin b-6</i>	186	<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	87	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2</i>	
<i>vitamin b-6 er</i>	186	<i>vitamin d3 oral tablet chewable 10 mcg</i>		<i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	53
<i>vitamin c cr oral tablet extended release</i>		<i>(400 unit)</i>	87	<i>warfarin sodium oral tablet 6 mg</i>	53
<i>500 mg</i>	185	<i>vitamin d3 oral tablet chewable 25 mcg</i>		<i>wart remover external liquid 17 %</i>	141
<i>vitamin c er oral tablet extended release</i>		<i>(1000 ut)</i>	87	<i>wart remover maximum strength external</i>	
<i>1500 mg</i>	185	<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> ..	87	<i>liquid</i>	141
<i>vitamin c oral liquid 500 mg/5ml</i>	185	<i>vitamin e oral capsule 180 mg (400 unit)</i> ...	186	<i>weekly-d</i>	87
<i>vitamin c oral tablet 1000 mg, 250 mg</i>	185	<i>vitamin k1 injection solution 10 mg/ml</i>	87	WELLBUTRIN XL.....	28
<i>vitamin c oral tablet 500 mg</i>	185	<i>vitamin-b complex</i>	87	<i>wera</i>	120
<i>vitamin c oral tablet chewable 100 mg, 250</i>		<i>vitamins complete childrens</i>	185	<i>wes-phos 250 neutral</i>	81
<i>mg</i>	185	VITATHELY WITH GINGER.....	87	WESTAB PLUS.....	87

WIDE-SEAL DIAPHRAGM 60.....	141	XIMINO.....	22	ZELAC.....	102
WIDE-SEAL DIAPHRAGM 65.....	141	XOFLUZA (40 MG DOSE).....	46	ZELBORAF.....	37
WIDE-SEAL DIAPHRAGM 70.....	141	XOFLUZA (80 MG DOSE).....	46	<i>zenatane</i>	66
WIDE-SEAL DIAPHRAGM 75.....	141	XOLAIR.....	125	ZENPEP ORAL CAPSULE DELAYED	
WIDE-SEAL DIAPHRAGM 80.....	141	XOPENEX HFA.....	157	RELEASE PARTICLES 10000-32000	
WIDE-SEAL DIAPHRAGM 85.....	141	XPECT.....	164	UNIT, 15000-47000 UNIT, 20000-63000	
WIDE-SEAL DIAPHRAGM 90.....	141	XPOVIO (100 MG ONCE WEEKLY).....	36	UNIT, 25000-79000 UNIT, 40000-126000	
WIDE-SEAL DIAPHRAGM 95.....	141	XPOVIO (40 MG ONCE WEEKLY).....	36	UNIT, 5000-24000 UNIT.....	110
WILATE.....	56	XPOVIO (40 MG TWICE WEEKLY).....	36	ZENPEP ORAL CAPSULE DELAYED	
WINLEVI.....	141	XPOVIO (60 MG ONCE WEEKLY).....	36	RELEASE PARTICLES 3000-10000 UNIT	110
WND 1.....	141	XPOVIO (80 MG ONCE WEEKLY).....	36	ZENZEDI.....	63
WND 2.....	141	XTAMPZA ER.....	7	ZEPATIER.....	43
<i>womans laxative</i>	141	XTANDI.....	35	ZEPOSIA.....	65
<i>womens gentle laxative</i>	141	<i>xulane</i>	120	ZEPOSIA 7-DAY STARTER PACK.....	65
<i>womens laxative oral tablet delayed</i>		XULTOPHY.....	49	ZETONNA.....	156
<i>release 5 mg</i>	141	XYNTHA.....	56	ZIANA.....	66
<i>womens prenatal+dha</i>	87	XYNTHA SOLOFUSE.....	56	<i>zidovudine</i>	45
XALATAN.....	143	XYOSTED.....	114	ZIEXTENZO.....	54
XALKORI ORAL CAPSULE.....	142	XYREM.....	181	ZILXI.....	73
XARELTO ORAL SUSPENSION		XYWAV.....	180	ZIMHI.....	17
RECONSTITUTED.....	53	YASMIN 28.....	120	<i>zinc gluconate oral tablet 50 mg</i>	81
XARELTO ORAL TABLET.....	53	YAZ.....	120	<i>zinc oral tablet 50 mg</i>	81, 185
XARELTO STARTER PACK.....	53	YONSA.....	141	<i>zinc oxide external ointment 40 %</i>	72
XCOPRI.....	25	YUFLYMA 2-SYRINGE KIT.....	141	ZIOPTAN.....	143
XCOPRI (250 MG DAILY DOSE).....	25	YUPELRI.....	156	<i>ziprasidone hcl</i>	42
XCOPRI (350 MG DAILY DOSE).....	25	<i>yuvafem</i>	120	ZOCOR.....	61
XELJANZ.....	125	ZADITOR.....	150	ZOLGENSMA 10.1-10.5 KG.....	108
XELJANZ XR.....	125	<i>zafemy</i>	120	ZOLGENSMA 10.6-11.0 KG.....	108
XELPROS.....	143	<i>zafirlukast</i>	156	ZOLGENSMA 11.1-11.5 KG.....	108
XEMBIFY.....	124	<i>zaleplon</i>	181	ZOLGENSMA 11.6-12.0 KG.....	108
XENAZINE.....	64	ZANAFLEX.....	42	ZOLGENSMA 12.1-12.5 KG.....	108
XENLETA ORAL.....	20	ZARXIO.....	54	ZOLGENSMA 12.6-13.0 KG.....	108
XEPI.....	71	ZAVESCA.....	110	ZOLGENSMA 13.1-13.5 KG.....	108
XERAC AC.....	73	ZEASORB-AF.....	33	ZOLGENSMA 2.6-3.0 KG.....	108
XHANCE.....	156	ZEGALOGUE SUBCUTANEOUS		ZOLGENSMA 3.1-3.5 KG.....	108
XIFAXAN ORAL TABLET 200 MG.....	20	SOLUTION AUTO-INJECTOR.....	111	ZOLGENSMA 3.6-4.0 KG.....	108
XIFAXAN ORAL TABLET 550 MG.....	20	ZEGALOGUE SUBCUTANEOUS		ZOLGENSMA 4.1-4.5 KG.....	108
XIGDUO XR.....	49	SOLUTION PREFILLED SYRINGE.....	111	ZOLGENSMA 4.6-5.0 KG.....	108
XIIDRA.....	144	ZEJULA.....	37	ZOLGENSMA 5.1-5.5 KG.....	108

ZOLGENSMA 5.6-6.0 KG	108	ZYTIGA.....	35
ZOLGENSMA 6.1-6.5 KG	108		
ZOLGENSMA 6.6-7.0 KG	108		
ZOLGENSMA 7.1-7.5 KG	108		
ZOLGENSMA 7.6-8.0 KG	108		
ZOLGENSMA 8.1-8.5 KG	108		
ZOLGENSMA 8.6-9.0 KG	108		
ZOLGENSMA 9.1-9.5 KG	108		
ZOLGENSMA 9.6-10.0 KG	108		
<i>zolmitriptan oral</i>	34		
<i>zolpidem tartrate er</i>	181		
<i>zolpidem tartrate oral tablet</i>	181		
ZOMACTON.....	113		
ZOMIG NASAL.....	34		
ZONEGRAN.....	26		
<i>zonisamide oral</i>	26		
ZORYVE.....	141		
ZOSTRIX HP.....	141		
<i>zovia 1/35 (28)</i>	120		
ZOVIRAX EXTERNAL OINTMENT	43		
ZUBSOLV.....	17		
<i>zumandimine</i>	120		
ZYCLARA.....	70		
ZYCLARA PUMP EXTERNAL CREAM			
3.75 %.....	70		
ZYDELIG.....	37		
ZYFLO.....	156		
ZYKADIA.....	38		
ZYLET.....	144		
ZYMAXID.....	144		
ZYPITAMAG.....	61		
ZYPREXA ORAL.....	42		
ZYPREXA ZYDIS.....	42		
ZYRTEC.....	155		
ZYRTEC ALLERGY.....	155		
ZYRTEC CHILDRENS ALLERGY ORAL			
TABLET CHEWABLE 10 MG.....	155		
ZYRTEC-D ALLERGY & CONGESTION...	165		
ZYRTEC-D ALLERGY & SINUS.....	165		