Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Arizona Medicaid

Effective Date/Vigencia: April 1, 2025

United Healthcare Community Plan

Preferred drug list

Introduction

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

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

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

Notice

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

This PDL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Preface

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

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

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

Pharmacy and therapeutics (P&T) committee

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

Outpatient prescription drug benefit covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/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 40 mg tabs Celexa tabs

Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

If a brand name drug from another category 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 iv effective" was made for most of these products and they remain in the marketplace. A few DESI products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan's PDL does not cover DESI "less than fully effective" drug products.

Plan exclusions

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

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

Days supply dispensing limitations

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

Mandatory generic substitution

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

Prior authorization of non-PDL medications

The drugs in the UnitedHealthcare Community Plan 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 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: 866-940-7328
Phone: **800-310-6826**

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

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

Please contact the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826** with questions concerning the prior authorization process.

Non-PDL drugs 3-day 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 5-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 5-day supply, with a PA Type of 8 and Prior Authorization number of “00000000120”. Please note that non-preferred drugs are available for a 5-day supply, however, availability is subject to the benefit design. For assistance, pharmacies may call **800-310-6826**.

The pharmacy should contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at **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 **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 **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 **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.
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: **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
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **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 V-VI for details
SP	Specialty Pharmaceuticals, see pages IV-V for details

Notice

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

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

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

© 2024 United HealthCare Services, Inc. All Rights Reserved.

Preferred drug list

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.

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.

Criterios de selección de productos

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

- Seguridad
- Eficacia
- Estudios de comparación
- Indicaciones aprobadas
- Efectos adversos
- Contraindicaciones/Advertencias/Precauciones
- Farmacocinética
- Administración de pacientes/consideraciones de cumplimiento
- Resultados médicos y estudios

Cuando un medicamento nuevo se considera para su inclusión en la PDL, se revisará en relación a los medicamentos similares que se incluyen actualmente en la PDL de UnitedHealthcare Community Plan. Este proceso de revisión puede derivar en la supresión de medicamentos en una clase terapéutica en particular con el fin de promover continuamente los agentes más económicos y útiles desde el punto de vista clínico.

Toda la información que se incluye en la PDL se proporciona como referencia para la selección de tratamientos con medicamentos. La selección de medicamentos específicos 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 qué concentraciones específicas y formas de dosificación están cubiertas en la PDL, a continuación 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. También puede haber una declaración relacionada con una lista de medicamentos que ofrece información adicional acerca de cuáles son los productos específicos o formas de dosificación que se cubren.

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

carvedilol Coreg

Todas las concentraciones de Coreg estarían cubiertas según esta lista.

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

diltiazem sustained release 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/Hidrocortisona 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.

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,

Limitaciones en la provisión de suministros de días

Los miembros de UnitedHealthcare Community Plan podrian recibir un suministro de hasta un mes de un medicamento específico por cada pedido de medicamento receta o resurtido de receta. Los umbrales de resurtido de los planes pueden variar. Los umbrales de resurtido para sustancias controladas y sustancias no controladas también peuden variar. Constulte con su plan individual de miembro. Ciertos medicamentos pueden recetarse para un suministro extendido de dias, como los medicamentos para enfermedades crónicas (p. ej. hipertensión). Use la herramienta de búsqueda de medicamentos para ver qué medicamentos han sido aprobados para un suministro ampliado de dias.

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 sidoseleccionados 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: 866-940-7328

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 **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 xvii 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 **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 médicamente necesario, el médico puede enviar por fax una solicitud de autorización previa a UnitedHealthcare Community Plan al **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 **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 **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 **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.
calcitriol 3mcg/gm	Estudio de dos corticosteroides tópicos.
Dulera	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo
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: **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
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **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.

© 2024 United HealthCare Services, Inc. All Rights Reserved.

United Healthcare Community Plan

UnitedHealthcare Community Plan

Preferred Drug List

Frequently Asked Questions (FAQ)

Find answers here to questions you have about this UnitedHealthcare Community Plan Preferred Drug List. You can read all of the FAQ to learn more, or look for a question and answer.

1. What drugs are on the Preferred Drug List? (We call the Preferred Drug List the "Drug List" for short.)

The drugs on Preferred Drug List that starts on page 4 are the drugs covered by UnitedHealthcare Community Plan. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies".

UnitedHealthcare Community Plan will cover all medically necessary drugs if:

- Your doctor or other prescriber says you need them to get better or stay healthy,
- and
- You fill the prescription at a UnitedHealthcare Community Plan network pharmacy.
- UnitedHealthcare Community Plan may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date drug list on our website at: myuhc.com/CommunityPlan or you can call Member Services at 1-800-293-3740, TTY 711.

2. Does the Preferred Drug List ever change?

Yes. UnitedHealthcare Community Plan may add or remove drugs on the Preferred Drug List during the year. Generally, the Preferred Drug List will only change if:

- A cheaper drug comes along that works as well as a drug on the Preferred Drug List now, or
- We learn that a drug is not safe.
- We may also change our rules about drugs. For example, we could:
- Decide to require or not require prior approval for a drug. (Prior approval is permission from UnitedHealthcare Community Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called "quantity limits").
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see pages 4, 5 and 9.

Questions 3, 4, and 7 below have more information on what happens when the Preferred Drug List changes.

You can always check the up-to-date Preferred Drug List online at myuhc.com/CommunityPlan You can also call Member Services to check the current Preferred Drug List at 1-800-293-3740, TTY 711.

3. What happens when another drug comes along that works as well as a drug on the Preferred Drug List now?

If you are taking a drug that is removed because another drug that works just as well is available, we will tell you. You will get a letter letting you know about the change. We will also tell you what alternate drugs are available to you. Contact your doctor or other prescriber to make sure another drug will work for you.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Preferred Drug List right away. We will also send you a letter telling you that. Contact your doctor or other prescriber and ask about your other options.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor must do something before you can get the drug. For example:

- Prior approval (or prior authorization): For some drugs, your doctor or
- Other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare Community Plan may not cover the drug.
- Quantity limits: Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.
- Step therapy: Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 4-72.You can also get more information by visiting our website at myuhc.com/CommunityPlan. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also call Member Services and ask us to send you information about our prior authorization and step therapy restrictions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The Preferred Drug List on pages Page Number Range of PDL 4-72 has a column labeled "Requirements and Limits".

7. What happens if we change our rules on how we cover some drugs?

For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you before the restriction is added. This gives you time to talk to your doctor or other prescriber about what to do next.

8. How can you find a drug on the Preferred Drug List?

There are two ways to find a drug:

You can search by medical condition.

To search by medical condition, find the section labeled "List of drugs by medical condition" on pages 2-3. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

You can also search for drugs alphabetically.

To search alphabetically, go to the Index of Covered Drugs starting on page 73.

Find the name of your drug. The page number where you can find the drug will be next to it.

9. What if the drug you want to take is not on the Preferred Drug List?

If you don't see your drug on the Preferred Drug List, call Member Services and ask about it. If you learn that UnitedHealthcare Community Plan does not prefer the drug, you can do one of these things:

- Ask Member Services for a list of drugs that are similar to the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Preferred Drug List that is like the one you want to take. Or
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you just joined UnitedHealthcare Community Plan and can't find your drug on the Preferred Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first

90 days you are a member of UnitedHealthcare Community Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Preferred Drug List you can take instead, or whether to request an exception.

11. Can you ask for an exception to cover your drug?

Yes. Your doctor can ask UnitedHealthcare Community Plan to make an exception to cover a drug that is not on the Preferred Drug List.

Your doctor can also ask us to change the rules on your drug.

- For example, we may limit the amount of a **drug we will cover. If your drug has a limit, your doctor can ask us to change the limit and cover more.**
- Other examples: Your doctor can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive some information from your doctor supporting your request for an exception. After we receive the information, we will give you a decision on your exception request within the timeframes required by the state, generally within 24 hours.

13. How can you ask for an exception?

To ask for an exception, you can do one of two things:

- Call Member Services. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask them to request an exception by calling the Prior Notification Service at 1-800-310-6826, or they can fax a request to 866-940-7328.

14. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs.

They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). In most instances UnitedHealthcare Community Plan covers generic drugs first. If your doctor feels a brand name drug is medically necessary, you will need to ask your doctor to submit for prior approval.

15. What are OTC drugs?

OTC stands for "over-the-counter." UnitedHealthcare Community Plan prefers some OTC drugs when they are written as prescriptions by your provider.

You can read the UnitedHealthcare Community Plan Preferred Drug List to see what OTC drugs are preferred.

16. Does UnitedHealthcare Community Plan cover OTC non-drug products?

UnitedHealthcare Community Plan covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the UnitedHealthcare Community Plan Preferred Drug List to see what OTC non-drug products are covered.

17. What is a Specialty Pharmacy Medication?

A specialty pharmacy medication is a drug that generally has one or more of the following characteristics:

- It's used by a small number of people
- It treats rare, chronic, and/or potentially life-threatening diseases
- It has special storage or handling requirements such as needing to be refrigerated
- It may need close monitoring, ongoing clinical support and management, and complete patient education and engagement
- It's a high cost medication
- It may not be available at retail pharmacies
- It may be oral, injectable, or inhaled

Specialty pharmacy medications are available through our specialty pharmacy network.

If you have questions, call Member Services at 1-800-293-3740, TTY 711.

List of Preferred Drugs

The List of Preferred Drugs that begins on the next page gives you information about the drugs covered by UnitedHealthcare Community Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

.The first column of the chart lists the generic name of the drug. The second column of the chart lists brand name drugs. Brand name drugs are capitalized (e.g., CRESTOR). The third column in the list tells you if the preferred drug covered is the brand or generic version.

The information in the "Requirements & Limits" column tells you if UnitedHealthcare Community Plan has any rules for covering your drug.

Utilization Management Restrictions	
PA - Prior approval (or prior authorization)	For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare Community Plan may not cover the drug.
QL - Quantity limits	Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.
ST - Step therapy	Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then your doctor can ask for approval to cover the second.
Other special requirements for coverage	
SP – Specialty Pharmacy	Drug needs to be accessed through a network Specialty Pharmacy. Specialty Pharmacy Drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.

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

ABBREVIATIONS

OTC = Over the Counter

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

You can find information on what the symbols and abbreviations in this table mean by going to page 4.

UnitedHealthcare Community Plan

Lista de Medicamentos Preferentes

Preguntas frecuentes

Encuentre aquí las respuestas a sus preguntas sobre esta Lista de Medicamentos Preferidos de UnitedHealthcare Community Plan. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y su respuesta.

1. ¿Qué medicamentos están en la Lista de Medicamentos Preferidos? (Para abreviar, denominamos a esta lista “Lista de Medicamentos”).

Los medicamentos de la Lista de Medicamentos Preferidos que comienza en la página 4 son los medicamentos cubiertos por UnitedHealthcare Community Plan. Estos medicamentos están disponibles en farmacias dentro de nuestra red. Una farmacia se encuentra en nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le proporcione servicios. A estas farmacias las denominamos “farmacias de la red”.

UnitedHealthcare Community Plan cubrirá todos los medicamentos médicamente necesarios si:

- su médico u otro profesional que receta dice que los necesita para mejorarse o mantenerse en buen estado de salud,
- y
- usted surte una receta en una farmacia de la red de UnitedHealthcare Community Plan.
- UnitedHealthcare Community Plan puede requerir pasos adicionales para tener acceso a determinados medicamentos (vea la pregunta <#5> a continuación).

También puede ver una lista de medicamentos actualizada en nuestro sitio web en: myuhc.com/CommunityPlan o puede llamar al Departamento de Servicio al Cliente al 1-800-293-3740, TTY 711.

2. ¿Cambia alguna vez la Lista de Medicamentos Preferidos?

Sí. UnitedHealthcare Community Plan puede agregar o quitar medicamentos de la Lista de Medicamentos Preferidos durante el año. Por lo general, la Lista de Medicamentos Preferidos solo cambiará si:

- aparece un medicamento más económico que funciona igual que un medicamento que está actualmente en la Lista de Medicamentos Preferidos, o
- si tomamos conocimiento de que un medicamento no es seguro.
- También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:
- Decidir exigir o no exigir aprobación previa para un medicamento. (Aprobación previa es un permiso de UnitedHealthcare Community Plan antes de que usted pueda obtener un medicamento).
- Agregar o cambiar la cantidad de un medicamento que puede obtener (denominados “límites de cantidad”).
- Agregar o cambiar las restricciones de terapia escalonada de un medicamento. (*Terapia escalonada* significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información acerca de estas reglas sobre los medicamentos, consulte las páginas 4, 5 y 9.

Las preguntas 3, 4 y 7 a continuación tienen más información sobre lo que sucede cuando cambia la Lista de Medicamentos Preferidos.

Siempre puede consultar la Lista de Medicamentos Preferidos actualizada en Internet en <myuhc.com/CommunityPlan>. También puede llamar al Departamento de Servicio al Cliente para consultar la Lista de Medicamentos Preferidos actual al 1-800-293-3740, TTY 711.

3. ¿Qué sucede cuando aparece otro medicamento que funciona igual que un medicamento que está actualmente en la Lista de Medicamentos Preferidos?

Si está tomando un medicamento que se retira porque otro medicamento que funciona igual está disponible, se lo informaremos. Recibirá una carta que le informará sobre el cambio. También le informaremos qué medicamentos alternativos están disponibles para usted. Comuníquese con su médico u otro profesional que receta para asegurarse de que otro medicamento sea adecuado para usted.

4. ¿Qué sucede cuando averiguamos que un medicamento no es seguro?

Si la Administración de Medicamentos y Alimentos (FDA) anuncia que un medicamento que usted está tomando no es seguro, lo quitaremos inmediatamente de la Lista de Medicamentos Preferidos. También le enviaremos una carta para informarle al respecto. Comuníquese con su médico u otro profesional que receta para preguntarle sobre sus otras opciones.

5. ¿Se aplican restricciones o límites a la cobertura de medicamentos? ¿O se requiere tomar alguna medida a fin de obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites sobre la cantidad que usted puede obtener. En algunos casos, su médico debe hacer algo antes de que usted pueda obtener el medicamento. Por ejemplo:

- Aprobación previa (o preautorización): Para algunos medicamentos, su médico u
- otro profesional que receta debe obtener aprobación de UnitedHealthcare Community Plan antes de que usted pueda surtir su receta. Si no obtiene la aprobación, es posible que UnitedHealthcare Community Plan no cubra el medicamento.
- Límites de cantidad: A veces, UnitedHealthcare Community Plan limita la cantidad de un medicamento que usted puede obtener.
- Terapia escalonada: A veces, UnitedHealthcare Community Plan requiere que usted haga una terapia escalonada. Esto significa que deberá probar los medicamentos en un determinado orden para su condición médica. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, cubriremos el segundo.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando las tablas de las páginas 4–72. También puede obtener más información visitando nuestro sitio web en myuhc.com/CommunityPlan. Hemos publicado documentos en Internet que explican nuestras restricciones de preautorización y terapia escalonada. También puede llamar al Departamento de Servicio al Cliente y pedirnos que le enviemos información sobre nuestras restricciones de preautorización y terapia escalonada.

6. ¿Cómo sabrá si el medicamento que desea está sujeto a límites o si debe tomar medidas adicionales para poder obtenerlo?

La Lista de Medicamentos Preferidos en las páginas 4-72 tiene una columna denominada “Requisitos y límites”.

7. ¿Qué sucede si cambiamos nuestras reglas sobre cómo cubrimos algunos medicamentos?

Por ejemplo, si agregamos un requisito de preautorización (aprobación), límites de cantidad o restricciones de terapia escalonada a un medicamento.

Si agregamos un requisito de aprobación previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, se lo informaremos. Le informaremos antes de que se

agregue la restricción. Esto le da tiempo para hablar con su médico u otro profesional que receta sobre qué hacer a continuación.

8. ¿Cómo puede buscar un medicamento en la Lista de Medicamentos Preferidos?

Hay dos formas de buscar un medicamento.

Puede buscar por condición médica.

Para buscar por condición médica, encuentre la sección “Lista de medicamentos por condición médica” en las páginas 2– 3. Los medicamentos en esta sección están agrupados en categorías según el tipo de condiciones médicas para cuyo tratamiento se utilizan. Por ejemplo, si usted tiene una condición cardíaca, debe buscar en la categoría Agentes cardiovasculares. Allí es donde encontrará los medicamentos que tratan las condiciones cardíacas.

También puede buscar medicamentos por orden alfabético..

Para buscar por orden alfabético, vaya a la sección Índice alfabético de medicamentos cubiertos que comienza en la página 73.

Encuentre el nombre de su medicamento. Al lado del medicamento está el número de página donde se encuentra.

9. ¿Qué debe hacer si el medicamento que desea tomar no está en la Lista de Medicamentos Preferidos?

Si su medicamento no aparece en la Lista de Medicamentos Preferidos, llame al Departamento de Servicio al Cliente y pregunte al respecto. Si UnitedHealthcare Community Plan no incluye su medicamento dentro de los medicamentos preferidos del plan, usted tiene dos opciones:

- Solicite al Departamento de Servicio al Cliente una lista de medicamentos que sean similares al que usted desea tomar. Luego muestre la lista a su médico u otro profesional que receta. Este puede recetar un medicamento que aparezca en la Lista de Medicamentos Preferidos que sea como el que desea tomar. O
- Puede solicitar al plan de salud que haga una excepción y cubra su medicamento. Consulte la pregunta 11 para obtener más información sobre las excepciones

10. ¿Qué sucede si acaba de inscribirse en UnitedHealthcare Community Plan y su medicamento no aparece en la Lista de Medicamentos Preferidos o tiene problemas para obtener su medicamento?

Podemos ayudar. Podemos cubrir un suministro temporal de 30 días de su medicamento durante los primeros 90 días de su membresía en UnitedHealthcare Community Plan. Esto le dará tiempo para hablar con su médico u otro profesional que receta. Este puede ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos Preferidos que usted puede tomar en lugar del otro, o si debe solicitar una excepción.

11. ¿Puede solicitar una excepción para cubrir su medicamento?

Sí. Su médico puede solicitar a UnitedHealthcare Community Plan que haga una excepción y cubra un medicamento que no aparece en la Lista de Medicamentos Preferidos.

Su médico también puede solicitarnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, podemos limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, su médico puede pedirnos que cambiemos el límite y cubramos una cantidad mayor.
- Otros ejemplos: Su médico puede solicitarnos que dejemos de lado las restricciones de terapia escalonada o los requisitos de aprobación previa.

12. ¿Cuánto tiempo demora conseguir una excepción?

Primero, debemos recibir más información de su médico que respalde su solicitud de una excepción. Después de que recibamos la

información, le daremos una decisión sobre su solicitud de excepción dentro los plazos requeridos por el estado, por lo general, dentro de las 24 horas.

13. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, puede hacer una de estas dos cosas:

- Llame al Departamento de Servicio al Cliente. Un representante de dicho departamento trabajará con usted y con su médico para ayudarle a solicitar una excepción.
- Llame a su médico y pídale que solicite una excepción llamando al Servicio de Prenotificación al 1-800-310-6826, o puede enviar una solicitud por fax al 866-940-7328.

14. ¿Qué son los medicamentos genéricos?

Los *medicamentos genéricos* están compuestos por los mismos ingredientes activos que los medicamentos de marca.

Por lo general, cuestan menos que el medicamento de marca y no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (FDA). En la mayoría de los casos, UnitedHealthcare Community Plan cubre los medicamentos genéricos primero. Si su médico considera que un medicamento de marca es médicamente necesario, deberá pedirle a su médico que envíe una solicitud de aprobación previa.

15. ¿Qué son los medicamentos sin receta?

OTC son las siglas en inglés de “sin receta” *(over-the-counter).*

UnitedHealthcare Community Plan considera algunos medicamentos sin receta como medicamentos preferidos si su proveedor extiende una receta para estos.

Puede consultar la Lista de Medicamentos Preferidos de UnitedHealthcare Community Plan para ver qué medicamentos sin receta son los preferidos.

16. ¿Cubre UnitedHealthcare Community Plan productos sin receta que no son medicamentos?

UnitedHealthcare Community Plan cubre algunos productos sin receta que no son medicamentos si su proveedor extiende una receta para estos.

Puede consultar la Lista de Medicamentos Preferidos de UnitedHealthcare Community Plan para ver qué productos sin receta que no son medicamentos están cubiertos.

17. ¿Qué es un medicamento de farmacia especializada?

Un medicamento de farmacia especializada es un medicamento que, por lo general, tiene una o más de las siguientes características:

- Es utilizado por una cantidad reducida de personas
- Trata enfermedades raras, crónicas o potencialmente mortales
- Tiene requisitos de almacenamiento o manipulación especiales, como la necesidad de estar refrigerado
- Es posible que requiera control de cerca, apoyo y manejo clínicos continuos, y educación y compromiso totales del paciente
- Es un medicamento de alto costo
- Es posible que no esté disponible en farmacias de venta al por menor
- Puede ser de administración oral, inyectable o inhalable

Los medicamentos de farmacia especializada están disponibles a través de nuestra red de farmacias especializadas.

Si tiene alguna pregunta, llame al Departamento de Servicio al Cliente al 1-800-293-3740, TTY 711.

Lista de Medicamentos Preferidos
La Lista de Medicamentos Preferidos que comienza <en la página siguiente> le proporciona información sobre los medicamentos cubiertos por UnitedHealthcare Community Plan. Si tiene dificultad para encontrar su medicamento en la lista, consulte el Índice alfabético que comienza en la página 73. La primera columna del cuadro indica el nombre genérico del medicamento. La segunda columna del cuadro indica los medicamentos de marca. Los medicamentos de marca se indican en mayúscula (p. ej., CRESTOR). La tercera columna de la lista le indica si el medicamento preferido cubierto es la versión de marca o la genérica. La información de la columna “Requisitos y límites” le informa si UnitedHealthcare Community Plan tiene alguna regla para la cobertura de su medicamento.

Restricciones de administración de la utilización	
PA - Aprobación previa (o preautorización)	Para algunos medicamentos, su médico u otro profesional que receta debe obtener la aprobación de UnitedHealthcare Community Plan antes de que usted pueda surtir su receta. Si no obtiene la aprobación, es posible que UnitedHealthcare Community Plan no cubra el medicamento.
QL – Límites de cantidad	A veces, UnitedHealthcare Community Plan limita la cantidad de un medicamento que usted puede obtener.
ST – Terapia escalonada	A veces, UnitedHealthcare Community Plan requiere que usted haga una terapia escalonada. Esto significa que deberá probar los medicamentos en un determinado orden para su condición médica. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, su médico puede solicitar la aprobación de la cobertura del segundo.
Otros requisitos especiales de cobertura	
SP – Farmacia especializada	Se debe acceder a los medicamentos a través de una farmacia especializada de la red. Los medicamentos de farmacia especializada pueden requerir manejo adicional, coordinación de proveedores o educación del paciente que no se puede realizar en una farmacia de venta al por menor de la red.

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

ABREVIATURAS

OTC = Sin receta

PA = se requiere preautorización

QL = Límite de cantidad

ST = Terapia escalonada

SP = Farmacia especializada

Encontrará una explicación del significado de los símbolos y las abreviaturas que aparecen en esta tabla en la página 4

Arizona Medicaid

Table of Contents

Analgesics 4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions 8
Anesthetics 16
Anti-Addiction/Substance Abuse Treatment Agents 17
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence 19
Antiandrogens - Hormone Suppressants 20
Antibacterials 20
Antibacterials - Drugs to Treat Bacterial Infections 23
Anticonvulsants 24
Antidementia Agents 26
Antidepressants 27
Antidepressants - Drugs to Treat Depression 28
Antiemetics 29
Antiemetics - Drugs to Treat Nausea and Vomiting 30
Antifungals 30
Antifungals - Drugs to Treat Fungal Infections 31
Antigout Agents 32
Antimigraine Agents 33
Antimigraine Agents - Drugs to Treat Migraines 33
Antimyasthenic Agents 34
Antimycobacterials 34
Antineoplastics 34
Antineoplastics - Drugs to Treat Cancer 37
Antineoplastics, Other - Chemotherapy Agents 37
Anti-Obesity Agents - Drugs for Weight Loss 37
Antiparasitics 37
Antiparasitics - Drugs to Treat Parasitic Infections 38
Antiparkinson Agents 39
Antipsychotics 40
Antispasticity Agents 42
Antivirals 42
Antivirals - Drugs to Treat Viral Infections 45
Anxiolytics 45
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs 46
Bipolar Agents 46
Blood Glucose Regulators 47
Blood Glucose Regulators - Drugs to Regulate Blood Sugar 49

Blood Products and Modifiers 50
Blood Products and Modifiers - Drugs to Treat Blood Disorders 51
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders 52
Cardiovascular Agents 53
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions 59
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs 59
Central Nervous System Agents 60
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis 62
Dental and Oral Agents 63
Dermatological Agents 63
Dermatological Agents - Drugs to Treat Skin Conditions 69
Diabetes - Glucose Monitoring 70
Electrolytes/Minerals/Metals/Vitamins 74
Estrogens - Hormone Replacement/Modifying Drugs 89
Gastrointestinal Agents 89
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions 93
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment 111
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment 112
Genitourinary Agents 113
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions 114
Glycemic Agents - Diabetic Drugs 114
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) 115
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) 116
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones 116
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) 116
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones 116
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) 117
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones 124
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) 124
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones 125
Hormonal Agents, Suppressant (Adrenal) 125
Hormonal Agents, Suppressant (Pituitary) 125
Hormonal Agents, Suppressant (Thyroid) 126
Immune Suppressants - Immune System Drugs 126
Immunological Agents 126
Immunological Agents - Drugs that Stimulate or Suppress the Immune System 131
Inflammatory Bowel Disease Agents 132
Metabolic Bone Disease Agents 133
Miscellaneous Therapeutic Agents 133
Molecular Target Inhibitors - Chemotherapy Agents 148

Monoclonal Antibodies - Chemotherapy Agents 149
Ophthalmic Agents 149
Ophthalmic Agents - Drugs to Treat Eye Conditions 152
Otic Agents 156
Otic Agents - Drugs to Treat Ear Conditions 157
Respiratory Tract/Pulmonary Agents 158
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions 165
Sedatives/Hypnotics - Drugs for Sedation and Sleep 185
Skeletal Muscle Relaxants 185
Sleep Disorder Agents 186
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies 186

Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
addaprin (generic for ADDAPRIN) - Tier 1; QL *ADVIL (brand for cvs ibuprofen) - Tier 2; QL* *ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL* *ADVIL LIQUI-GELS MINIS (brand for cvs ibuprofen) - Tier 2; QL* *ADVIL MIGRAINE (brand for cvs ibuprofen) - Tier 2; QL* *all day pain relief (generic for MEDIPROXEN) - Tier 1; QL* *all day relief (generic for MEDIPROXEN) - Tier 1; QL* *celecoxib oral (generic for CELEBREX) - Tier 1; QL* *diclofenac potassium oral tablet 50 mg - Tier 1; QL* *diclofenac sodium er - Tier 1; QL* *diclofenac sodium external gel 1 % (generic for ASPERCREME ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL* *diclofenac sodium external solution 1.5 % - Tier 1; PA; QL* *diclofenac sodium oral - Tier 1; QL* *diflunisal oral - Tier 1; QL* *ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL* *etodolac (generic for LODINE) - Tier 1; QL* *fenoprofen calcium oral capsule 400 mg (generic for NALFON) - Tier 1; QL* *fenoprofen calcium oral tablet (generic for NALFON) - Tier 1; QL* *FLANAX (brand for all day pain relief) - Tier 2; QL* *flurbiprofen oral tablet 100 mg - Tier 1; QL* *ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL* *ft ibuprofen (generic for ADDAPRIN) - Tier 1; QL* *ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ft ibuprofen infants (generic for INFANTS ADVIL) - Tier 1; QL*	*FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL* LICART - Tier 2; PA; QL *NAPRELAN (brand for naproxen sodium 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
ft ibuprofen minis (generic for ADVIL) - Tier 1; QL *ft pain relief oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen (generic for IBU) - Tier 1; QL* *ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL* *ibuprofen 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 ADDAPRIN) - 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 (generic for INDOCIN) - 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 25 mg (generic for KIPROFEN) - Tier 1; QL* *ketorolac tromethamine oral - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
ketorolac tromethamine solution 30 mg/ml injection - Tier 1; QL KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; QL *medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL* *mediproxen (generic for MEDIPROXEN) - Tier 1; QL* *meloxicam oral tablet - 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* *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 (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 oral tablet (generic for DAYPRO) - Tier 1; QL* *piroxicam oral - Tier 1; QL* *PROPRINAL (brand for cvs ibuprofen) - Tier 2; QL* *sulindac oral - Tier 1; QL*	
Opioid Analgesics, Long-acting	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL *morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL* OXYCONTIN - Tier 2; PA; QL *tramadol hcl er - Tier 1; PA; QL*	BELBUCA - Tier 2; PA; QL *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* NUCYNTA ER - Tier 2; PA; QL *ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL* XTAMPZA ER - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Short-acting	
acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL *acetaminophen-codeine oral tablet - Tier 1; QL* *ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL* *bac (generic for BAC) - Tier 1; QL* *butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL* *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL* *butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL* *butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL* *butalbital-aspirin-caffeine - Tier 1; QL* *butorphanol tartrate nasal - Tier 1; QL* *codeine sulfate - Tier 1; QL* *endocet (generic for ENDOCET) - Tier 1; QL* *fentanyl citrate (pf) - Tier 1; QL* *hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL* *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL* *hydrocodone-ibuprofen - Tier 1; QL* *hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL* *hydromorphone hcl rectal - Tier 1; QL* *meperidine hcl oral tablet - Tier 1; QL* *morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL* *morphine sulfate oral - Tier 1; QL* *morphine sulfate rectal - Tier 1; QL* *oxycodone hcl oral capsule - Tier 1; QL* *oxycodone hcl oral concentrate - Tier 1; QL*	*apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL* NUCYNTA - Tier 2; PA; QL *TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
oxycodone hcl oral solution - Tier 1; QL OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL *OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (brand for oxycodone-acetaminophen) - Tier 2; QL* *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL* *pentazocine-naloxone hcl - Tier 1; QL* *PROLATE ORAL TABLET (brand for oxycodone-acetaminophen) - Tier 2; QL* *TENCON (brand for butalbital-acetaminophen) - Tier 2; QL* *tramadol hcl oral tablet 100 mg, 50 mg - Tier 1; QL*	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
buprenorphine hcl sublingual - Tier 1; DX2RX; QL	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL *8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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 MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen extra strength oral liquid (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *acetaminophen extra strength oral tablet (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL* *acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL *acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 650 mg - Tier 1; QL* *aminofen (generic for PHARBETOL) - Tier 1; QL* *apra (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 MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL* *childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *CURANOL (brand for acetaminophen) - Tier 2; QL* *ed-apap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2* *EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2* *EXCEDRIN MIGRAINE RELIEF (brand for cvs headache relief) - Tier 2* *fever reducer/pain reliever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL *feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* FEVERALL INFANTS - Tier 2; QL FEVERALL JUNIOR STRENGTH - Tier 2; QL *ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL* *ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *ft pain reliever ex str adult (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 MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL *infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *mapap oral capsule - Tier 1; QL* *MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL* *MAX RELIEF JUNIOR (brand for 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 MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL *non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL* *non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL* *pain & fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain & fever infants oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain and fever relief kids (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL* *pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief extra strength oral capsule 500 mg - Tier 1; QL* *pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1 *pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *pain relief regular strength (generic for PHARBETOL) - Tier 1; QL* *pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *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*	

Preferred Agents	Non-Preferred Agents
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 MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL* *VANQUISH EXTRA STRENGTH (brand for cvs headache relief) - Tier 2*	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
BUFFERIN (brand for tri-buffered aspirin) - Tier 2 *salsalate oral - Tier 1; QL* *tri-buffered aspirin (generic for BUFFERIN) - Tier 1*	
Opioid Analgesics, Short-acting	
oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Anesthetics	
Local Anesthetics	
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 4 % (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* *LIDOCAN (brand for lidocaine) - Tier 2; DX2RX; QL* LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL *LIDOZALL (brand for lidocaine) - Tier 2; 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 (brand for burn gel) - Tier 2; QL* *RELADOR PAK (brand for lidocaine-prilocaine) - Tier 2; QL* *RELADOR PAK PLUS (brand for lidocaine-prilocaine) - Tier 2; QL* *ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium - Tier 1; QL *disulfiram oral tablet 250 mg - Tier 1; QL* *disulfiram oral tablet 500 mg - Tier 1* *naltrexone hcl oral - Tier 1* VIVITROL - Tier 2; QL	
Opioid Dependence	
BRIXADI - Tier 2; PA BRIXADI (WEEKLY) - Tier 2; PA *buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL* 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 *naloxone hcl injection solution - Tier 1; QL* *naloxone hcl injection solution cartridge - Tier 1; QL* *naloxone hcl injection solution prefilled syringe 2 mg/2ml - Tier 1; QL* *naloxone hcl nasal (generic for NARCAN) - Tier 1; QL* *NARCAN (brand for naloxone hcl) - Tier 2; QL*	ZIMHI - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Smoking Cessation Agents	
bupropion hcl er (smoking det) - Tier 1; QL; AL *ft nicotine transdermal (generic for HABITROL) - Tier 1; QL; AL* *habitrol (generic for HABITROL) - Tier 1; QL; AL* *NICODERM CQ (brand for cvs nicotine) - Tier 2; QL; AL* *nicotine step 1 (generic for HABITROL) - Tier 1; QL; AL* *nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL; AL* *nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL; AL* *nicotine transdermal kit 21-14-7 mg/24hr - Tier 1; QL; AL* *nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL; AL* *nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL; AL* *nicotine transdermal system (generic for HABITROL) - Tier 1; QL; AL* NICOTROL - Tier 2; QL; AL NICOTROL NS - Tier 2; QL; AL *varenicline tartrate (generic for CHANTIX) - Tier 1; QL; AL* *varenicline tartrate (starter) - Tier 1; QL; AL* *varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Smoking Cessation Agents - Deterrents	
ft nicotine mini (generic for KLS QUIT2) - Tier 1; QL; AL *ft nicotine mouth/throat (generic for KLS QUIT2) - Tier 1; QL; AL* *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 gum 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine polacrilex mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
nicotine polacrilex mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL *nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4) - 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*	
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
neomycin sulfate oral - Tier 1; QL	
Antibacterials, Other	
CLEOCIN VAGINAL SUPPOSITORY - Tier 2; QL *clindamycin hcl oral (generic for CLEOCIN) - Tier 1; QL* *clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL* *clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL* *FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL* *linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL* *linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX* *methenamine hippurate (generic for HIPREX) - Tier 1; QL* *metronidazole external (generic for METROCREAM) - Tier 1* *metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL* *metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL* *nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL*	CLINDESSE - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL XACIATO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL *nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL* *tinidazole oral tablet 250 mg - Tier 1* *tinidazole oral tablet 500 mg - Tier 1; QL* *trimethoprim oral - Tier 1; QL* *vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; ST; QL* *vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; PA; QL* *VANDAZOLE (brand for metronidazole) - Tier 2; QL* XIFAXAN ORAL TABLET 200 MG - Tier 2 XIFAXAN ORAL TABLET 550 MG - Tier 2; QL	
Beta-lactam, Cephalosporins	
cefaclor oral capsule - Tier 1; QL *cefadroxil - Tier 1; QL* *cefazolin sodium injection solution reconstituted 1 gm - Tier 1; QL* *cefdinir - Tier 1; QL* *cefixime - Tier 1; QL* *cefpodoxime proxetil - Tier 1; QL* *cefprozil - Tier 1; QL* *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg - Tier 1; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL* *cephalexin oral capsule 750 mg - Tier 1* *cephalexin oral suspension reconstituted - Tier 1; QL* *cephalexin oral tablet 250 mg - Tier 1* *cephalexin oral tablet 500 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
Beta-lactam, Penicillins	
amoxicillin - Tier 1; QL *amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL* *ampicillin - Tier 1; QL* AUGMENTIN ORAL SUSPENSION RECONSTITUTED - Tier 2; QL BICILLIN L-A - Tier 2; QL *dicloxacillin sodium - Tier 1; QL* *penicillin v potassium - Tier 1; QL* *piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; QL*	
Macrolides	
azithromycin oral (generic for ZITHROMAX) - Tier 1; QL *clarithromycin er - Tier 1; QL* *clarithromycin oral - Tier 1; QL* DIFICID - Tier 2; PA; QL *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *erythromycin base oral (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; QL*	
Quinolones	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL* *levofloxacin oral - Tier 1; QL* *moxifloxacin hcl oral - Tier 1; QL* *ofloxacin oral - Tier 1; QL*	
Sulfonamides	
sulfadiazine oral - Tier 1; QL *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL* *sulfamethoxazole-trimethoprim oral tablet - Tier 1; QL* *sulfatrim pediatric (generic for SULFATRIM 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
Tetracyclines	
demeclocycline hcl - Tier 1; PA; QL *doxycycline hyclate oral capsule - 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 - Tier 1* *minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL* *minocycline hcl oral capsule 75 mg - Tier 1* NUZYRA ORAL - Tier 2; PA; QL	*ORACEA (brand for doxycycline) - Tier 2; PA*
Antibacterials - Drugs to Treat Bacterial Infections	
Antibacterials, Other - Antibiotics	
antibiotic external ointment 3.5-400-5000 (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 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1* *ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *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*	SUTAB - Tier 2; PA

Preferred Agents	Non-Preferred Agents
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*	
Anticonvulsants	
Anticonvulsants, Other	
EPIDIOLEX - Tier 2; PA; SP; QL *felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL* *felbamate oral tablet (generic for FELBATOL) - Tier 1; 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; 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; 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; PA* *topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL* *topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL* *topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL* *TROKENDI XR (brand for topiramate er) - Tier 2; QL*	BRIVIACT ORAL - 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
valproic acid oral capsule - Tier 1; QL *valproic acid oral solution 250 mg/5ml - Tier 1; QL* XCOPRI - Tier 2; PA; QL XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL	
Calcium Channel Modifying Agents	
CELONTIN (brand for methsuximide) - Tier 2; QL *ethosuximide oral (generic for ZARONTIN) - Tier 1; QL*	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
clobazam (generic for ONFI) - Tier 1; DX2RX; QL *diazepam rectal - Tier 1; QL* *gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL* NAYZILAM - Tier 2; QL *phenobarbital oral - Tier 1; QL* *primidone oral (generic for MYSOLINE) - Tier 1; QL* *tiagabine hcl - Tier 1; PA; QL; AL* VALTOCO 10 MG DOSE - Tier 2; QL VALTOCO 15 MG DOSE - Tier 2; QL VALTOCO 20 MG DOSE - Tier 2; QL VALTOCO 5 MG DOSE - Tier 2; QL	SYMPAZAN - Tier 2; PA; QL

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 suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL* *carbamazepine oral tablet (generic for EPITOL) - Tier 1; QL* *carbamazepine oral tablet chewable - 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 suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL* *oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL* *phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin oral (generic for DILANTIN) - Tier 1; QL* *phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL* *rufinamide oral tablet (generic for BANZEL) - Tier 1; DX2RX; QL* *zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*	APTIOM - Tier 2; PA; QL *ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL*
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL

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; QL; AL *donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; 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; QL* *rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL* *rivastigmine tartrate - Tier 1; QL*	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
memantine hcl oral solution - Tier 1; QL *memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members <18 years of age will require PA; QL; AL*	
Antidepressants	
Antidepressants, Other	
bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL; AL *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL; AL* *bupropion hcl oral - Tier 1; QL; AL* *mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL; AL* *mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL; AL* *mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1; QL; AL* *perphenazine-amitriptyline - Tier 1; QL; AL* SPRAVATO (56 MG DOSE) - Tier 2; PA; QL SPRAVATO (84 MG DOSE) - Tier 2; PA; QL	*FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
citalopram hydrobromide oral solution - Tier 1; QL; AL *citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL; AL* *escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL; AL* *fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL; AL* *fluoxetine hcl oral solution - Tier 1; QL; AL* *fluvoxamine maleate - Tier 1; QL; AL* *paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL; AL* *sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL; AL* *sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL; AL* *trazodone hcl oral - Tier 1; QL; AL* *venlafaxine hcl - Tier 1; QL; AL* *venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL; AL*	TRINTELLIX - Tier 2; PA; QL
Tricyclics	
amitriptyline hcl oral - Tier 1; QL; AL *amoxapine - Tier 1; QL; AL* *clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL; AL* *desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL; AL* *doxepin hcl oral capsule - Tier 1; QL; AL* *doxepin hcl oral concentrate - Tier 1; QL; AL* *imipramine hcl oral - Tier 1; QL; AL* *imipramine pamoate - Tier 1; QL; AL* *nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL; AL* *protriptyline hcl - Tier 1; QL; AL* *trimipramine maleate oral - Tier 1; QL; AL*	
Antidepressants - Drugs to Treat Depression	
Atypical Antipsychotics	
	LYBALVI - 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
Antiemetics	
Antiemetics, Other	
ANTIVERT ORAL TABLET CHEWABLE (brand for cvs motion sickness relief) - Tier 2 *BONINE (brand for cvs motion sickness relief) - Tier 2* *driminate (generic for DRIMINATE) - Tier 1* *ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *meclizine hcl oral tablet 12.5 mg - Tier 1; QL* *meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL* *meclizine hcl oral tablet chewable (generic for ANTIVERT) - Tier 1* *metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL* *metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL* *motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet chewable 25 mg (generic for ANTIVERT) - Tier 1* *motion-time (generic for ANTIVERT) - Tier 1* *perphenazine oral - Tier 1; *; QL; AL* *prochlorperazine (generic for COMPRO) - Tier 1; QL* *prochlorperazine maleate oral - Tier 1; DX2RX; QL* *promethazine hcl injection solution 25 mg/ml (generic for PHENERGAN) - Tier 1; QL* *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL *travel ease (generic for ANTIVERT) - Tier 1* *trimethobenzamide hcl oral - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts	
ANZEMET - Tier 2; PA; QL *aprepitant (generic for EMEND) - Tier 1; QL* *dronabinol (generic for MARINOL) - Tier 1; PA; QL* *granisetron hcl oral - Tier 1; QL* *ondansetron hcl oral solution - Tier 1; QL* *ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL* *ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL*	SANCUSO - Tier 2; PA; QL
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
anti-nausea (generic for EMETROL) - Tier 1 *anti-nausea relief (generic for EMETROL) - Tier 1* *EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2* *nausea control (generic for EMETROL) - Tier 1* *nausea relief (generic for EMETROL) - Tier 1*	
Antifungals	
clotrimazole mouth/throat troche 10 mg - Tier 1; QL *fluconazole oral (generic for DIFLUCAN) - Tier 1; QL* *ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL* FULVICIN P/G 165 - Tier 2; QL; AL *griseofulvin microsize oral - Tier 1; QL* *griseofulvin ultramicrosize oral tablet 165 mg - Tier 1; QL; AL* *miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *miconazole 1 combo pack (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *miconazole 3 - Tier 1; QL* *miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL*	GYNAZOLE-1 - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
miconazole 7 vaginal cream (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL *miconazole 7 vaginal suppository - 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* *voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL*	
Antifungals - Drugs to Treat Fungal Infections	
Antifungals - Fungal Infection Drugs	
3 day vaginal - Tier 1 *antifungal external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1* *antifungal external powder (generic for DESENEX) - Tier 1; QL* *antifungal foot care (generic for LAMISIL AT) - Tier 1; QL* *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 MEDPURA ANTIFUNGAL) - Tier 1* *clotrimazole 3 - Tier 1* *clotrimazole 7 - Tier 1; QL* *clotrimazole vaginal cream 1 % - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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 MEDPURA ANTIFUNGAL) - Tier 1* *ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL* *ft clotrimazole - Tier 1; QL* *ft clotrimazole 3 - Tier 1* *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* *MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2* *micaderm (generic for MEDPURA ANTIFUNGAL) - Tier 1* *MICATIN (brand for antifungal) - Tier 2* *miconazole antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1* *miconazole nitrate external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1* *miconazorb af (generic for DESENEX) - Tier 1; QL* *MICRO GUARD (brand for antifungal) - Tier 2; QL* *terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL* *terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL* *ZEASORB-AF (brand for antifungal) - Tier 2; QL*	
Antigout Agents	
allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL *colchicine oral tablet - Tier 1; QL* *febuxostat (generic for ULORIC) - Tier 1; ST; QL* *probenecid - Tier 1; QL*	*MITIGARE (brand for colchicine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Antimigraine Agents	
Ergot Alkaloids	
dihydroergotamine mesylate solution 4 mg/ml nasal (generic for MIGRANAL) - Tier 1 *dihydroergotamine mesylate solution 4 mg/ml nasal (generic for MIGRANAL) - Tier 1; SP*	QULIPTA - Tier 2; PA; QL
Prophylactic	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; QL AIMOVIG - Tier 2; QL EMGALITY - Tier 2; PA; QL	AJOVY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
UBRELVY - Tier 2; PA; QL	NURTEC - Tier 2; PA; QL
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL *naratriptan hcl - Tier 1; QL* *rizatriptan benzoate (generic for MAXALT) - Tier 1; QL* *sumatriptan nasal - Tier 1; QL* *sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL* *sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL* *sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL* *ZOLMITRIPTAN NASAL SOLUTION 2.5 MG (brand for zolmitriptan) - Tier 2; QL* *zolmitriptan nasal solution 5 mg (generic for ZOMIG) - Tier 1; QL* *zolmitriptan oral (generic for ZOMIG) - Tier 1; QL* *ZOMIG NASAL SOLUTION 2.5 MG (brand for zolmitriptan) - Tier 2; QL*	*ZOMIG NASAL SOLUTION 5 MG (brand for zolmitriptan) - 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
Antimyasthenic Agents	
Parasympathomimetics	
pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL *pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL* *pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL*	
Antimycobacterials	
Antimycobacterials, Other	
dapsone oral - Tier 1; QL	
Antituberculars	
cycloserine oral - Tier 1; QL *ethambutol hcl oral tablet 100 mg - Tier 1* *ethambutol hcl oral tablet 400 mg - Tier 1; QL* *isoniazid oral - Tier 1; QL* PRIFTIN - Tier 2; QL *pyrazinamide oral - Tier 1; QL* *rifampin oral - Tier 1; QL* SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
cyclophosphamide oral capsule - Tier 1 CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 MATULANE - Tier 2; SP *temozolomide oral capsule 100 mg - Tier 1; PA; SP* *temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL*	

Preferred Agents	Non-Preferred Agents
Antiandrogens	
abiraterone acetate oral tablet 250 mg (generic for ZYTIGA) - Tier 1; PA; SP; QL *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL
Antiangiogenic Agents	
lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL	POMALYST - Tier 2; PA; SP; QL *REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL*
Antiestrogens/Modifiers	
tamoxifen citrate oral - Tier 1; QL *toremifene citrate (generic for FARESTON) - Tier 1; QL*	
Antimetabolites	
hydroxyurea oral (generic for HYDREA) - Tier 1; QL *mercaptopurine oral - Tier 1; QL*	
Antineoplastics, Other	
LONSURF - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	IDHIFA - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
anastrozole oral (generic for ARIMIDEX) - Tier 1; QL *exemestane (generic for AROMASIN) - Tier 1; QL* *letrozole oral (generic for FEMARA) - Tier 1; QL*	
Enzyme Inhibitors	
etoposide oral - Tier 1 HYCAMTIN ORAL - Tier 2; PA; SP	

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors	
BALVERSA - Tier 2; PA; SP; QL COTELLIC - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL* *everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL* IBRANCE - Tier 2; PA; SP; QL JAKAFI - Tier 2; PA; SP; QL LYNPARZA - Tier 2; PA; SP; QL MEKINIST - Tier 2; PA; SP; QL ODOMZO - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL RUBRACA - Tier 2; PA; SP; QL *sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL* STIVARGA - Tier 2; PA; SP; QL *sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL* TAFINLAR - Tier 2; PA; SP; QL 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	KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO - Tier 2; PA; SP; QL RYDAPT - Tier 2; PA; SP; QL
Retinoids	
bexarotene (generic for TARGRETIN) - Tier 1; PA; SP *tretinoin oral - Tier 1; SP; 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
Treatment Adjuncts	
leucovorin calcium oral tablet 10 mg - Tier 1 *leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL* *mesna oral (generic for MESNEX) - Tier 1; SP*	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
capecitabine (generic for XELODA) - Tier 1; SP	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY - Tier 2; PA; QL
Antiparasitics	
Anthelmintics	
albendazole oral - Tier 1; DX2RX; QL *BILTRICIDE (brand for praziquantel) - Tier 2; QL* *ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL* *praziquantel oral (generic for BILTRICIDE) - Tier 1; QL*	EMVERM - Tier 2; PA; QL

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; QL* COARTEM - Tier 2 *hydroxychloroquine sulfate oral tablet 100 mg - Tier 1; QL* *hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1* KRINTAFEL - Tier 2; QL *mefloquine hcl - Tier 1; QL* *nitazoxanide oral - 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* *SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2*	
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1 *lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1* *sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1*	

Preferred Agents	Non-Preferred Agents
Antiparkinson Agents	
Anticholinergics	
benztropine mesylate oral - Tier 1; QL *trihexyphenidyl hcl - Tier 1; QL*	
Antiparkinson Agents, Other	
amantadine hcl oral capsule - Tier 1; QL *entacapone - Tier 1; QL*	ONGENTYS - Tier 2; PA; QL
Dopamine Agonists	
bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; QL *pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg - Tier 1; QL* *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL* *pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1* *ropinirole hcl - Tier 1; QL*	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa-levodopa er - Tier 1; QL *carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL* *DHIVY (brand for carbidopa-levodopa) - Tier 2; QL*	INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antipsychotics	
1st Generation/Typical	
*chlorpromazine hcl oral tablet - Tier 1; *; QL; AL* *fluphenazine decanoate injection - Tier 1; PA; *; QL; AL* *fluphenazine hcl injection - Tier 1; AL* *fluphenazine hcl oral - Tier 1; *; QL; AL* *haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; PA; *; QL; AL* *haloperidol lactate oral concentrate 2 mg/ml - Tier 1; *; QL; AL* *haloperidol oral - Tier 1; *; QL; AL* *loxapine succinate - Tier 1; *; QL; AL* *pimozide - Tier 1; QL; AL* *thioridazine hcl oral - Tier 1; *; QL; AL* *thiothixene - Tier 1; *; QL; AL* *trifluoperazine hcl - Tier 1; *; QL; AL*	
2nd Generation/Atypical	
ABILIFY ASIMTUFII - Tier 2; PA; *; QL; AL ABILIFY MAINTENA - Tier 2; ST; *; QL; AL *aripiprazole oral tablet (generic for ABILIFY) - Tier 1; *; QL; AL* ARISTADA - Tier 2; ST; *; QL; AL ARISTADA INITIO - Tier 2; PA; *; QL; AL ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML - Tier 2; DX2RX; ST; *; QL; AL INVEGA HAFYERA - Tier 2; PA; *; QL; AL INVEGA SUSTENNA - Tier 2; DX2RX; ST; *; QL; AL INVEGA TRINZA - Tier 2; PA; *; QL; AL *lurasidone hcl (generic for LATUDA) - Tier 1; *; QL; AL* *olanzapine oral (generic for ZYPREXA) - Tier 1; *; QL; AL* PERSERIS - Tier 2; ST; *; QL; AL	REXULTI - Tier 2; DX2RX; QL; AL VRAYLAR - Tier 2; DX2RX; QL

Preferred Agents	Non-Preferred Agents
quetiapine fumarate oral tablet 150 mg - Tier 1; QL; AL *quetiapine fumarate tablet 100 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 200 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 25 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 300 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 400 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 50 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; PA; ST; *; QL; AL* *risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; *; QL; AL* *risperidone oral solution (generic for RISPERDAL) - Tier 1; 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* *risperidone oral tablet 0.25 mg - Tier 1; PA; *; QL; AL* *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (generic for RISPERDAL) - Tier 1; PA; *; QL; AL* *risperidone oral tablet 4 mg (generic for RISPERDAL) - Tier 1; DX2RX; *; QL; AL* *risperidone oral tablet dispersible - Tier 1; *; QL; AL* *ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; *; QL; AL*	
Treatment-Resistant	
*clozapine (generic for CLOZARIL) - Tier 1; 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
Antispasticity Agents	
baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT - Tier 2; PA
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
valganciclovir hcl oral solution reconstituted (generic for VALCYTE) - Tier 1; PA; QL *valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL*	
Anti-hepatitis B (HBV) Agents	
adefovir dipivoxil - Tier 1; PA; QL BARACLUDE ORAL SOLUTION - Tier 2; PA; QL	
Anti-hepatitis C (HCV) Agents	
EPCLUSA ORAL TABLET 400-100 MG (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL MAVYRET ORAL PACKET - Tier 2; SP; QL MAVYRET ORAL TABLET - Tier 2; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL *ribavirin oral - Tier 1; PA; QL* *SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL*	EPCLUSA ORAL PACKET - Tier 2; PA; SP; QL EPCLUSA ORAL TABLET 200-50 MG - Tier 2; PA; SP; QL *HARVONI ORAL TABLET (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* *LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* SOVALDI ORAL TABLET - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL
Antiherpetic Agents	
acyclovir oral - Tier 1; QL *famciclovir oral - Tier 1; PA; QL* SITAVIG - Tier 2 *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL* *ZOVIRAX (brand for acyclovir) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY - 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; QL 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 - Tier 1; QL* *efavirenz-emtricitab-tenofo df - Tier 1; QL* *efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL* *etravirine (generic for INTELENCE) - Tier 1; QL* *nevirapine - Tier 1; QL* *nevirapine er - Tier 1; QL* PIFELTRO - Tier 2; QL	*SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL* *SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL*

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 - 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 - 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 *zidovudine (generic for RETROVIR) - Tier 1; QL*	CIMDUO - Tier 2; PA; QL
Anti-HIV Agents, Other	
FUZEON - Tier 2; QL *maraviroc (generic for SELZENTRY) - Tier 1; QL* TYBOST - Tier 2; QL	
Anti-HIV Agents, Protease Inhibitors (PI)	
atazanavir sulfate (generic for REYATAZ) - Tier 1; QL EVOTAZ - Tier 2; QL *fosamprenavir calcium - Tier 1; QL* *lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL* NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; Members >= 8 years of age will require PA; QL *ritonavir (generic for NORVIR) - Tier 1; QL* SYMTUZA - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Anti-influenza Agents	
oseltamivir phosphate oral (generic for TAMIFLU) - Tier 1; QL RELENZA DISKHALER - Tier 2; QL *rimantadine hcl - Tier 1; QL*	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 PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics	
Anxiolytics, Other	
buspirone hcl oral - Tier 1; QL; AL *hydroxyzine hcl oral - Tier 1; QL* *hydroxyzine pamoate oral - Tier 1; QL*	
Benzodiazepines	
alprazolam er (generic for XANAX XR) - Tier 1; QL; AL *alprazolam intensol - Tier 1; QL; AL* *alprazolam oral (generic for XANAX) - Tier 1; QL; AL* *alprazolam xr (generic for XANAX XR) - Tier 1; QL; AL* *chlordiazepoxide hcl - Tier 1; QL; AL* *clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL; AL* *clonazepam oral tablet dispersible - Tier 1; QL* *clorazepate dipotassium - Tier 1; QL; AL* *diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL* *diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL* *lorazepam injection solution 2 mg/ml (generic for ATIVAN) - Tier 1; QL* *lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL*	LOREEV XR - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL *lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL; AL* *oxazepam - Tier 1; QL; AL*	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; QL; AL
Bipolar Agents	
Mood Stabilizers	
divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL *divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL* *divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL* *lithium - Tier 1; *; QL; AL* *lithium carbonate er (generic for LITHOBID) - Tier 1; *; QL; AL* *lithium carbonate oral - Tier 1; *; QL; AL*	

Preferred Agents	Non-Preferred Agents
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose oral - Tier 1; QL	BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL
ALOGLIPTIN BENZOATE - Tier 2; QL	GLYXAMBI - Tier 2; PA; QL
ALOGLIPTIN-METFORMIN HCL - Tier 2; QL	OZEMPIC - Tier 2; PA; QL
ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL	OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL
BYETTA 10 MCG PEN - Tier 2; PA; QL	QTERN - Tier 2; PA; QL
BYETTA 5 MCG PEN - Tier 2; PA; QL	RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG - Tier 2; PA; QL
FARXIGA (brand for dapagliflozin propanediol) - Tier 2; QL	SEGLUROMET - Tier 2; PA; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL	SOLIQUA - Tier 2; PA; QL
glipizide er (generic for GLUCOTROL XL) - Tier 1; QL	STEGLATRO - Tier 2; PA; QL
glipizide oral tablet 10 mg, 5 mg - Tier 1; QL	STEGLUJAN - Tier 2; PA; QL
glyburide micronized - Tier 1; QL	SYNJARDY XR - Tier 2; PA; QL
glyburide oral - Tier 1; QL	XULTOPHY - Tier 2; PA; QL
glyburide-metformin - Tier 1; QL	
JANUMET - Tier 2; PA; QL	
JANUMET XR - Tier 2; PA; QL	
JANUVIA - Tier 2; PA; QL	
JARDIANCE - Tier 2; PA; QL	
JENTADUETO - Tier 2; PA; QL	
JENTADUETO XR - Tier 2; PA; QL	
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	
ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL	
pioglitazone hcl (generic for ACTOS) - Tier 1; QL	
pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
repaglinide - Tier 1; QL *saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg - 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 (brand for liraglutide) - Tier 2; PA; QL* *XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL*	
Glycemic Agents	
glucagon emergency injection kit - Tier 1; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL *PROGLYCEM (brand for diazoxide) - Tier 2*	BAQSIMI ONE PACK - Tier 2; PA; QL BAQSIMI TWO PACK - Tier 2; PA; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; PA; QL
Insulins	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - 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 *INSULIN ASP PROT & ASP FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; QL* *INSULIN ASPART (brand for insulin aspart) - Tier 2; QL*	*ADMELOG (brand for insulin lispro) - Tier 2; PA; QL* *ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL HUMULIN N VIAL - Tier 2; PA; QL HUMULIN R VIAL - Tier 2; PA; QL *INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL *INSULIN ASPART PENFILL (brand for insulin aspart penfill) - Tier 2; QL* *INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL* *INSULIN DEGLUDEC (brand for insulin degludec) - Tier 2; QL* *INSULIN DEGLUDEC FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; QL* *INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL* *INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; QL* INSULIN LISPRO JUNIOR KWIKPEN - Tier 2; QL INSULIN LISPRO PROT & LISPRO - Tier 2; QL *LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL* *LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL* NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL NOVOLIN R VIAL - Tier 2; QL *NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL* *NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL*	LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL NOVOLIN N FLEXPEN - Tier 2; PA; QL NOVOLIN R FLEXPEN - Tier 2; PA; QL *NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL* *NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL* *SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL* *TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL* *TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL* *TRESIBA (brand for insulin degludec) - Tier 2; PA; QL* *TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*
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 ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
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*	
Blood Products and Modifiers	
Anticoagulants	
CEPROTIN - Tier 2; PA *dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL* ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL *enoxaparin sodium (generic for LOVENOX) - Tier 1; QL* *heparin sodium (porcine) - Tier 1* *heparin sodium (porcine) pf - Tier 1* *jantoven (generic for JANTOVEN) - Tier 1; QL* *warfarin sodium oral (generic for JANTOVEN) - Tier 1; QL* XARELTO ORAL TABLET - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL	*PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL*
Blood Products and Modifiers, Other	
anagrelide hcl (generic for AGRYLIN) - Tier 1; QL DROXIA - Tier 2; QL EPOGEN - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NPLATE - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP *plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL* PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP	ARANESP (ALBUMIN FREE) - Tier 2; PA; SP FULPHILA - Tier 2; PA; SP NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP RELEUKO - Tier 2; PA; SP UDENYCA - Tier 2; PA; SP ZARXIO - 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
Hemostasis Agents	
aminocaproic acid oral - Tier 1; QL *tranexamic acid oral - Tier 1; DX2RX; QL*	
Platelet Modifying Agents	
BRILINTA ORAL TABLET 60 MG - Tier 2; QL BRILINTA ORAL TABLET 90 MG - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL *cilostazol - Tier 1; QL* *clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL* *dipyridamole oral - Tier 1; QL*	DOPTELET - Tier 2; PA; SP; QL 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	

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 INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - 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 12 MG/0.4ML - Tier 2; SP; QL 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	

Preferred Agents	Non-Preferred Agents
OBIZUR - Tier 2; PA; SP PROFILNINE - Tier 2; PA; SP REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT - Tier 2; PA RECOMBINATE - Tier 2; PA; SP RIASTAP - Tier 2; PA; SP *RIXUBIS (brand for rixubis) - Tier 2; PA; SP* TRETTEN - 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	
clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL *clonidine hcl oral - Tier 1; QL; AL* *guanfacine hcl - Tier 1; QL; AL* *methyldopa - Tier 1; QL* *midodrine hcl - Tier 1; QL*	
Alpha-adrenergic Blocking Agents	
doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL *prazosin hcl oral - Tier 1; QL*	
Angiotensin II Receptor Antagonists	
irbesartan (generic for AVAPRO) - Tier 1; QL *losartan potassium oral (generic for COZAAR) - Tier 1; QL* *telmisartan (generic for MICARDIS) - Tier 1; QL* *valsartan oral tablet (generic for DIOVAN) - Tier 1; QL*	EDARBI - Tier 2; PA; QL

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; 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*	

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 - Tier 1; QL; AL* *nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL* *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* NIMODIPINE ORAL SOLUTION - Tier 2; QL	NORLIQVA - Tier 2; PA; QL

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 TIADYLT ER) - 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* *tiadylt er (generic for TIADYLT ER) - 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	
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* *lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL*	*CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL* EDARBYCLOR - Tier 2; PA; QL KERENDIA - Tier 2; PA; QL *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL *metoprolol-hydrochlorothiazide - Tier 1; QL* *pentoxifylline er - Tier 1; QL* *quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL* *ranolazine er - Tier 1; ST; QL* *spironolactone-hctz - Tier 1; QL* *triamterene-hctz - Tier 1; QL* *valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL*	
Diuretics, Loop	
bumetanide oral (generic for BUMEX) - Tier 1; QL *furosemide oral solution 10 mg/ml - Tier 1; QL* *furosemide oral tablet (generic for LASIX) - Tier 1; QL* *SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL* *torsemide (generic for SOAANZ) - Tier 1; QL*	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
amiloride hcl oral - Tier 1; QL *eplerenone (generic for INSPRA) - Tier 1; PA; QL* *spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL*	
Diuretics, Thiazide	
chlorthalidone - Tier 1; QL DIURIL - Tier 2; QL *hydrochlorothiazide oral capsule - Tier 1; QL* *hydrochlorothiazide oral tablet 12.5 mg - Tier 1* *hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL* *indapamide - Tier 1; QL* *metolazone - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibric Acid Derivatives	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL* *fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL* *fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL* *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	
Dyslipidemics, HMG CoA Reductase Inhibitors	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL *lovastatin oral - Tier 1; QL* *pravastatin sodium - Tier 1; QL* *rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL* *simvastatin oral (generic for ZOCOR) - Tier 1; QL*	ATORVALIQ - Tier 2; PA; QL *LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL*
Dyslipidemics, Other	
cholestyramine light oral packet (generic for PREVALITE) - Tier 1; QL *cholestyramine light oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered* *cholestyramine oral packet (generic for QUESTRAN) - Tier 1; QL* *cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL* *colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL* *ezetimibe (generic for ZETIA) - Tier 1; QL* *prevalite oral packet (generic for PREVALITE) - Tier 1; QL* *prevalite oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered*	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL*
Vasodilators, Direct-acting Arterial	
hydralazine hcl oral - Tier 1; QL *minoxidil oral - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Vasodilators, Direct-acting Arterial/Venous	
isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL *isosorbide mononitrate - Tier 1; QL* *isosorbide mononitrate er - Tier 1; QL* NITRO-BID - Tier 2; QL *NITRO-DUR (brand for nitroglycerin) - Tier 2; QL* *nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL* *nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL* *nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL*	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
fenofibric acid oral tablet 35 mg (generic for FIBRICOR) - Tier 1; QL *FIBRICOR ORAL TABLET 35 MG (brand for fenofibric acid) - Tier 2; QL*	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hcl (generic for STRATTERA) - Tier 1; QL; AL *clonidine hcl er - Tier 1; QL; AL* *CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL* *CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; Mallinckrodt and Kremers Urban labelers; QL; AL* *dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL* *dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; AL* *FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 35 MG, 40 MG, 5 MG (brand for dexmethylphenidate hcl er) - Tier 2; QL; AL* *guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL* *METHYLIN (brand for methylphenidate hcl) - Tier 2; QL; AL* *methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; QL; AL* *methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL* *RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; Mallinckrodt and Kremers Urban labelers; QL; AL* *RITALIN LA (brand for methylphenidate hcl er (la)) - Tier 2; QL; AL*	JORNAY PM - Tier 2; PA; QL *RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL *amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL* *amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL* *dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (generic for ZENZEDI) - Tier 1; QL; AL* *VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL*	ADZENYS XR-ODT - Tier 2; PA; QL AZSTARYS - Tier 2; PA; QL; AL
Central Nervous System, Other	
AUSTEDO - Tier 2; PA; SP; QL AUSTEDO XR - Tier 2; PA; SP; QL AUSTEDO XR PATIENT TITRATION - Tier 2; PA; SP; QL *caffeine citrate oral - Tier 1; QL; AL* *GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL* GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG - Tier 2; PA; QL; AL HORIZANT - Tier 2; PA; QL INGREZZA - Tier 2; PA; SP; QL NUEDEXTA - Tier 2; QL *riluzole - Tier 1; QL*	RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA; QL
Fibromyalgia Agents	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL; AL *pregabalin oral (generic for LYRICA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents	
AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL *COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL* *dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL* *dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL* *dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL* *fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL* GILENYA ORAL CAPSULE 0.25 MG - Tier 2; 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 REBIF TITRATION PACK - Tier 2; SP *teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP*	BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; 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

Preferred Agents	Non-Preferred Agents
Dental and Oral Agents	
chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL *periogard (generic for PERIOGARD) - Tier 1; QL* *pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL* *pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1* *triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL*	
Dermatological Agents	
Acne and Rosacea Agents	
accutane (generic for ACCUTANE) - Tier 1; PA; QL *acitretin - Tier 1; PA; QL* *amnesteem (generic for ACCUTANE) - Tier 1; PA; QL* *azelaic acid external (generic for FINACEA) - Tier 1; QL* *claravis (generic for ACCUTANE) - Tier 1; PA; QL* *clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL* *isotretinoin oral (generic for ABSORICA) - Tier 1; PA; QL* *RETIN-A (brand for tretinoin) - Tier 2; QL; AL* *zenatane (generic for ACCUTANE) - Tier 1; PA; QL*	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL* ABSORICA LD - Tier 2; PA; QL *EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* FINACEA EXTERNAL FOAM - Tier 2; PA; QL *MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL* *ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL* RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL *RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Dermatitis and Pruitus Agents	
ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL *ammonium lactate external (generic for AL12) - Tier 1; QL* *anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *betamethasone dipropionate aug 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 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 (generic for CLODAN) - Tier 1; QL* *cortisone maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*	BRYHALI - Tier 2; PA; QL *CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL* *CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
cortisone maximum strength external gel 1 % (generic for CORTIZONE-10) - Tier 1 *DERMA-SMOOTHE/FS BODY (brand for fluocinolone acetonide body) - Tier 2; QL* *DERMA-SMOOTHE/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; QL* EUCRISA - Tier 2; ST; QL *fluocinolone acetonide external solution - 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* *ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *ft itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *halobetasol propionate external cream - Tier 1; QL* *halobetasol propionate external ointment - Tier 1; QL* *hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL* *hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone external lotion 2.5 % - Tier 1; QL* *hydrocortisone external ointment 0.5 % - Tier 1*	

Preferred Agents	Non-Preferred Agents
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL *hydrocortisone external ointment 2.5 % - Tier 1; QL* *hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *instacort 5 - Tier 1; QL* LAC-HYDRIN FIVE - Tier 2; QL *medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *mometasone furoate external - Tier 1; QL* *pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL* *selenium sulfide external lotion - Tier 1; QL* *tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL* *tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL* *triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL* *triamcinolone acetonide external lotion 0.025 % - Tier 1* *triamcinolone acetonide external lotion 0.1 % - Tier 1; QL* *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL* *triamcinolone acetonide external ointment 0.05 % - Tier 1* *triamcinolone in absorbase - Tier 1* *triderm (generic for TRIDERM) - Tier 1; QL*	

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 - Tier 1; QL* *fluorouracil external solution - Tier 1* *imiquimod external cream 5 % - Tier 1; QL* *methoxsalen rapid - Tier 1* *podofilox external solution - Tier 1; QL* 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*	ENSTILAR - Tier 2; PA; QL *TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL* *VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL*
Pediculicides/Scabicides	
CROTAN - Tier 2; QL *lice killing (generic for NIX CREME RINSE) - Tier 1* *lice treatment (generic for NIX CREME RINSE) - Tier 1* *malathion (generic for OVIDE) - Tier 1; QL* *permethrin external (generic for ELIMITE) - Tier 1; QL* *spinosad (generic for NATROBA) - Tier 1; PA; QL*	*SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Topical Anti-infectives	
ciclodan (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* *klayesta (generic for KLAYESTA) - Tier 1; QL* *mupirocin cream - Tier 1; QL* *mupirocin ointment - Tier 1; QL* *nyamyc (generic for KLAYESTA) - Tier 1; QL* *nystatin external (generic for KLAYESTA) - Tier 1; QL* *nystop (generic for KLAYESTA) - Tier 1; QL* *tgt clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL*	JUBLIA - 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 (generic for DOMEBORO) - 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 EXTERNAL OINTMENT 40 % (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 *ft glycerin - 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*	

Preferred Agents	Non-Preferred Agents
Dermatological Agents - Skin Agents	
calamine external - Tier 1 *calamine-zinc oxide external lotion - Tier 1* *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* OPZELURA - Tier 2; PA; SP; QL *urea 20 intensive hydrating - Tier 1; QL* *urea external cream 20 % - Tier 1; QL* *urea external lotion - 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
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 *BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - 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 W/DEVICE (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*

Preferred Agents	Non-Preferred Agents
BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL	*BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL	*CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL	*CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL*
CHEMSTRIP 10 MD - Tier 2	*CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
CHEMSTRIP 10/SG - Tier 2	*CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL*
CHEMSTRIP 2 GP - Tier 2	*CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
CHEMSTRIP 5 OB - Tier 2	*CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
CHEMSTRIP 7 - Tier 2	
CHEMSTRIP 9 - Tier 2	*FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL*
CHEMSTRIP K (brand for ketone test) - Tier 2; QL	*FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL*
CHEMSTRIP UGK - Tier 2; QL	*GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL*
DEXCOM G6 RECEIVER - Tier 2; PA; QL	*GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL*
DEXCOM G6 SENSOR (brand for guardian sensor 3) - 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*
DEXCOM G7 RECEIVER - Tier 2; PA; QL	*ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	*ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL	*ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; 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	
FREESTYLE LIBRE 14 DAY READER - Tier 2; ST; QL	

Preferred Agents	Non-Preferred Agents
FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; ST; QL FREESTYLE LIBRE 2 READER - Tier 2; PA; ST; QL *FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL* *FREESTYLE LIBRE 3 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* FREESTYLE LIBRE 3 READER - Tier 2; PA; ST; QL *FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL* FREESTYLE LIBRE READER - Tier 2; ST; QL *IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* KETO-DIASTIX - Tier 2; QL KETONE CARE - Tier 2; QL *KETONE TEST (brand for ketone test) - Tier 2; QL* *KETOSTIX (brand for ketone test) - Tier 2; QL* *LANCETS (brand for cvs lancets original) - Tier 2; QL* *LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL* *MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL* *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH DELICA SAFETY LANCING (brand for cvs lancets original) - Tier 2; 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
ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL *ONETOUCH ULTRA BLUE TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL* *ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - 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; QL* *ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL* *ONETOUCH ULTRASOFT 2 LANCETS (brand for cvs lancets original) - Tier 2; QL* *ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (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 W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL *PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL* *VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL*	
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 2 FLUORIDEX DAILY RENEWAL - Tier 2 *FRAICHE 5000 DENTAL (brand for sf) - Tier 2* *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*	*ENDARI (brand for l-glutamine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
potassium chloride er oral capsule extended release 10 meq - Tier 1; QL *potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL* *potassium chloride er oral tablet extended release 20 meq - Tier 1; QL* *potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL* *potassium chloride oral (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) - Tier 1* *PREVIDENT (brand for sf) - Tier 2* *PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *sf gel 1.1% (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 % - Tier 1; QL* SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS - Tier 2; QL *sodium chloride solution 0.9 % intravenous - Tier 1; QL* *sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 ppm dental gel (generic for DENTAGEL) - Tier 1* *sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride dental gel (generic for DENTAGEL) - Tier 1* *sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1* *sodium fluoride oral solution (generic for SOLUVITA) - Tier 1; QL* *sodium fluoride oral tablet chewable - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; 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 + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - 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 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium 600/vitamin d-3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-5 mg-mcg - Tier 1; QL* *calcium cit plus vit d-3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate oral tablet 950 (200 ca) mg - Tier 1*	

Preferred Agents	Non-Preferred Agents
calcium citrate plus vit d - Tier 1; QL *calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - 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 ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium plus vitamin d3 (generic for ONE VITE CALCIUM + 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 (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL* EZFE 200 - Tier 2 *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* *ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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 - 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 (generic for FEROSUL) - 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* *ft calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; QL* *ft calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *ft calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *ft electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *ft iron (generic for FEROSUL) - Tier 1; QL* *ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *hi cal (generic for OYSCO 500+D) - Tier 1; QL* *iferex 150 (generic for FERREX 150) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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* K-PHOS - Tier 2; QL *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* *ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL* *oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *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 - Tier 1* *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*	

Preferred Agents	Non-Preferred Agents
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL *PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL* *pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL* *phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* PHOSPHO-TRIN K500 - Tier 2; QL *poly-iron 150 (generic for FERREX 150) - Tier 1* *polysaccharide iron complex (generic for FERREX 150) - Tier 1* *polysaccharide-iron complex (generic for FERREX 150) - Tier 1* *potassium citrate-citric acid - Tier 1* *REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL* *sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1* TRUE FERROUS SULFATE - Tier 2; QL *TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG (brand for ft magnesium oxide) - Tier 2* *TRUELYTE (brand for cvs electrolyte solution) - Tier 2; QL* *ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2* *wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *zinc gluconate - Tier 1; QL* *zinc gluconate oral tablet 50 mg - Tier 1; QL* *zinc oral tablet 50 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
Electrolyte/Mineral/Metal Modifiers	
CHEMET - Tier 2; QL *deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL* *deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL* *deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL* *deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP* *deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL*	
Phosphate Binders	
calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL *calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL* *sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; QL*	AURYXIA - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL *sodium polystyrene sulfonate - Tier 1* SPS (SODIUM POLYSTYRENE SULF) - Tier 2; QL VELTASSA - Tier 2; PA; QL	

Preferred Agents	Non-Preferred Agents
Vitamins	
a-25 - Tier 1; QL *ALTRIXA (brand for daily multiple vitamins) - Tier 2* *AMLADEX (brand for daily multiple vitamins) - Tier 2* *aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *b complex vitamins - Tier 1* *b complex-b12 - 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, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *d3 max st (generic for IS-D 10,000) - Tier 1* *d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL* *d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3-50 (generic for D3-50) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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* *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* *ft prenatal - Tier 1; QL* *ft vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *ft vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *ft vitamin d3 oral tablet 50 mcg (generic for THERA-D 2000) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
ft vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) - Tier 1 *full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL* *healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *MINCORA (brand for daily multiple vitamins) - Tier 2* *M-NATAL PLUS (brand for prenatal) - Tier 2; QL* *multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *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* *NEONATAL COMPLETE (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*	

Preferred Agents	Non-Preferred Agents
NIVA-PLUS (brand for prenatal) - Tier 2; QL OBSTETRIX DHA - Tier 2; QL *once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2* *ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* *ONE VITE WOMENS (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* *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 multivitamin - Tier 1; QL* *prenatal multivitamins - Tier 1; QL* *prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal oral tablet 28-0.8 mg - Tier 1; QL* *prenatal plus (generic for NEONATAL PLUS) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL *prenatal vitamins (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal/iron - Tier 1; 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* *stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *sv vitamin d3 oral capsule 25 mcg (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *sv vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *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* *TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2* *TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* TRUE VITAMIN A - Tier 2; QL TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG - Tier 2 *TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL* TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) - Tier 2; QL *TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2* TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2 TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL *TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2* TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2 *vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) - Tier 1; QL* *vitamin b complex oral capsule - Tier 1* *vitamin b complex w/b-12 - 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) - Tier 1*	

Preferred Agents	Non-Preferred Agents
vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL *vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - 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* *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) - 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*	

Preferred Agents	Non-Preferred Agents
vitamin-b complex - Tier 1 *VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL* *weekly-d (generic for D3-50) - Tier 1; QL* *WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2* WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; 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
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL
Anti-Constipation Agents	
constulose - Tier 1; QL *enulose - Tier 1; QL* *generlac - Tier 1; QL* *KRISTALOSE (brand for lactulose) - Tier 2; QL* *lactulose (generic for KRISTALOSE) - Tier 1; QL* *lactulose encephalopathy - Tier 1; QL* LINZESS - Tier 2; DX2RX; QL *lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; QL* *lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL* *lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; QL* *lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL* MOVANTIK - Tier 2; DX2RX; QL TRULANCE - Tier 2; QL	*MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; QL* RELISTOR SUBCUTANEOUS - Tier 2; PA; QL SYMPROIC - 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-Diarrheal Agents	
anti-diarrheal oral solution 1 mg/7.5ml (generic for IMODIUM A-D) - Tier 1 *anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1* *diamode (generic for IMODIUM A-D) - Tier 1* *diphenoxylate-atropine oral liquid - Tier 1* *diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; QL* *ft anti-diarrheal oral solution (generic for IMODIUM A-D) - Tier 1* *ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1* *IMODIUM A-D ORAL SOLUTION (brand for anti-diarrheal) - Tier 2* *IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2* *loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL* *loperamide hcl oral solution (generic for IMODIUM A-D) - Tier 1* *loperamide hcl oral suspension - Tier 1* *loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1* *meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1*	VIBERZI - Tier 2; PA; QL
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, 2 mg - Tier 1*	
Gastrointestinal Agents, Other	
gavilyte-c - Tier 1; QL *gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL* *gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL* *peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL* *peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL* *ursodiol oral capsule 300 mg - Tier 1; QL* *ursodiol oral tablet (generic for URSO FORTE) - Tier 1; QL*	CLENPIQ - Tier 2; PA; QL PLENVU - Tier 2; PA; QL *PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA* *SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL* TALICIA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Histamine2 (H2) Receptor Antagonists	
acid controller oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL *acid reducer oral tablet (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* *heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1* *PEPCID AC (brand for acid controller) - Tier 2; QL* *TAGAMET HB 200 (brand for cimetidine) - Tier 2*	
Irritable Bowel Syndrome Agents	
	BYLVAY - Tier 2; PA; SP; QL; AL BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL
Protectants	
misoprostol oral (generic for CYTOTEC) - Tier 1; QL *sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL* *sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Proton Pump Inhibitors	
acid reducer oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; QL *esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg (generic for NEXIUM) - Tier 1; 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; 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*	

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
ABATINEX (brand for acidophilus) - Tier 2 *acid gone (generic for ACID GONE) - Tier 1* *acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1* *acidophilus oral capsule , 10 mg (generic for INTESTINEX) - Tier 1* *acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1* *acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1* *adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL* *adult probiotic (generic for FLORA VANCE) - Tier 1; QL* *advanced antacid (generic for MINTOX) - Tier 1; QL* *almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL* *antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *antacid & 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 anti-gas (generic for MINTOX) - Tier 1; QL* *antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid calcium (generic for CAL-GEST ANTACID) - Tier 1*	

Preferred Agents	Non-Preferred Agents
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1 *antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid fast relief (generic for MINTOX) - Tier 1; QL* *antacid i (generic for MINTOX) - Tier 1; QL* *antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid liquid (generic for MINTOX) - Tier 1; QL* *antacid m (generic for MINTOX) - Tier 1; QL* *antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL* *antacid oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1*	

Preferred Agents	Non-Preferred Agents
antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1 *antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid regular strength oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid/antigas (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid/anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *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 oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1*	

Preferred Agents	Non-Preferred Agents
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1 *AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2* *BIOTINEX (brand for acidophilus) - Tier 2* *bismuth (generic for SOOTHE) - Tier 1; QL* *bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL* *BOLSITOL (brand for acidophilus) - Tier 2* *calcium antacid (generic for CAL-GEST ANTACID) - Tier 1* *calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium carbonate antacid oral suspension - Tier 1; QL* *calcium carbonate antacid oral tablet - Tier 1* *calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1* *cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1* *chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *childrens soothe - Tier 1* *comfort gel (generic for MINTOX) - Tier 1; QL* *comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *CULTURELLE WOMENS 4 IN 1 (brand for acidophilus) - Tier 2* *dairy aid (generic for LACTAID) - Tier 1* *dairy digestive fast acting oral tablet (generic for LACTAID FAST ACT) - 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*	

Preferred Agents	Non-Preferred Agents
diarrhea (generic for SOOTHE) - Tier 1 *diarrhea relief (generic for SOOTHE) - Tier 1* *digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL* *digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *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 (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 cvs acidophilus probiotic) - Tier 2* *foaming antacid oral tablet chewable 80-20 mg - Tier 1* FREE + PURE DAILY PROBIOTIC - Tier 2 *freeze dried acidophilus (generic for INTESTINEX) - 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 anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *ft enema saline (generic for FLEET ENEMA) - Tier 1*	

Preferred Agents	Non-Preferred Agents
ft gas relief - Tier 1 *ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1* *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 probiotic (generic for FLORASTOR) - Tier 1* *ft stomach relief oral suspension (generic for SOOTHE) - Tier 1* *ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1* *ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief extra strength oral capsule 125 mg (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 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 tablet chewable 80 mg - Tier 1* *gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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 EXTRA STRENGTH (brand for antacid extra strength) - Tier 2* GELUSIL - Tier 2 *gentle laxative oral suspension (generic for DULCOLAX) - Tier 1* *geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *geri-mox (generic for MINTOX) - Tier 1; QL* *geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *GUTVITE IMMUNE SUPPORT (brand for acidophilus) - Tier 2* *heartburn antacid (generic for ACID GONE) - Tier 1* *heartburn antacid ex st (generic for ACID GONE) - Tier 1* *heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1* *heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *heartland gas relief - Tier 1*	

Preferred Agents	Non-Preferred Agents
IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - Tier 2 *infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *intestinex (generic for INTESTINEX) - Tier 1* *KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - 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* *LACTEOL DIARRHEASE (brand for acidophilus) - Tier 2* *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 & anti-gas max str) - Tier 2; QL* *MAALOX MULTI SYMPTOM MAX ST (brand for antacid & anti-gas max str) - Tier 2; QL* *mag-al plus (generic for MINTOX) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL *mega probiotic (generic for FLORA VANCE) - Tier 1; QL* *milk of magnesia (generic for DULCOLAX) - Tier 1* *mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *mintox plus - Tier 1* *mood support probiotic (generic for FLORA VANCE) - Tier 1; QL* *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2* *NEWFLORA PROBIOTIC (brand for acidophilus) - Tier 2* *PAXOTIN (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* *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*	

Preferred Agents	Non-Preferred Agents
probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1 *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 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* *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 (brand for cvs gas relief infants) - Tier 2* *simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *smooth antacid 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*	

Preferred Agents	Non-Preferred Agents
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* *stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *surelac (generic for LACTAID) - Tier 1* *TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2* *TUMS (brand for antacid) - Tier 2* *TUMS CHEWY BITES (brand for antacid) - Tier 2*	

Preferred Agents	Non-Preferred Agents
TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2 *TUMS E-X 750 (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2* *TUMS LASTING EFFECTS (brand for antacid) - Tier 2* *TUMS SMOOTHIES (brand for antacid) - Tier 2* *TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2* *TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2* *ultra dairy digestive (generic for LACTAID FAST ACT) - Tier 1* *VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL*	
Laxatives - Bowel Treatment Drugs	
clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *daily fiber oral powder 43 % (generic for REGULOID) - Tier 1* *enema mineral oil (generic for FLEET OIL) - Tier 1* *EVAC (brand for cvs natural fiber supplement) - Tier 2* *fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *fiber oral powder 43 % (generic for REGULOID) - Tier 1* *fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *fiber powder oral powder 43 % (generic for REGULOID) - Tier 1*	

Preferred Agents	Non-Preferred Agents
fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1 *fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *FLEET LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2* *FLEET OIL (brand for cvs mineral oil enema) - Tier 2* *ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *ft enema mineral oil (generic for FLEET OIL) - Tier 1* *ft fiber oral powder 43 % (generic for REGULOID) - Tier 1* *ft mineral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; 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* *METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2* *METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2* *mineral oil enema (generic for FLEET OIL) - Tier 1* *mineral oil heavy oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *mineral oil oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *mineral oil rectal enema (generic for FLEET OIL) - Tier 1* *MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL*	

Preferred Agents	Non-Preferred Agents
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1* *natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *natural fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *natural fiber supplement (generic for EVAC) - Tier 1* *natural vegetable (generic for HYDROCIL) - Tier 1* *natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *reguloid oral powder 43 % (generic for REGULOID) - Tier 1* *smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *sorbitol oral - Tier 1* *true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*	

Preferred Agents	Non-Preferred Agents
Laxatives - Drugs to treat Constipation	
AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2 *BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL* *citroma (generic for CITROMA) - Tier 1; QL* *CITRUCEL (brand for cvs fiber therapy) - Tier 2* *COLACE (brand for cvs stool softener) - Tier 2; QL* *col-rite oral capsule 250 mg - Tier 1; QL* *docusate calcium (generic for SURFAK) - Tier 1* *docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL* *docusate sodium oral (generic for COLACE) - Tier 1; QL* *DOCUZEN (brand for cvs senna plus) - Tier 2* *dss (generic for COLACE) - Tier 1; QL* *easy-lax plus (generic for SENOKOT S) - Tier 1* *ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL* *EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2* *fiber laxative (generic for FIBERCON) - Tier 1* *fiber laxative + calcium (generic for FIBERCON) - Tier 1* *fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1* *fiber therapy oral tablet 500 mg (generic for CITRUCEL) - 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* *FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL* *FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *ft fiber laxative (generic for CITRUCEL) - Tier 1*	

Preferred Agents	Non-Preferred Agents
ft magnesium citrate (generic for CITROMA) - Tier 1; QL *ft senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ft senna-s (generic for SENOKOT 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 SENOKOT S) - Tier 1* *geri-kot (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin (infants & children) rectal suppository 1 gm - Tier 1* *glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1* *glycerin childrens - Tier 1* *glycerin pediatric rectal suppository 1.2 gm - Tier 1* *LAXACIN (brand for cvs senna plus) - Tier 2* *laxative max str (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 (generic for COLACE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
mm stool softener laxative (generic for COLACE) - Tier 1; QL *natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *ONELAX SENNA (brand for senna) - Tier 2* *p col-rite (generic for SENOKOT 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 SENOKOT S) - Tier 1* *senexon-s (generic for SENOKOT S) - Tier 1* *senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral syrup 176 mg/5ml - Tier 1* *senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna plus oral tablet (generic for SENOKOT S) - Tier 1* *senna s (generic for SENOKOT S) - Tier 1* *senna smooth (generic for SENNA SMOOTH) - Tier 1* *senna-docusate sodium (generic for SENOKOT S) - Tier 1* *senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-plus (generic for SENOKOT S) - Tier 1*	

Preferred Agents	Non-Preferred Agents
senna-s oral tablet (generic for SENOKOT S) - Tier 1 *senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time s (generic for SENOKOT S) - Tier 1* *SENNAZON (brand for senna) - Tier 2* *sennosides-docusate sodium (generic for SENOKOT S) - Tier 1* *SENOKOT (brand for cvs senna) - Tier 2; QL* *SENOKOT S (brand for cvs senna plus) - Tier 2* *soluble fiber therapy - Tier 1* *stimulant lax plus (generic for SENOKOT S) - Tier 1* *stimulant laxative (generic for SENOKOT S) - Tier 1* *stool softener extra str - Tier 1; QL* *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 SENOKOT S) - Tier 1* *stool softener plus laxative (generic for SENOKOT S) - Tier 1* *stool softener/laxative (generic for SENOKOT S) - Tier 1* *stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1* *vegetable lax+stool softener (generic for SENOKOT S) - Tier 1* *vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*	

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

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* 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* *levocarnitine oral tablet (generic for CARNITOR) - Tier 1; QL* *levocarnitine sf (generic for CARNITOR) - Tier 1; QL*	CERDELGA - Tier 2; PA; SP; 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 PHEBURANE - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
LUMIZYME - Tier 2; PA; SP *miglustat (generic for YARGESA) - Tier 1; PA; SP; QL* NITYR - Tier 2; PA; SP; QL RAVICTI - Tier 2; PA; SP; QL REVCOVI - Tier 2; PA *sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP* *sodium phenylbutyrate oral tablet (generic for BUPHENYL) - Tier 1; PA; SP; QL* STRENSIQ - 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, 60000-189600 UNIT - Tier 2; QL	
Genitourinary Agents	
Antispasmodics, Urinary	
DETROL (brand for tolterodine tartrate) - Tier 2; QL *oxybutynin chloride er - Tier 1; QL* *oxybutynin chloride oral solution - Tier 1; QL* *oxybutynin chloride oral tablet 5 mg - Tier 1; QL* *TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; QL*	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL *MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL*
Benign Prostatic Hypertrophy Agents	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL *dutasteride oral (generic for AVODART) - Tier 1; QL* *finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL* *tamsulosin hcl (generic for FLOMAX) - Tier 1; QL* *terazosin hcl - 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
Genitourinary Agents, Other	
bethanechol chloride oral - Tier 1 ELMIRON - Tier 2; DX2RX; QL *penicillamine oral capsule (generic for CUPRIMINE) - Tier 1; SP* *penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL*	*DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL* *THIOLA (brand for tiopronin) - Tier 2; PA; SP* *THIOLA EC (brand for tiopronin) - 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	
azo (generic for PHENAZO) - Tier 1 *ft urinary pain relief (generic for PHENAZO) - Tier 1* *phenazo (generic for PHENAZO) - Tier 1* *phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIUM) - Tier 1; QL* *phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1* *PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL* *urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1* *URO-PAIN (brand for cvs urinary pain relief) - Tier 2*	
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

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-10 - 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 *TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2* *triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG-40) - Tier 1* TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION - Tier 2	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
desmopressin ace spray refrig - Tier 1; QL *desmopressin acetate injection (generic for DDAVP) - Tier 1; PA* *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *desmopressin acetate pf (generic for DDAVP PF) - Tier 1; PA* *desmopressin acetate spray - Tier 1; QL* GENOTROPIN MINIQUICK - Tier 2; PA; SP GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG - Tier 2; SP GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG - Tier 2; PA; SP INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP	NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
	SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL *mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL*	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; Coverage based on benefit; 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 (Sex Hormones/Modifiers)	
Androgens	
ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL *danazol oral - Tier 1; QL* *testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL* *testosterone enanthate intramuscular - Tier 1; PA; QL* *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL*	*TESTIM (brand for testosterone) - Tier 2; PA; QL* XYOSTED - Tier 2; PA; QL
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 (28)) - Tier 1; QL* *alyacen 7/7/7 (generic for DASETTA 7/7/7) - 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*	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 *DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL* *DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA* LO LOESTRIN FE - Tier 2; PA; QL NATAZIA - Tier 2; PA; QL *NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL* *SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
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 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *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 (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; QL *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*	*VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
estradiol transdermal gel 0.5 mg/0.5gm (generic for DIVIGEL) - Tier 1; QL *estradiol transdermal gel 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* *feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - 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* *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* *kaitlib fe (generic for KAITLIB FE) - Tier 1; QL* *kariva (generic for AZURETTE) - Tier 1; QL* *kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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* *lo-zumandimine (generic for JASMIEL) - Tier 1; QL* *lutera (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 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*	

Preferred Agents	Non-Preferred Agents
nikki (generic for JASMIEL) - Tier 1; QL *norethin ace-eth estrad-fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL* *norethin-eth estradiol-fe (generic for KAITLIB FE) - Tier 1; QL* *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (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 (28)) - Tier 1; QL* *nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *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* *pimtrea (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*	

Preferred Agents	Non-Preferred Agents
syeda (generic for SYEDA) - 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* *tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *turqoz - Tier 1; QL* *valtya 1/50 (generic for KELNOR 1/50) - Tier 1; QL* *velivet - Tier 1; QL* *vestura (generic for JASMIEL) - Tier 1; QL* *vienva (generic for AFIRMELLE) - Tier 1; QL* *viorele (generic for AZURETTE) - Tier 1; QL* *volnea (generic for AZURETTE) - Tier 1; QL* *vyfemla (generic for BALZIVA) - Tier 1; QL* *vylibra (generic for ESTARYLLA) - Tier 1; QL* *wera - Tier 1; QL* *xulane - Tier 1; QL* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL* *zumandimine (generic for SYEDA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Progestins	
camila (generic for CAMILA) - Tier 1; QL *deblitane (generic for CAMILA) - Tier 1; QL* ELLA - Tier 2; QL *errin (generic for CAMILA) - Tier 1; QL* *gallifrey (generic for GALLIFREY) - Tier 1; QL* *heather (generic for CAMILA) - Tier 1; QL* *medroxyprogesterone acetate (generic for DEPO-PROVERA) - Tier 1; QL* *megestrol acetate oral suspension 40 mg/ml - Tier 1; QL* *megestrol acetate oral tablet 20 mg - Tier 1* *megestrol acetate oral tablet 40 mg - Tier 1; QL* *norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL* *norethindrone oral (generic for CAMILA) - Tier 1; QL* *progesterone oral (generic for PROMETRIUM) - Tier 1; QL* *sharobel (generic for CAMILA) - Tier 1; QL*	
Selective Estrogen Receptor Modifying Agents	
raloxifene hcl (generic for EVISTA) - Tier 1; QL	OSPHENA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
aftera (generic for AFTERA) - Tier 1; QL *curae (generic for AFTERA) - Tier 1; QL* *econtra one-step (generic for AFTERA) - Tier 1; QL* *her style (generic for AFTERA) - Tier 1; QL* *levonorgestrel (generic for AFTERA) - Tier 1; QL* *my choice (generic for AFTERA) - Tier 1; QL* *my way (generic for AFTERA) - Tier 1; QL* *new day (generic for AFTERA) - Tier 1; QL* *opcicon one-step (generic for AFTERA) - Tier 1; QL* *option 2 (generic for AFTERA) - Tier 1; QL* *PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL* *react (generic for AFTERA) - Tier 1; QL* *take action (generic for AFTERA) - Tier 1; QL*	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
euthyrox (generic for EUTHYROX) - Tier 1; QL *levo-t (generic for EUTHYROX) - Tier 1; QL* *levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL* *levoxyl (generic for EUTHYROX) - Tier 1; QL* *liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL* *unithroid (generic for EUTHYROX) - Tier 1; QL*	ERMEZA - Tier 2; PA; QL *TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL* TIROSINT-SOL - Tier 2; PA; QL

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	
ADTHYZA ORAL TABLET 120 MG, 15 MG (brand for thyroid) - Tier 2; QL *ADTHYZA ORAL TABLET 30 MG, 60 MG, 90 MG (brand for niva thyroid) - Tier 2; QL* *ARMOUR THYROID (brand for niva thyroid) - Tier 2; QL* *NIVA THYROID (brand for niva thyroid) - Tier 2; QL* *np thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL* *thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL*	
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
cabergoline - Tier 1; QL *leuprolide acetate injection - Tier 1; PA; SP* LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP* *octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL*	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL TRIPTODUR - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
octreotide acetate injection solution 200 mcg/ml - Tier 1; SP *octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL* ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
methimazole oral - Tier 1; QL *propylthiouracil oral - Tier 1; QL*	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP *icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL* KALBITOR - Tier 2; PA	HAEGARDA - Tier 2; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL

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, 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML - Tier 2; PA; SP OCTAGAM SOLUTION 10 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	
Immunological Agents, Other	
ADBRY - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL OTEZLA ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL OTEZLA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL SYNAGIS - Tier 2; SP; AL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - 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 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 DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP RINVOQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP PEGASYS - Tier 2; PA; SP; QL	
Immunosuppressants	
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; SP; QL ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; SP; QL ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; SP; QL ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML - Tier 2; PA; SP; QL ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML - Tier 2; PA; SP; QL ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML - Tier 2; PA; SP; QL	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
ADALIMUMAB-RYVK (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL *ADALIMUMAB-RYVK (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL* *azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL* *cyclosporine modified (generic for GENGRAF) - Tier 1; QL* *cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL* ENBREL - Tier 2; PA; SP; QL *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; QL* *gengraf (generic for GENGRAF) - Tier 1; QL* HADLIMA - Tier 2; PA; SP; QL HADLIMA PUSHTOUCH - 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 (generic for CELLCEPT) - Tier 1; QL* *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL* *mycophenolic acid (generic for MYFORTIC) - Tier 1; QL* *SIMLANDI (1 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL* SIMLANDI (1 SYRINGE) - Tier 2; PA; SP; QL *SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL* *SIMLANDI (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL* *sirolimus oral solution - Tier 1; QL* *sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
sirolimus oral tablet 2 mg - 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 *YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; SP; QL*	
Vaccines	
ACTHIB - Tier 2 ADACEL - Tier 2; QL; AL BEXSERO - 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	

Preferred Agents	Non-Preferred Agents
PEDIARIX - Tier 2; QL; AL PEDVAX HIB - Tier 2 PENTACEL - Tier 2; QL; AL 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	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
DENGVAXIA - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL PNEUMOVAX 23 - Tier 2; QL; AL PREVNAR 20 - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Inflammatory Bowel Disease Agents	
Aminosalicylates	
APRISO (brand for mesalamine er) - Tier 2; QL *mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL* *mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL* *mesalamine rectal suppository (generic for CANASA) - Tier 1; QL* PENTASA - Tier 2; QL SFROWASA - Tier 2; QL *sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL*	DIPENTUM - Tier 2; PA; QL
Glucocorticoids	
ANUSOL-HC EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL *budesonide oral - Tier 1; QL* CORTIFOAM - Tier 2; QL *hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL* *hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL* *PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL* *PREPARATION H SOOTHING RELIEF EXTERNAL CREAM (brand for hydrocortisone (perianal)) - Tier 2; QL* *PROCTOCORT EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL* *procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL* *PROCTOSOL HC (brand for hydrocortisone (perianal)) - Tier 2; QL* *PROCTOZONE-HC (brand for hydrocortisone (perianal)) - Tier 2; QL*	*UCERIS (brand for budesonide) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents	
alendronate sodium oral solution - Tier 1; QL *alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL* *alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL* *calcitonin (salmon) nasal - Tier 1; QL* *calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL* *calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; AL* *cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL* *FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL* *ibandronate sodium oral - Tier 1* PROLIA - Tier 2; PA	RAYALDEE - Tier 2; PA; QL TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL TYMLOS - Tier 2; PA; SP; QL
Miscellaneous Therapeutic Agents	
ABRYSVO - Tier 2; PA; For ages 59 years and under, PA required and no PA for ages 60 years and over; QL *acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1* *acne medication 10 external lotion - Tier 1* *acne medication 5 external lotion - Tier 1* *acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1* *adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1* *advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1* AFLURIA - Tier 2; QL; AL AFLURIA PRESERVATIVE FREE - Tier 2; QL; AL	ALTUVIIIO - Tier 2; PA *BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; 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 CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL	EMPAVELI - Tier 2; PA; SP; QL
ALCOHOL SWABS (brand for alcohol prep) - Tier 2; QL	GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL
ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL	GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL	HYFTOR - Tier 2; PA; QL
antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL	*INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL*
AREXVY - Tier 2; 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*
arthritis pain relieving - Tier 1; 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*
aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL	*INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL*
aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	*INSULIN SYRINGES 29G X 1/2" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL*
aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL	*INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL*
aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL	*INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL*
aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA; SP
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL	OMNIPOD 5 DEXG7G6 INTRO GEN 5 - Tier 2; PA; QL
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL	OMNIPOD 5 DEXG7G6 PODS GEN 5 - Tier 2; PA; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL	ORLADEYO - Tier 2; PA; SP; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	QUVIVIQ - Tier 2; PA; QL
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL	RYALTRIS - Tier 2; PA; QL; AL
	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - 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
aspirin rectal suppository 300 mg - Tier 1 *aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL* *athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *athletes foot relief (generic for TINACTIN) - Tier 1* *AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL* *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 (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* *BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL* *benzoyl peroxide external gel 2.5 % - Tier 1*	SOLIRIS - Tier 2; PA; SP; QL SOTYKTU - Tier 2; PA; SP; QL VIVJOA - Tier 2; PA; QL VOQUEZNA DUAL PAK - Tier 2; PA; QL VTAMA - Tier 2; PA; QL WINLEVI - Tier 2; PA; QL YONSA - Tier 2; PA; SP; QL ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL

Preferred Agents	Non-Preferred Agents
benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL *benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL* *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 tablet delayed release 5 mg (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* *capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL* *capsaicin external cream 0.075 % - Tier 1; QL* *capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL* *capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL* *capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL* CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL CAPVAXIVE - Tier 2; QL; AL *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*	

Preferred Agents	Non-Preferred Agents
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	
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	
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2	
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	
COMIRNATY - Tier 2; QL; AL	
CONDOMS - Tier 2; QL	
COOL MIST HUMIDIFER (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	

Preferred Agents	Non-Preferred Agents
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* *CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2* *CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2* *CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2* *daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1* *darunavir (generic for PREZISTA) - Tier 1; QL* DERMELEVE ADVANCED FORMULA - Tier 2 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL *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*	

Preferred Agents	Non-Preferred Agents
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1 *DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL* *DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL* *DUREX TROPICAL (brand for true cover) - Tier 2; QL* *EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL* *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 ec) - 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 minis (generic for OVEGA-3) - 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*	

Preferred Agents	Non-Preferred Agents
fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - 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* FLEET BISACODYL - Tier 2; QL *FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL* *FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* FLUAD - Tier 2; QL; AL FLUARIX - Tier 2; QL; AL FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL FLULAVAL - Tier 2; QL; AL FLUMIST - Tier 2 FLUZONE HIGH-DOSE - Tier 2; QL; AL FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL; AL *folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL* *folic acid oral tablet 400 mcg - Tier 1* *foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *ft antibiotic - Tier 1; QL* *ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL* *ft aspirin (generic for BAYER LOW DOSE) - Tier 1; QL* *ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *ft double antibiotic (generic for POLYSPORIN) - Tier 1*	

Preferred Agents	Non-Preferred Agents
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL *ft fish oil (generic for FISH OIL PEARLS) - Tier 1* *ft folic acid oral tablet 400 mcg - Tier 1* *ft folic acid oral tablet 800 mcg - 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 oral tablet delayed release (generic for EX-LAX ULTRA) - Tier 1; QL* *gentle laxative rectal (generic for THE MAGIC BULLET) - Tier 1; QL* *gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL* *genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *glycine urologic - Tier 1* *HCU COOLER (brand for balanced nutritional drink) - Tier 2* *HCU GEL (brand for nutricia preop) - Tier 2* *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 er (generic for LEVBID) - Tier 1; QL* *hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL* *hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL* *hyosyne - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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* *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* *laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL* *LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL* *LEVSIN (brand for hyoscyamine sulfate) - Tier 2; QL* *LEVSIN/SL (brand for hyoscyamine sulfate) - Tier 2; QL* *LIPISTART (brand for pku trio) - Tier 2; QL* *liquid corn & callus rem (generic for COMPOUND W) - Tier 1* *liquid wart remover (generic for COMPOUND W) - Tier 1* *liquid wart remover max st (generic for COMPOUND W) - Tier 1* *LIVITA CHILDREN (brand for mvw hi-d drops w/extra vit d) - Tier 2; QL* *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*	

Preferred Agents	Non-Preferred Agents
MASK VORTEX/CHILD/FROG - Tier 2; QL MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL *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* *MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; 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 *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 acne control cleanser) - 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* *omega-3 fish oil (generic for THERAGRAN-M FISH OIL CONC) - Tier 1* *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*	

Preferred Agents	Non-Preferred Agents
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* *ONETOUCH DELICA PLUS LANCING (brand for adjustable lancing device) - Tier 2* OPILL - Tier 2; QL *OSCIMIN (brand for hyoscyamine sulfate) - Tier 2; QL* *PANOXYL (brand for bp wash) - Tier 2* PENBRAYA - Tier 2; QL *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* *PKU COOLER 20 (brand for balanced nutritional drink) - Tier 2* *pku trio (generic for BCAD 1) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
poly bacitracin (generic for POLYSPORIN) - Tier 1 *POLYSPORIN (brand for double antibiotic) - Tier 2* PREZISTA ORAL SUSPENSION - Tier 2; QL PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL *probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1* *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 (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*	

Preferred Agents	Non-Preferred Agents
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL *tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL* *tolnaftate external cream (generic for TINACTIN) - Tier 1; QL* *tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1* *TRITOLNACIDE C (brand for antifungal (tolnaftate)) - Tier 2; QL* *TROJAN MAGNUM (brand for true cover) - Tier 2; QL* *TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL* *TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL* *TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL* *TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL* *TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL* *TRUE COVER (brand for true cover) - Tier 2; QL* TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2 *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* *wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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* ZURZUVAE ORAL CAPSULE 20 MG, 25 MG - Tier 2; PA; QL; AL	

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL	BRUKINSA - Tier 2; PA; SP; QL
ALUNBRIG - Tier 2; PA; SP; QL	GAVRETO - Tier 2; PA; SP; QL
BOSULIF ORAL CAPSULE - Tier 2; PA; SP; QL	ICLUSIG - Tier 2; PA; SP; QL
CABOMETYX - Tier 2; PA; SP; QL	TABRECTA - Tier 2; PA; SP; QL
CAPRELSA - Tier 2; PA; SP; QL	TAGRISSO - 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	
erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL	
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL	
GILOTRIF - Tier 2; PA; SP; QL	
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL	
IMBRUVICA - Tier 2; PA; SP; QL	
INLYTA - Tier 2; PA; SP; QL	
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL	
LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL	
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL	
SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL	
TASIGNA - Tier 2; PA; SP; QL	
TURALIO - Tier 2; PA; SP; QL; AL	
XALKORI - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostamide Analogs	
latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL *tafluprost (pf) (generic for ZIOPTAN) - Tier 1; PA; QL* *travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL*	LUMIGAN - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL *ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL*
Ophthalmic Agents, Other	
altafrin (generic for ALTAFRIN) - Tier 1 *atropine sulfate ophthalmic solution 1 % - Tier 1; QL* *bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL* CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2; QL *cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL* CYSTARAN - Tier 2; DX2RX; SP; QL *dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL* *dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1* *neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL* *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL* *neomycin-polymyxin-hc ophthalmic - Tier 1; QL*	CEQUA - Tier 2; PA; QL *COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL* *COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA* *RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL* ROCKLATAN - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
NEO-POLYCIN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL *phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1* *RESTASIS (brand for cyclosporine) - Tier 2; QL* *sulfacetamide-prednisolone - Tier 1* TOBRADEX - Tier 2; QL TOBRADEX ST - Tier 2; QL *tobramycin-dexamethasone - Tier 1; QL* XIIDRA - Tier 2; PA; QL	
Ophthalmic Anti-allergy Agents	
azelastine hcl ophthalmic - Tier 1; ST; QL *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*	
Ophthalmic Anti-Infectives	
bacitracin ophthalmic - Tier 1; QL *bacitracin-polymyxin b (generic for POLYCIN) - Tier 1; QL* *ciprofloxacin hcl ophthalmic - Tier 1; QL* *erythromycin ophthalmic - Tier 1; QL* *gentamicin sulfate ophthalmic - Tier 1; QL* *moxifloxacin hcl (2x day) - Tier 1; QL* *moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL* NATACYN - Tier 2 *neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1; QL* *neomycin-polymyxin-gramicidin - Tier 1; QL* *ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL* *polymyxin b-trimethoprim - Tier 1; QL* *sulfacetamide sodium ophthalmic - Tier 1; QL* *tobramycin ophthalmic - Tier 1; QL* *trifluridine - Tier 1; QL*	AZASITE - Tier 2; PA; QL BESIVANCE - Tier 2; PA; QL

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; QL *prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL* PREDNISOLONE ACETATE P-F - Tier 2; QL *prednisolone sodium phosphate ophthalmic - Tier 1*	EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL ILEVRO - Tier 2; PA; QL INVELTYS - Tier 2; PA; QL *LOTEMAX OPHTHALMIC GEL (brand for loteprednol etabonate) - Tier 2; PA; QL* LOTEMAX OPHTHALMIC OINTMENT - Tier 2; PA; QL LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL *PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL*
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 (brand for timolol hemihydrate) - Tier 2; PA; QL* *TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL*
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; QL *pilocarpine hcl ophthalmic - Tier 1*	*ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL* RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
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* *artificial tears pf (generic for BION TEARS PF) - Tier 1* *astringent eye drops (generic for VISINE A.C.) - Tier 1; QL* *BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2* *BION TEARS PF (brand for artificial tears pf) - Tier 2* *carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL* *dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL* *eye drops adv relief - Tier 1; QL* *eye drops advanced relief - Tier 1; QL* *eye drops long lasting (generic for SYSTANE) - Tier 1; QL* *eye drops ophthalmic solution 0.05 % (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 A.C.) - Tier 1; QL* *eye lubricant (generic for ALTALUBE) - Tier 1; QL* *eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL* *EYES ALIVE (brand for cvs lubricant eye drops (pf)) - Tier 2* *for sty relief (generic for ALTALUBE) - Tier 1; QL* *ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1* *ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1 GENTEAL SEVERE - Tier 2; QL *GENTEAL TEARS MODERATE PF (brand for artificial tears pf) - Tier 2* *GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2* *GENTEAL TEARS PF (brand for artificial tears pf) - Tier 2* GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL *HYPOTEARS (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* *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*	

Preferred Agents	Non-Preferred Agents
lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL *lubricant eye pm (generic for ALTALUBE) - Tier 1; QL* *lubricating eye drops (generic for SYSTANE) - Tier 1; QL* *lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL* *lubricating plus pf (generic for BIOLLE TEARS) - Tier 1* *lubricating tears eye drops (generic for ULTRA FRESH) - Tier 1; QL* *lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL* *MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2* *MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL* *natural tears pf (generic for BION TEARS PF) - Tier 1* *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* PURE & GENTLE LUBRICANT - Tier 2 *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 A.C.) - 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*	

Preferred Agents	Non-Preferred Agents
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL *sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1* *sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL* *SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL* *SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL* *SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL* *SYSTANE CONTACTS (brand for artificial tears) - Tier 2* *SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* SYSTANE NIGHT - Tier 2; QL *SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL* *SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *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*	
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
eye allergy relief (generic for OPCON-A) - Tier 1 *NAPHCON-A (brand for allergy eye) - Tier 2* *VISINE (brand for allergy eye) - Tier 2*	

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
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*	
Otic Agents	
acetic acid otic - Tier 1; QL CIPRO HC - Tier 2; PA; QL *ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; QL* *ciprofloxacin-dexamethasone - Tier 1; QL* *hydrocortisone-acetic acid - Tier 1; QL* *neomycin-polymyxin-hc otic - Tier 1; QL* *ofloxacin otic - Tier 1; QL*	

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 otic solution 6.5 % (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 oral capsule 10 mg (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 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	Non-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* *aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL* *anti-hist allergy (generic for BANOPHEN) - Tier 1; QL* *azelastine hcl nasal - Tier 1; QL* *banophen oral 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 (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* *childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
clemastine fumarate oral - Tier 1; QL *complete allergy (generic for BANOPHEN) - Tier 1; QL* *complete allergy medicine (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* *CURELIEF (brand for allergy childrens) - Tier 2; QL* *cyproheptadine hcl oral - Tier 1; QL* DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL *DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL* *diphedryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *diphen (generic for BANOPHEN) - Tier 1; 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 cetirizine (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*	

Preferred Agents	Non-Preferred Agents
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL *levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL* *liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; 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 *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	
ARNUITY ELLIPTA - Tier 2; QL ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA; QL *budesonide inhalation (generic for PULMICORT) - Tier 1; QL* *flunisolide nasal - Tier 1; QL* FLUTICASONE PROPIONATE DISKUS - Tier 2; QL FLUTICASONE PROPIONATE HFA - Tier 2; QL *fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL* PULMICORT FLEXHALER - Tier 2; QL	ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA OMNARIS - Tier 2; PA; QL QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL XHANCE - 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
QVAR REDIHALER - Tier 2; QL	
Antileukotrienes	
montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL; AL *montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL* *montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL*	ZYFLO - Tier 2; PA
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL *ipratropium bromide inhalation - Tier 1; QL* *ipratropium bromide nasal - Tier 1; QL* *SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; HANDIHALER only; QL* SPIRIVA RESPIMAT - Tier 2; QL TUDORZA PRESSAIR - Tier 2; QL	INCRUSE ELLIPTA - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Bronchodilators, Sympathomimetic	
albuterol sulfate hfa (generic for VENTOLIN HFA) - Tier 1; QL *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL* *albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL* *albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL* ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL *albuterol sulfate oral syrup - Tier 1; QL* *epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic for EPIPEN JR 2-PAK) - Tier 1; QL* *epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; QL* SEREVENT DISKUS - Tier 2; PA; QL	*AUVI-Q (brand for epinephrine) - Tier 2; PA; QL* *EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL* PROAIR RESPICLICK - Tier 2; PA; QL STRIVERDI RESPIMAT - Tier 2; PA; QL *VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* *XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL*
Cystic Fibrosis Agents	
BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL KALYDECO - Tier 2; PA; SP; QL *KITABIS PAK (brand for tobramycin) - Tier 2; PA; SP; QL* ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL	TOBI PODHALER - Tier 2; PA; SP; QL
Mast Cell Stabilizers	
cromolyn sodium inhalation - 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
Phosphodiesterase Inhibitors, Airways Disease	
elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL THEO-24 - Tier 2 *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* *theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL*	
Pulmonary Antihypertensives	
alyq (generic for ALYQ) - Tier 1; PA; SP; QL *ambrisentan (generic for LETAIRIS) - Tier 1; 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 *sildenafil citrate oral suspension reconstituted - Tier 1; SP; QL; AL* *sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL* *tadalafil (pah) (generic for ALYQ) - Tier 1; PA; SP; QL* TRACLEER 32 MG - Tier 2; PA; SP; QL; AL	ADEMPAS - Tier 2; PA; SP; QL TADLIQ - Tier 2; PA; SP; QL TYVASO - Tier 2; PA; Coverable through Medical Benefit; SP TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL TYVASO REFILL KIT - Tier 2; PA; Coverable through Medical Benefit; SP TYVASO STARTER KIT - Tier 2; PA; Coverable through Medical Benefit; SP
Pulmonary Fibrosis Agents	
OFEV - Tier 2; PA; SP; QL *pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL* *pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL*	

Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other	
acetylcysteine inhalation - Tier 1 FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL *promethazine vc - Tier 1; QL* *promethazine-phenylephrine - Tier 1; QL*	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2 *altamist spray (generic for AYR) - 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* *bromphen-pseudoeph-dm - Tier 1; QL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL* *chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL* *chest congestion relief oral tablet (generic for XPECT) - Tier 1* *cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*	

Preferred Agents	Non-Preferred Agents
cough & cold hbp oral tablet 4-30 mg (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 AYR) - Tier 1* *ed bron gp - Tier 1* *ft chest congestion relief (generic for XPECT) - Tier 1* *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*	

Preferred Agents	Non-Preferred Agents
mucus & chest congestion (generic for TUSNEL-EX) - Tier 1; 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* *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 oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief oral tablet (generic for XPECT) - Tier 1* *mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *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 AYR) - 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*	

Preferred Agents	Non-Preferred Agents
nasal spray saline (generic for AYR) - Tier 1 *NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2* *non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nose drops extstrength (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 - Tier 1; QL* *refenesen 400 (generic for XPECT) - Tier 1* *saline mist spray (generic for AYR) - Tier 1* *saline nasal spray (generic for AYR) - Tier 1* *sb mucus relief (generic for XPECT) - Tier 1* *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* *TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2* *tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL *tussin adult oral liquid 200 mg/10ml (generic for TUSNEL-EX) - Tier 1; QL* *tussin chest congestion oral liquid 100 mg/5ml (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 congest (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 EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL *all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *allergy relief nasal decong oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *allergy relief/nasal decongest oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL *aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *cetiri-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - Tier 2; AL* DESPEC DM - Tier 2 DESPEC DM-G - Tier 2 *ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL* *ft all day allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *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 (brand for ft tussin cf adult) - Tier 2; AL* *ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL* *tussin cf 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* *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*	

Preferred Agents	Non-Preferred Agents
Antihistamines - Drugs to Treat Allergies	
12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL *24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL* *all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL* *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* *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) oral tablet (generic for KLS ALLERCLEAR) - 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*	

Preferred Agents	Non-Preferred Agents
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 (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL* *allergy relief oral tablet dispersible 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* *chlorpheniramine maleate (generic for WAL-FINATE) - Tier 1; QL* *chlorpheniramine maleate oral (generic for WAL-FINATE) - Tier 1; QL* *CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; QL* *CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; QL* *ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL* *loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL *ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - 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 loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL* *ft allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - 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 TRIAMINIC ALLERCHEWS) - Tier 1; QL* *loratadine childrens (generic for CLARITIN) - Tier 1; QL* *loratadine oral (generic for CLARITIN) - Tier 1; QL* *loratadine oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL* *mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL* *pharbechlor (generic for WAL-FINATE) - Tier 1; QL* *TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL *allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *ft 24 hour nasal allergy (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* *triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL*	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; QL *AIRDUO RESPICLICK 113/14 (brand for fluticasone-salmeterol) - Tier 2; QL* *AIRDUO RESPICLICK 232/14 (brand for fluticasone-salmeterol) - Tier 2; QL* *AIRDUO RESPICLICK 55/14 (brand for fluticasone-salmeterol) - Tier 2; QL* ANORO ELLIPTA - Tier 2; PA; QL COMBIVENT RESPIMAT - Tier 2; QL DULERA - Tier 2; QL *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1* *fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; 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 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
ipratropium-albuterol - Tier 1; QL STIOLTO RESPIMAT - Tier 2; QL *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; QL* *wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1* *wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL*	
Mast Cell Stabilizers - Drugs for the Lungs	
cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL *NASALCROM (brand for cromolyn sodium) - Tier 2; QL*	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1 *12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *24hr allergy & congestion reli (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL* *ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL* *ALLEGRA-D ALLERGY & CONGESTION (brand for 24hr allergy & congestion reli) - 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*	

Preferred Agents	Non-Preferred Agents
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 12 hour (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL* *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 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - 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 oral tablet extended release 24 hour (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 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*	

Preferred Agents	Non-Preferred Agents
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* *altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL* *anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *APRODINE (brand for cold & allergy d max strength) - Tier 2; AL* *benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL* *chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL* *CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL* *CLARITIN-D 24 HOUR (brand for allergy relief d) - Tier 2; QL* *cold & allergy - Tier 1* *cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1* *cold & allergy d max strength (generic for APRODINE) - Tier 1; AL* *cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; 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*	

Preferred Agents	Non-Preferred Agents
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 (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 cvs cough & chest congestion) - Tier 2* *DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL* *DELSYM COUGH/CHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2* *DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL* *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*	

Preferred Agents	Non-Preferred Agents
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 12 hour cough relief (generic for DELSYM) - Tier 1; QL* *ft allergy & congestion-d 12hr (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL* *ft allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL* *ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL* *ft cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - 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 oral tablet (generic for SUDOGEST) - Tier 1; QL* *ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *ft tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *g tussin ac - Tier 1; QL; AL*	

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-codeine - Tier 1; QL; AL* *guaifenesin-dm oral liquid 200-10 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1* *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* *loratadine-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 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*	

Preferred Agents	Non-Preferred Agents
meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL *MUCINEX COUGH CHILDRENS (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL* *MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL* *MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL* *MUCINEX FAST-MAX DM MAX (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2* *MUCINEX SINUS-MAX SINUS/ALLRGY (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* *mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL* *mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*	

Preferred Agents	Non-Preferred Agents
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 oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL* *mucus-dm (generic for MUCINEX DM) - Tier 1; QL* *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* *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*	

Preferred Agents	Non-Preferred Agents
nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1 *nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *NEBUSAL (brand for sodium chloride) - 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-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 (brand for sodium chloride) - Tier 2* *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 cvs cough & chest congestion) - Tier 2* *RYNEX DM (brand for cold & cough childrens) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
RYNEX PE - Tier 2 *rynex pse - Tier 1* *sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL* *sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *sodium chloride inhalation nebulization solution 0.9 % - Tier 1; QL* *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 HYPERSAL) - 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 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*	

Preferred Agents	Non-Preferred Agents
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL *tussin cough/chest dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL* *wal-fex d allergy & congestion oral tablet extended release 12 hour (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL*	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
chlorzoxazone oral tablet 250 mg, 500 mg - Tier 1; QL *cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL* *methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL* *orphenadrine citrate er - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Sleep Promoting Agents	
eszopiclone (generic for LUNESTA) - Tier 1; QL; AL *ROZEREM (brand for ramelteon) - Tier 2; ST; QL* *temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL; AL* *zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; AL* *zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL*	BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA; QL
Wakefulness Promoting Agents	
armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL *modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL*	*SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL* SUNOSI - Tier 2; PA; QL WAKIX - Tier 2; PA; QL *XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL*
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 *ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *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 ALIVE CALCIUM BONE SUPPORT) - 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-vita/fe drop) - 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
BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL *c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *calcium 600 - Tier 1; QL* *calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL* *calcium 600-vitamin d3 - Tier 1; QL* *calcium carbonate - Tier 1; QL* *calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL* *calcium 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* *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/ex 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*	

Preferred Agents	Non-Preferred Agents
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* *DEPLIN MA (brand for v-c forte) - Tier 2* *EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL* *effer-k oral tablet effervescent 25 meq - Tier 1; QL* *ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL* *FOLAGENT DHA (brand for v-c forte) - Tier 2* *FOLAMED DHA (brand for v-c forte) - Tier 2* *fruity c - Tier 1; QL* *ft calcium - Tier 1; QL* *ft childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *ft vitamin c (generic for SUNKIST VITAMIN C) - Tier 1; QL* *ft vitamin c/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *ft zinc chelated (generic for IS-ZC 50) - Tier 1; QL* *klor-con/ef - Tier 1; QL* K-PRIME - Tier 2; QL *little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *LIVITA ADULTS (brand for support) - Tier 2; QL* *MENATROL (brand for v-c forte) - Tier 2* *MERIBIN (brand for cvs biotin) - Tier 2*	

Preferred Agents	Non-Preferred Agents
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* *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 1250 (500 ca) mg, 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 formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *SUPPORT (brand for support) - Tier 2; QL* *true oyster shell calcium - Tier 1; QL* *TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *v-c forte (generic for VIC-FORTE) - Tier 1* *vic-forte (generic for VIC-FORTE) - Tier 1* *vit c/rose hips - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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 EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL* *vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin d (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* *WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	
b-1 - Tier 1; QL *b-12 oral tablet extended release - Tier 1* *b6 - Tier 1; QL* *cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL* *ft vitamin b-1 - Tier 1; QL* *ft vitamin b-12 pr - Tier 1* *ft vitamin b-6 - Tier 1; QL* *ft vitamin e - Tier 1; QL* *pyridoxine hcl oral - Tier 1; QL* *thiamine hcl oral - Tier 1; QL* TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; 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 (brand for cyanocobalamin) - Tier 2; PA; QL*

Index of Drugs

12 hour allergy-d 169
12 hour decongestant 175
12 hour nasal decongestant 175
12 hour nasal relief spray 175
12 hour nasal spray 175
12hr allergy relief 171
24 hour nasal allergy nasal aerosol 55 mcg/act 174
24hr allergy & congestion reli 175
24hr allergy relief 171
3 day vaginal 31
4-WAY FAST ACTING 165
8 hour arthritis pain 8
8 hour arthritis relief 8
8 hour pain relief oral tablet extended release 650 mg 8
8 hour pain reliever 8
8 hr arthritis pain relief 8
8hr arthritis pain relief 8
8hr muscle aches & pain 8
8hr muscle aches & pain relief 8
a-25 82
abacavir sulfate 44
abacavir sulfate-lamivudine 44
ABATINEX 93
ABILIFY ASIMTUFII 40
ABILIFY MAINTENA 40
abiraterone acetate oral tablet 250 mg 35
ABRYSVO 133
ABSORICA 63
ABSORICA LD 63
acamprosate calcium 17
acarbose oral 47
ACCU-CHEK AVIVA DEVICE 70
ACCU-CHEK AVIVA PLUS TEST STRIPS 70
ACCU-CHEK FASTCLIX LANCET KIT 70
ACCU-CHEK GUIDE CONTROL 70
ACCU-CHEK GUIDE KIT W/DEVICE 70
ACCU-CHEK GUIDE TEST STRIPS 70
ACCU-CHEK SMARTVIEW 70
ACCU-CHEK SMARTVIEW CONTROL 70
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 70
accutane 63
ACCUTREND GLUCOSE CONTROL 70
acetaminophen 8 hour 8
acetaminophen 8 hours 8
acetaminophen 8hr arth pain 8
acetaminophen 8hr musc ache 8
acetaminophen childrens 9
acetaminophen childrens oral suspension 160 mg/5ml 9
acetaminophen er 9
acetaminophen ex st oral liquid 500 mg/15ml 9
acetaminophen ex st oral tablet 500 mg 9
acetaminophen extra strength oral liquid 9
acetaminophen extra strength oral tablet 9
acetaminophen infants 9
acetaminophen oral liquid 160 mg/5ml 9
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml 9
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml 9
acetaminophen oral tablet 325 mg 9
acetaminophen oral tablet 500 mg 9
acetaminophen oral tablet chewable 160 mg 9
acetaminophen rectal suppository 120 mg 10
acetaminophen rectal suppository 650 mg 10
acetaminophen-codeine oral solution 120-12 mg/5ml 7
acetaminophen-codeine oral tablet 7
acetazolamide er 56
acetazolamide oral 56
acetic acid otic 156
acetylcysteine inhalation 165
acid controller oral tablet 10 mg 91
acid gone 93
acid reducer oral tablet 91
acid reducer oral tablet 200 mg 91
acid reducer oral tablet delayed release 92
acidophilus lactobacillus oral 93
acidophilus oral capsule , 10 mg 93
acidophilus probiotic oral capsule 10 mg 93
acidophilus probiotic oral tablet , 0.5 mg 93
acitretin 63
acne control cleanser 133
acne medication 10 external lotion 133
acne medication 5 external lotion 133
acne treatment external cream 10 % 133
ACTEMRA ACTPEN 127
ACTEMRA SUBCUTANEOUS 127
ACTHAR 115
ACTHIB 130
ACTIMMUNE 128
ACUVAIL 151
acyclovir oral 42
ADACEL 130
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML 128
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS 128
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS 128
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML 128
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML 128

ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML 128
ADALIMUMAB-RYVK (2 PEN) 128
ADALIMUMAB-RYVK (2 SYRINGE) 129
ADBRY 127
addaprin 4
ADDERALL 61
adefovir dipivoxil 42
ADEMPAS 164
ADMELOG 48
ADMELOG SOLOSTAR 48
ADTHYZA ORAL TABLET 120 MG, 15 MG 125
ADTHYZA ORAL TABLET 30 MG, 60 MG, 90 MG 125
adult 50+ probiotic 93
adult probiotic 93
adv acne spot treatment 133
ADVAIR HFA 174
advanced acne spot treat 133
advanced antacid 93
advanced healing external ointment 69
ADVATE 51
ADVIL 4
ADVIL COLD/SINUS 175
ADVIL JUNIOR STRENGTH 4
ADVIL LIQUI-GELS MINIS 4
ADVIL MIGRAINE 4
ADYNOVATE 52
ADZENYS XR-ODT 61
afirmelle 117
AFLURIA 133
AFLURIA PRESERVATIVE FREE 133
AFSTYLA 52
aftera 124
AGONEAZE 16
AIMOVIG 33
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML 33
AIRDUO RESPICLICK 113/14 174
AIRDUO RESPICLICK 232/14 174
AIRDUO RESPICLICK 55/14 174
AJOVY 33
ala-cort 64
ALAWAY 156
ALAWAY CHILDRENS ALLERGY 156
albendazole oral 37
albuterol sulfate hfa 163
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml 163
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml 163
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation 163
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION 163
albuterol sulfate oral syrup 163
ALCOHOL PREP PADS PAD , 70 % 133
ALCOHOL SWABS 134
ALDURAZYME 112
ALECENSA 148
alendronate sodium oral solution 133
alendronate sodium oral tablet 10 mg, 35 mg 133
alendronate sodium oral tablet 70 mg 133
alfuzosin hcl er 113
all day allergy d 169
all day allergy oral tablet 10 mg 158
all day allergy relief oral capsule 10 mg 158
all day allergy relief oral tablet 10 mg 171
all day allergy-d oral tablet extended release 12 hour 5-120 mg 169
all day pain relief 4
all day relief 4
ALLEGRA ALLERGY 171
ALLEGRA HIVES 24HR 171
ALLEGRA-D ALLERGY & CONGESTION 175
aller-chlor 171
allerclear 171
allerclear d-12hr 175
allerclear d-24hr 175
aller-ease oral tablet 180 mg 171
aller-fex 171
allerg rel child (lorat) 171
allerg relief child (lorat) 171
allergy & congestion oral tablet extended release 24 hour 10-240 mg 175
allergy & congestion relief 176
allergy (cetirizine) 158
allergy 24hour indoor/outdoor 158
allergy 24-hr 171
allergy childrens oral liquid 158
allergy childrens oral solution 171
allergy eye drops 156
allergy medication 158
allergy medicine 158
allergy nasal mist no drip 176
allergy oral capsule 25 mg 158
allergy oral liquid 12.5 mg/5ml 158
allergy oral tablet 25 mg 158
allergy oral tablet 4 mg 171
allergy rel child (loratadine) 171
allergy relief (cetirizine) oral tablet 10 mg 158
allergy relief (loratadine) oral tablet 171
allergy relief adult 158
allergy relief cetirizine 158
allergy relief child 171
allergy relief childrens oral liquid 12.5 mg/5ml 158
allergy relief childrens oral solution 5 mg/5ml 171
allergy relief childrens oral tablet chewable 12.5 mg 158

allergy relief childrens oral tablet chewable 5 mg 171
allergy relief d 12 hour 176
allergy relief d oral tablet extended release 12 hour 5-120 mg 169
allergy relief d oral tablet extended release 12 hour 60-120 mg 176
allergy relief d oral tablet extended release 24 hour 10-240 mg 176
allergy relief d-12 176
allergy relief d24 176
allergy relief d-24 176
allergy relief max st 158
allergy relief nasal decong oral tablet extended release 12 hour 169
allergy relief nasal decong oral tablet extended release 24 hour 176
allergy relief oral capsule 10 mg 172
allergy relief oral capsule 25 mg 158
allergy relief oral liquid 25 mg/10ml 158
allergy relief oral tablet 10 mg 172
allergy relief oral tablet 180 mg 172
allergy relief oral tablet 25 mg 159
allergy relief oral tablet 4 mg 172
allergy relief oral tablet 60 mg 172
allergy relief oral tablet chewable 12.5 mg 159
allergy relief oral tablet dispersible 10 mg 172
allergy relief oral tablet dispersible 5 mg 172
allergy relief oral tablet extended release 12 hour 5-120 mg 169
allergy relief(cetirizine) 159
allergy relief/indoor/outdoor oral tablet 180 mg 172
allergy relief/nasal decong 176
allergy relief/nasal decongest oral tablet extended release 12 hour 169
allergy relief/nasal decongest oral tablet extended release 24 hour 176
allergy relief-d oral tablet extended release 12 hour 5-120 mg 169, 176
allergy relief-d oral tablet extended release 24 hour 10-240 mg 176
allergy relief-d12 176
allergy spray 24 hour nasal aerosol 174
allergy/congestion relief 177
allergy-d allergy & conges 177
aller-tec 159
aller-tec d 170
allopurinol oral tablet 100 mg, 300 mg 32
almacone double strength 93
ALOGLIPTIN BENZOATE 47
ALOGLIPTIN-METFORMIN HCL 47
ALOGLIPTIN-PIOGLITAZONE 47
ALORA 117
ALPHAGAN P 151
ALPHANATE 52
ALPHANINE SD 52
alprazolam er 45
alprazolam intensol 45
alprazolam oral 45
alprazolam xr 45
ALPROLIX 52
altachlore ophthalmic ointment 152
altachlore ophthalmic solution 152
altafrin 149
altalube 152
altamist spray 165
altarussin 165
altarussin dm 177
altavera 117
ALTRIXA 82
ALTUVIIIO 134
alum & mag hydroxide-simeth 93
ALUNBRIG 148
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT 161
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT 161
alyacen 1/35 117
alyacen 7/7/7 117
alyq 164
amantadine hcl oral capsule 39
ambrisentan 164
amethyst 117
amiloride hcl oral 57
amiloride-hydrochlorothiazide 56
aminocaproic acid oral 51
aminofen 10
amiodarone hcl oral 54
amitriptyline hcl oral 28
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML 129
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML 129
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML 129
AMLADEX 82
amlodipine besylate oral 55
ammonium lactate external 64
amnesteem 63
amoxapine 28
amoxicillin 22
amoxicillin-potassium clavulanate 22
amphetamine-dextroamphetamine 61
amphetamine-dextroamphetamine er 61
ampicillin 22
anagrelide hcl 50
ANASPAZ 134
anastrozole oral 35
ANDROGEL PUMP 117
ANECREAM EXTERNAL CREAM 16
anefrin spray 177
animal shapes complete 186
ANNOVERA 117

ANODYNE LPT 16
ANORO ELLIPTA 174
antacid & anti-gas max str 93
antacid & anti-gas oral suspension 200-200-20 mg/5ml 93
antacid & antigas oral suspension 2400-2400-240 mg/30ml 93
antacid & anti-gas oral suspension 400-400-40 mg/5ml 93
antacid & gas relief 93
antacid anti-gas 93
antacid anti-gas max strength 93
antacid calcium 93
antacid calcium rich 93
antacid extra str 94
antacid extra strength oral suspension 94
antacid extra strength oral tablet chewable 160-105 mg 94
antacid extra strength oral tablet chewable 750 mg 94
antacid fast relief 94
antacid i 94
antacid iii 94
antacid kids 94
antacid liquid 94
antacid m 94
antacid maximum 94
antacid maximum strength 94
antacid maximum strength oral tablet chewable 1000 mg 94
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml 94
antacid oral tablet chewable 1000 mg 94
antacid oral tablet chewable 500 mg 94
antacid oral tablet chewable 750 mg 94
antacid plus antigas 95
antacid regular strength oral suspension 200-200-20 mg/5ml 95
antacid ultra strength 95
antacid ultra strength oral tablet chewable 1000 mg 95
antacid/antigas 95
antacid/anti-gas max st 95
antacid/anti-gas oral suspension 200-200-20 mg/5ml 95
antacid/anti-gas oral suspension 400-400-40 mg/5ml 95
antacid/gas relief max st 95
antibiotic 134
antibiotic external ointment 3.5-400-5000 23
anti-diarr/ant-gas 95
anti-diarrheal anti-gas oral tablet 2-125 mg 95
anti-diarrheal oral solution 1 mg/7.5ml 90
anti-diarrheal oral suspension 262 mg/15ml 95
anti-diarrheal oral tablet 2 mg 90
anti-diarrheal/anti-gas 95
antifungal (tolnaftate) 134
antifungal external cream 31
antifungal external powder 31
antifungal foot care 31
anti-gas oral capsule 180 mg 95
anti-hist allergy 159
anti-itch aloe 64
anti-itch intensive heal 64
anti-itch max str external cream 1 % 64
anti-itch maximum strength external cream 1 % 64
anti-nausea 30
anti-nausea relief 30
antiseptic 23
ANTIVERT ORAL TABLET CHEWABLE 29
ANUSOL-HC EXTERNAL 132
ANZEMET 30
apap-caff-dihydrocodeine 7
APIDRA SOLOSTAR 48
APIDRA VIAL 48
apra 10
apraclonidine hcl 151
aprepitant 30
apri 117
APRISO 132
APRODINE 177
APTIOM 26
aqueous vitamin d 82
aranelle 117
ARANESP (ALBUMIN FREE) 50
AREXVY 134
aripiprazole oral tablet 40
ARISTADA 40
ARISTADA INITIO 40
armodafinil 186
ARMOUR THYROID 125
ARNUITY ELLIPTA 161
arthritis pain oral tablet extended release 650 mg 10
arthritis pain relief oral tablet extended release 650 mg 10
arthritis pain reliever oral 10
arthritis pain relieving 134
artificial tears ophthalmic solution 152
artificial tears pf 152
ascomp-codeine 7
ascorbic acid oral liquid 186
ascorbic acid oral tablet 500 mg 186
ASMANEX (120 METERED DOSES) 161
ASMANEX (14 METERED DOSES) 161
ASMANEX (30 METERED DOSES) 161
ASMANEX (60 METERED DOSES) 161
ASMANEX HFA 161
ASPERFLEX LIDOCAINE EXTERNAL CREAM 16
aspirin childrens 134
aspirin ec adult low dose 134
aspirin ec oral tablet 325 mg 134
aspirin ec oral tablet delayed release 325 mg 134

aspirin ec oral tablet delayed release 81 mg ... 134
aspirin oral tablet 325 mg ... 134
aspirin oral tablet chewable 81 mg ... 134
aspirin oral tablet delayed release 325 mg 134
aspirin oral tablet delayed release 81 mg .. 134
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG ... 134
aspirin rectal suppository 300 mg ... 134
aspirin regimen ... 135
astringent ... 69
astringent eye drops ... 152
astringent solution ... 69
atazanavir sulfate ... 44
atenolol oral ... 55
atenolol-chlorthalidone ... 56
athletes foot (terbinafine) ... 31
athletes foot (tolnaftate) external aerosol powder 1 % ... 135
athletes foot (tolnaftate) external cream 1 % ... 135
athletes foot external cream 1 % ... 31
athletes foot external powder 2 % ... 31
athletes foot powder spray external aerosol powder 1 % ... 135
athletes foot relief ... 135
athletes foot spray external aerosol 2 % ... 31
atomoxetine hcl ... 60
ATORVALIQ ... 58
atorvastatin calcium oral ... 58
atovaquone ... 38
atovaquone-proguanil hcl ... 38
atropine sulfate ophthalmic solution 1 % ... 149
ATROVENT HFA ... 162
aubra eq ... 117
AUGMENTIN ORAL SUSPENSION RECONSTITUTED ... 22
AUM ALCOHOL PREP PADS ... 135
aurovela 1.5/30 ... 117
aurovela 1/20 ... 117
aurovela 24 fe ... 117
aurovela fe 1.5/30 ... 117
aurovela fe 1/20 ... 117
AURYXIA ... 81
AUSTEDO ... 61
AUSTEDO XR ... 61
AUSTEDO XR PATIENT TITRATION ... 61
AUVI-Q ... 163
AVEDANA GLYCERIN (ADULT) ... 107
aviane ... 117
AVONEX PEN ... 62
AVONEX PREFILLED ... 62
AXONA ... 135
AYR ... 165
AYR SALINE NASAL DROPS ... 165
ayuna ... 118
AZASITE ... 150
azathioprine oral tablet 50 mg ... 129
azelaic acid external ... 63
azelastine hcl nasal ... 159
azelastine hcl ophthalmic ... 150
azithromycin oral ... 22
azo ... 114
AZO VAGINAL HEALTH PROBIOTIC ... 96
AZSTARYS ... 61
azurette ... 118
b complex vitamins ... 82
b complex-b12 ... 82
b-1 ... 191
b-12 oral tablet extended release ... 191
b6 ... 191
BABY AYR SALINE ... 165
baby basics diaper rash ... 69
bac ... 7
bacitracin external ... 135
bacitracin ophthalmic ... 150
bacitracin zinc external ... 135
bacitracin zinc first aid ... 135
bacitracin zinc-aloe ... 135
bacitracin-polymyxin b ... 150
bacitra-neomycin-polymyxin-hc ... 149
baclofen oral tablet 10 mg, 20 mg, 5 mg ... 42
BAFIERTAM ... 62
BALCOLTRA ... 118
BALVERSA ... 36
balziva ... 118
banophen oral capsule 25 mg ... 159
banophen oral tablet ... 159
BANZEL ... 26
BAQSIMI ONE PACK ... 48
BAQSIMI TWO PACK ... 48
BARACLUDE ORAL SOLUTION ... 42
BAYER ASPIRIN ... 135
BAYER LOW DOSE ORAL TABLET CHEWABLE ... 135
baza antifungal ... 31
BCAD 1 ... 135
BCAD 2 ... 135
b-complex oral tablet ... 82
b-complex with b-12 ... 82
b-complex/b-12 oral ... 82
BD AUTOSHIELD DUO PEN NEEDLES ... 70
BD ECLIPSE NEEDLE 25G X 5/8" ... 135
BD ULTRA-FINE INSULIN SYRINGES ... 70
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML ... 135
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ... 135
BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML . 135
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML ... 135
BD ULTRA-FINE PEN NEEDLES ... 70
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM ... 135

BD ULTRA-FINE PEN NEEDLES 31G X 8 MM 135
beauty 360 pure glycerin 69
beauty 360 soothing bath 69
BELBUCA 6
BELSOMRA 186
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 159
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE 159
BENADRYL ALLERGY ORAL TABLET 159
BENADRYL ALLERGY ULTRATABS 159
benazepril hcl oral 54
benazepril-hydrochlorothiazide 56
BENEFIX 52
BENZAC AC WASH 135
BENZNIDAZOLE 38
benzonatate oral capsule 100 mg, 200 mg 177
benzoyl peroxide external gel 2.5 % 135
benzoyl peroxide external liquid 135
benzoyl peroxide wash external liquid 5 % 136
benztropine mesylate oral 39
BERINERT 126
BESIVANCE 150
BETADINE EXTERNAL SOLUTION 10 % ... 23
betaine 112
betamethasone dipropionate aug external cream 64
betamethasone dipropionate external cream 64
betamethasone dipropionate external lotion 64
betamethasone dipropionate external ointment 64
betamethasone valerate external cream 64
betamethasone valerate external lotion 64
betamethasone valerate external ointment .. 64
BETASERON 62
betatemp childrens 10
betaxolol hcl ophthalmic 151
bethanechol chloride oral 114
BETHKIS 163
BETIMOL 151
BETOPTIC-S 151
BEVESPI AEROSPHERE 174
bexarotene 36
BEXSERO 130
BEYAZ 118
bicalutamide 35
BICILLIN L-A 22
BIJUVA ORAL CAPSULE 1-100 MG 118
BIKTARVY 43
BILTRICIDE 37
BINAXNOW COVID-19 AG HOME TEST .. 136
BIOLLE TEARS 152
BION TEARS PF 152
biotin forte oral tablet 5 mg 186
biotin oral capsule 5000 mcg 186
biotin oral tablet 5 mg 186
BIOTINEX 96
bisacodyl ec 136
bisacodyl laxative 136
bisacodyl oral tablet delayed release 5 mg 136
bisacodyl rectal 136
bismuth 96
bismuth subsalicylate oral 96
bisoprolol fumarate oral 55
bisoprolol-hydrochlorothiazide 56
BIVIGAM 127
BLACK-DRAUGHT LAX-SENNA 107
blisovi 24 fe 118
blisovi fe 1.5/30 118
blisovi fe 1/20 118
BLOOD GLUCOSE TEST STRIPS 71
BOLSITOL 96
BONINE 29
boro-packs 69
BOSULIF ORAL CAPSULE 148
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % 69
bp wash external liquid 2.5 % 136
b-plex plus 186
BPROTECTED PEDIA D-VITE 82
BPROTECTED PEDIA IRON 76
BPROTECTED PEDIA POLY-VITE 186
BPROTECTED PEDIA POLY-VITE/FE 186
BPROTECTED VITAMIN C 186
BREATHE COMFORT HUMIDIFIER 136
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT 174
BREZTRI AEROSPHERE 174
briellyn 118
BRILINTA ORAL TABLET 60 MG 51
BRILINTA ORAL TABLET 90 MG 51
brimonidine tartrate ophthalmic solution 0.15 % 151
brimonidine tartrate ophthalmic solution 0.2 % 151
brinzolamide 151
BRIVIACT ORAL 24
BRIXADI 17
BRIXADI (WEEKLY) 17
bromocriptine mesylate oral 39
bromphen-pseudoeph-dm 165
BRONCHITOL 62
BRUKINSA 148
BRYHALI 64
BUCKLEYS CHEST CONGESTION 165
budesonide inhalation 161
budesonide oral 132
BUFFERIN 15
bumetanide oral 57
buprenorphine hcl sublingual 8
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 17
bupropion hcl er (smoking det) 18

bupropion hcl er (sr) 27
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg 27
bupropion hcl oral 27
buspirone hcl oral 45
butalbital-acetaminophen oral tablet 50-325 mg 7
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg 7
butalbital-apap-caffeine oral tablet 7
butalbital-asa-caff-codeine 7
butalbital-aspirin-caffeine 7
butorphanol tartrate nasal 7
BYDUREON BCISE AUTOINJECTOR 47
BYETTA 10 MCG PEN 47
BYETTA 5 MCG PEN 47
BYLVAY 91
BYLVAY (PELLETS) 91
c 500/rose hips 187
cabergoline 125
CABLIVI 51
CABOMETYX 148
caffeine citrate oral 61
cal mag zinc +d3 76
calamine external 70
calamine external lotion 136
calamine-zinc oxide external lotion 70
calcipotriene external cream 67
calcipotriene external ointment 67
calcipotriene external solution 67
calcitonin (salmon) nasal 133
calcitriol external 67
calcitriol oral capsule 133
calcitriol oral solution 133
calcium + vitamin d3 oral tablet 500-5 mg-mcg 76
calcium + vitamin d3 oral tablet 600-10 mg-mcg 76
calcium 500/vitamin d3 76
calcium 600 187
calcium 600/vit d/minerals oral tablet 600-200 mg-unit 76
calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit 76
calcium 600/vitamin d 76
calcium 600/vitamin d-3 76
calcium 600+d oral tablet 600-10 mg-mcg ... 76
calcium 600+d oral tablet 600-5 mg-mcg ... 187
calcium 600-vitamin d3 187
calcium acetate (phos binder) 81
calcium acetate oral tablet 667 mg 81
calcium antacid 96
calcium antacid extra strength 96
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg 76
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg 76
calcium carbonate 187
calcium carbonate antacid oral suspension . 96
calcium carbonate antacid oral tablet 96
calcium carbonate antacid oral tablet chewable 96
calcium carbonate oral tablet 1500 (600 ca) mg 187
calcium carbonate oral tablet chewable 1250 (500 ca) mg 187
calcium cit plus vit d-3 76
calcium citrate + d3 maximum 76
calcium citrate +d3 76
calcium citrate oral tablet 950 (200 ca) mg .. 76
calcium citrate plus vit d 76
calcium citrate+d oral tablet 315-6.25 mg-mcg 77
calcium citrate+d3 oral tablet 77
calcium citrate+d3 w/magne 77
calcium citrate-vit d 77
calcium citrate-vitamin d oral tablet 315-5 mg-mcg 77
calcium fast dissolution 187
calcium high potency 187
calcium high potency/vitamin d 77
calcium oral tablet 1500 (600 ca) mg 187
calcium oyster shell oral tablet 1250 (500 ca) mg 187
calcium plus vitamin d 77
calcium plus vitamin d3 77
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg 187
calcium/minerals/vitamin d 77
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg 77
cal-gest antacid 96
CALQUENCE 136
camila 123
camrese 118
camrese lo 118
capecitabine 37
CAPRELSA 148
capsaicin external cream 0.025 % 136
capsaicin external cream 0.075 % 136
capsaicin external cream 0.1 % 136
capsaicin hp 136
capsaicin pain relief 136
CAPSAID ES ARTHRITIS RELIEF 136
captopril oral 54
captopril-hydrochlorothiazide 56
CAPVAXIVE 136
capzix 136
carbamazepine er 26
carbamazepine oral suspension 100 mg/5ml 26
carbamazepine oral tablet 26
carbamazepine oral tablet chewable 26
CARBATROL 26
carbidopa-levodopa er 39
carbidopa-levodopa oral tablet 39

carboxymethylcellulose sodium ophthalmic solution 152
CAREPOINT POLY HUB NEEDLE 18G X 1" 50
CAREPOINT POLY HUB NEEDLE 25G X 5/8" 136
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" 136
CARESENS CONTROL SOLUTION A/B 71
CARESTART COVID-19 HOME TEST 137
CARETOUCH CONTROL SOL LEVEL 2 71
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" 137
carglumic acid 74
carteolol hcl 151
cartia xt 56
carvedilol 55
CASTIVA WARMING 137
CAYA 137
cefaclor oral capsule 21
cefadroxil 21
cefazolin sodium injection solution reconstituted 1 gm 21
cefdinir 21
cefixime 21
cefpodoxime proxetil 21
cefprozil 21
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg 21
cefuroxime axetil 21
celecoxib oral 4
CELONTIN 25
cephalexin oral capsule 250 mg, 500 mg 21
cephalexin oral capsule 750 mg 21
cephalexin oral suspension reconstituted 21
cephalexin oral tablet 250 mg 21
cephalexin oral tablet 500 mg 21
CEPROTIN 50
CEQUA 149
CERDELGA 112
cerovite jr 187
cetiri-d 170
cetirizine allergy relief 159
cetirizine hcl oral solution 159
cetirizine hcl oral tablet 159
cetirizine hcl oral tablet chewable 159
cetirizine-pseudoephedrine er 170
chateal eq 118
CHEMET 81
CHEMSTRIP 10 MD 71
CHEMSTRIP 10/SG 71
CHEMSTRIP 2 GP 71
CHEMSTRIP 5 OB 71
CHEMSTRIP 7 71
CHEMSTRIP 9 71
CHEMSTRIP K 71
CHEMSTRIP UGK 71
chest congestion relief dm oral syrup 177
chest congestion relief oral liquid 165
chest congestion relief oral tablet 165
chewable c 187
chewable c with rose hips 187
chewable childrens vitamin 187
chewy not chalky flavor 96
childrens allergy oral liquid 12.5 mg/5ml 159
childrens animal shapes 187
childrens apap 10
childrens aspirin oral tablet chewable 81 mg 137
childrens chewable vitamins 187
childrens chewables/ex c 187
childrens chewables/iron 187
childrens complete oral tablet chewable 18 mg 187
childrens loratadine 172
childrens non-aspirin 10
childrens soothe 96
childrens vitamins/extra c 187
childrens vitamins/iron 188
childs non-aspirin 10
chlordiazepoxide hcl 45
chlorhexidine gluconate mouth/throat 63
chloroquine phosphate oral 38
chlor-pheniramine 172
chlorpheniramine maleate 172
chlorpheniramine maleate oral 172
chlorpromazine hcl oral tablet 40
chlorthalidone 57
chlorzoxazone oral tablet 250 mg, 500 mg 185
CHOLBAM 112
cholestyramine light oral packet 58
cholestyramine light oral powder 58
cholestyramine oral packet 58
cholestyramine oral powder 58
CIBINQO 70
ciclodan 68
ciclopirox external solution 68
ciclopirox olamine external cream 68
cilostazol 51
CIMDUO 44
cimetidine oral tablet 200 mg 91
cimetidine oral tablet 300 mg, 400 mg, 800 mg 91
cinacalcet hcl 133
CINRYZE 126
CIPRO HC 156
CIPRO ORAL SUSPENSION RECONSTITUTED 22
ciprofloxacin hcl ophthalmic 150
ciprofloxacin hcl oral 22
ciprofloxacin hcl otic 156
ciprofloxacin-dexamethasone 156
citalopram hydrobromide oral solution 28
citalopram hydrobromide oral tablet 28
citroma 107
CITRUCEL 107
claravis 63

clarithromycin er 22
clarithromycin oral 22
CLARITIN CHILDRENS 172
CLARITIN ORAL TABLET CHEWABLE 5 MG 172
CLARITIN-D 12 HOUR 177
CLARITIN-D 24 HOUR 177
classic prenatal 82
c-lax laxative 137
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID 137
CLEARCANAL EARWAX SOFTENER 157
CLEARDETECT COVID-19 AG HOME 137
clearlax oral powder 17 gm/scoop 104
clearskin 137
clemastine fumarate oral 159
CLENPIQ 90
CLEOCIN VAGINAL SUPPOSITORY 20
CLIMARA 118
CLIMARA PRO 118
clindacin etz external swab 68
clindacin-p 68
clindamycin hcl oral 20
clindamycin palmitate hcl 20
clindamycin phos-benzoyl perox external gel 1.2-5 % 63
clindamycin phosphate external gel 68
clindamycin phosphate external lotion 68
clindamycin phosphate external solution 68
clindamycin phosphate external swab 68
clindamycin phosphate vaginal 20
CLINDESSE 20
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 157
CLINITEST RAPID COVID-19 TEST KIT IN VITRO 137
clobazam 25
clobetasol propionate e 64
clobetasol propionate external cream 64
clobetasol propionate external gel 64
clobetasol propionate external ointment 64
clobetasol propionate external shampoo 64
clobetasol propionate external solution 64
CLOBEX 64
CLOBEX SPRAY 64
clodan 64
clomipramine hcl oral 28
clonazepam oral tablet 45
clonazepam oral tablet dispersible 45
clonidine 53
clonidine hcl er 60
clonidine hcl oral 53
clopidogrel bisulfate oral 51
clorazepate dipotassium 45
clotrimazole 3 31
clotrimazole 7 31
clotrimazole external cream 1 % 68
clotrimazole external solution 1 % 68
clotrimazole mouth/throat troche 10 mg 30
clotrimazole vaginal cream 1 % 31
clotrimazole-betamethasone external cream 67
clozapine 41
COAGADEX 52
COARTEM 38
codeine sulfate 7
COLACE 107
colchicine oral tablet 32
cold & allergy 177
cold & allergy childrens oral elixir 1-15 mg/5ml 177
cold & allergy d max strength 177
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml 177
cold & sinus 177
cold & sinus relief oral tablet 30-200 mg 177
cold/cough 177
cold/cough childrens 177
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml 177
cold/cough dm oral liquid 2.5-1-5 mg/5ml 177
colestipol hcl oral tablet 58
col-rite oral capsule 250 mg 107
COMBIGAN 149
COMBIVENT RESPIMAT 174
COMETRIQ (100 MG DAILY DOSE) 148
COMETRIQ (140 MG DAILY DOSE) 148
COMETRIQ (60 MG DAILY DOSE) 148
comfort gel 96
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml 96
COMIRNATY 137
COMPLERA 43
complete allergy 160
complete allergy medicine 160
complete allergy medicine oral capsule 160
complete allergy relief 160
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG 60
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG 60
CONDOMS 137
constulose 89
CONTOUR NEXT EZ KIT W/DEVICE 71
CONTOUR NEXT GEN MONITOR KIT 71
CONTOUR NEXT GEN TEST STRIPS 71
CONTOUR NEXT MONITOR KIT W/DEVICE 71
CONTOUR NEXT ONE KIT 71
CONTOUR TEST STRIPS 71
COOL MIST HUMIDIFER 137
COPAXONE 62
CORIFACT 52
CORLANOR 56
corn & callus remover 137
corn and callus remover 137
CORTIFOAM 132

cortisone maximum strength external cream 1 % 64
cortisone maximum strength external gel 1 % 64
CORTROPHIN 115
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML 127
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML 127
COSOPT PF 149
COTELLIC 36
cough & chest congestion 178
cough & cold 165
cough & cold hbp oral tablet 4-30 mg 165
cough childrens 178
cough dm childrens 178
cough dm er 178
cough dm oral suspension extended release 30 mg/5ml 178
cough relief oral syrup 15 mg/5ml 166
cough/cold hbp 166
COVID-19 AT HOME ANTIGEN TEST 137
COVID-19 AT HOME TEST KIT 138
COVID-19 AT-HOME TEST KIT IN VITRO 138
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 3000-9500 UNIT 112
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT 112
CRESEMBA ORAL CAPSULE 186 MG 138
cromolyn sodium inhalation 163
cromolyn sodium nasal 175
cromolyn sodium ophthalmic 150
CROTAN 67
cryselle-28 118
CULTURELLE ADULT ULT BALANCE 138
CULTURELLE DIGESTIVE DAILY PRO 138
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 138
CULTURELLE HEALTH (INULIN) 138
CULTURELLE ULTIMATE STRENGTH 138
CULTURELLE WOMENS 4 IN 1 96
curae 124
CURANOL 10
CURELIEF 160
cyanocobalamin injection solution 1000 mcg/ml 191
cyclobenzaprine hcl oral tablet 10 mg, 5 mg 185
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % 149
cyclopentolate hcl ophthalmic 149
cyclophosphamide oral capsule 34
CYCLOPHOSPHAMIDE ORAL TABLET 34
cycloserine oral 34
cyclosporine modified 129
cyclosporine oral 129
cyproheptadine hcl oral 160
CYSTAGON 112
CYSTARAN 149
d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) 82
d3 high potency oral capsule 250 mcg (10000 ut) 82
d3 max st 82
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) 82
d3 oral capsule 125 mcg (5000 ut) 82
d3 oral capsule 25 mcg (1000 ut) 82
d3 oral capsule 250 mcg (10000 ut) 82
d-3-5 82
d3-50 82
dabigatran etexilate mesylate 50
daily acne wash 138
daily fiber oral capsule 0.52 gm 104
daily fiber oral powder 43 % 104
daily multiple vitamins 82
daily multivitamins/iron 188
daily vitamins 83
daily vite 83
daily vites 83
daily-vite 83
dairy aid 96
dairy digestive fast acting oral tablet 96
dairy relief fast acting oral tablet 9000 unit 96
dairy relief oral tablet 3000 unit 96
dalfampridine er 62
danazol oral 117
dantrolene sodium oral 42
dapsone oral 34
DAPTACEL 130
darunavir 138
dasetta 1/35 (28) 118
dasetta 7/7/7 118
DAYHIST ALLERGY 12 HOUR RELIEF 160
DAYVIGO 186
deblitane 123
DECARA ORAL CAPSULE 1.25 MG (50000 UT) 83
DECARA ORAL CAPSULE 625 MCG (25000 UT) 83
deep sea nasal spray 166
deferasirox granules 81
deferasirox oral packet 81
deferasirox oral tablet 81
deferasirox oral tablet soluble 81
deferiprone 81
DELSTRIGO 43
DELSYM CGH/CHEST CONG DM CHILD 178
DELSYM COUGH CHILDRENS 178
DELSYM COUGH/CHEST CONGEST DM 178
DELSYM ORAL SUSPENSION EXTENDED RELEASE 178

delyla 118
demeclocycline hcl 23
DENGVAXIA 131
DENTA 5000 PLUS 74
DENTAGEL 74
DEPEN TITRATABS 114
DEPLIN MA 188
DEPO-ESTRADIOL 118
DERMA-SMOOTHE/FS BODY 65
DERMA-SMOOTHE/FS SCALP 65
DERMELEVE ADVANCED FORMULA 138
DESCOVY 44
DESENEX EXTERNAL POWDER 31
DESGEN DM ORAL LIQUID 170
desipramine hcl oral 28
desmopressin ace spray refrig 116
desmopressin acetate injection 116
desmopressin acetate oral 116
desmopressin acetate pf 116
desmopressin acetate spray 116
desogestrel-ethinyl estradiol 118
DESPEC DM 170
DESPEC DM-G 170
DETROL 113
dexamethasone intensol 115
dexamethasone oral elixir 115
dexamethasone oral solution 115
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg 115
dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg 115
dexamethasone oral tablet therapy pack ... 115
dexamethasone sodium phosphate ophthalmic 151
DEXCOM G6 RECEIVER 71
DEXCOM G6 SENSOR 71
DEXCOM G6 TRANSMITTER 138
DEXCOM G7 RECEIVER 71
DEXCOM G7 SENSOR 71
dexmethylphenidate hcl 60
dexmethylphenidate hcl er 60
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg 61
dextromethorphan polistirex er 178
dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml 178
dextromethorphan-guaifenesin oral syrup .. 178
DHIVY 39
DIALYVITE 800 ORAL TABLET 83
DIALYVITE OMEGA-3 CONCENTRATE ... 138
DIALYVITE VITAMIN D 5000 83
diamode 90
diaper rash external ointment 69
diarrhea 96
diarrhea relief 97
DIATRUST COVID-19 HOME TEST 138
diazepam intensol 45
diazepam oral 45
diazepam rectal 25
dibromm childrens cold/cgh 178
diclofenac potassium oral tablet 50 mg 4
diclofenac sodium er 4
diclofenac sodium external gel 1 % 4
diclofenac sodium external solution 1.5 % 4
diclofenac sodium ophthalmic 151
diclofenac sodium oral 4
dicloxacillin sodium 22
dicyclomine hcl oral capsule 90
dicyclomine hcl oral tablet 90
DIFICID 22
diflunisal oral 4
digestive probiotic oral capsule 97
digestive probiotic oral capsule 250 mg 97
digoxin oral solution 56
digoxin oral tablet 125 mcg, 250 mcg 56
dihydroergotamine mesylate solution 4 mg/ml nasal 33
DILANTIN ORAL CAPSULE 30 MG 26
diltiazem hcl er beads 56
diltiazem hcl er coated beads 56
diltiazem hcl er oral capsule extended release 12 hour 56
diltiazem hcl er oral capsule extended release 24 hour 56
diltiazem hcl oral 56
dilt-xr 56
dimaphen dm cold/cough 178
DIMETAPP COUGH & ALLERGY CHILD .. 160
dimethyl fumarate oral 62
dimethyl fumarate starter pack 62
DIPENTUM 132
diphedryl allergy 160
diphen 160
diphenhydramine hcl childrens 160
diphenhydramine hcl injection 160
diphenhydramine hcl oral 160
diphenoxylate-atropine oral liquid 90
diphenoxylate-atropine oral tablet 90
dipyridamole oral 51
disopyramide phosphate 54
disulfiram oral tablet 250 mg 17
disulfiram oral tablet 500 mg 17
DIURIL 57
divalproex sodium er 46
divalproex sodium oral capsule delayed release sprinkle 46
divalproex sodium oral tablet delayed release 46
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM 118
DIVIGEL TRANSDERMAL GEL 1 MG/GM 118
dm maximum adult 178
docosanol external 70
docusate calcium 107
docusate mini 107
docusate sodium oral 107

DOCUZEN 107
dofetilide 54
dolishale 118
donepezil hcl oral tablet 10 mg, 5 mg 27
donepezil hcl oral tablet 23 mg 27
DOPTELET 51
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC 151
dorzolamide hcl solution 2 % ophthalmic ... 151
dorzolamide hcl-timolol mal 149
dorzolamide hcl-timolol mal pf 149
dotti 118
double antibiotic external ointment 500-10000 unit/gm 138
DOVATO 43
doxazosin mesylate oral 53
doxepin hcl oral capsule 28
doxepin hcl oral concentrate 28
doxycycline hyclate oral capsule 23
doxycycline hyclate oral tablet 100 mg 23
doxycycline hyclate oral tablet 20 mg 23
doxycycline hyclate oral tablet delayed release 200 mg 23
doxycycline monohydrate oral capsule 100 mg 23
doxycycline monohydrate oral capsule 50 mg 23
DR SMITHS DIAPER 69
driminate 29
dronabinol 30
DROPSAFE ALCOHOL PREP 139
drospirenone-ethinyl estradiol 118
DROXIA 50
dry-eye relief nighttime 152
dss 107
DUAVEE 118
DULERA 174
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg 61
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 127
DUREX EXTRA SENSITIVE THIN 139
DUREX TROPICAL 139
dutasteride oral 113
D-VI-SOL 83
d-vite pediatric 83
DYMISTA 160
E.E.S. 400 22
ear drops otic solution 6.5 % 157
ear wax kit 157
ear wax removal 157
ear wax removal system 157
earwax removal 157
earwax removal drops 157
earwax removal kit otic solution 6.5 % 157
EASIVENT 139
EASIVENT MASK LARGE 139
EASIVENT MASK MEDIUM 139
EASIVENT MASK SMALL 139
EASY TOUCH HEALTHPRO HIGH/LOW 71
EASY-C IMMUNE HEALTH 188
EASYGEL 74
easy-lax plus 107
EASYMAX 15 LEVEL 2 CONTROL 71
EASYMAX 15 LEVEL 2-3 CONTROL 71
ec-naproxen 4
econtra one-step 124
ED A-HIST ORAL LIQUID 170
ed bron gp 166
ed chlorped jr 172
ed-apap 10
EDARBI 53
EDARBYCLOR 56
EDURANT 43
efavirenz 43
efavirenz-emtricitab-tenofo df 43
efavirenz-lamivudine-tenofovir 43
effer-k oral tablet effervescent 25 meq 188
ELAPRASE 112
electrolyte 77
electrolyte adv care 77
electrolyte solution 77
ELELYSO 112
ELESTRIN 118
eletriptan hydrobromide 33
elinest 118
ELIQUIS 50
ELIQUIS DVT/PE STARTER PACK 50
elixophyllin 164
ELLA 123
ELLUME COVID-19 HOME TEST 139
ELMIRON 114
ELOCTATE 52
EMETROL ORAL SOLUTION 30
EMGALITY 33
EMGALITY (300 MG DOSE) 33
EMPAVELI 139
emtricitabine 44
emtricitabine-tenofovir df 44
EMTRIVA ORAL SOLUTION 44
EMVERM 37
enalapril maleate oral solution 54
enalapril maleate oral tablet 54
enalapril-hydrochlorothiazide 56
ENBREL 129
ENDACOF-DM 179
ENDARI 74
endocet 7
enema 97
enema disposable 97
enema mineral oil 104
enema ready-to-use 97
enema rectal enema 16-6 gm/133ml 97
ENEMEEZ MINI 107
ENFAMIL ENFALYTE 77
ENFAMIL EXPECTA 83
ENGERIX-B 130

enoxaparin sodium 50
enpresse-28 118
enskyce 118
ENSTILAR 67
entacapone 39
enteric aspirin 139
ENTRESTO 56
enulose 89
EPCLUSA ORAL PACKET 42
EPCLUSA ORAL TABLET 200-50 MG 42
EPCLUSA ORAL TABLET 400-100 MG 42
EPIDIOLEX 24
EPIDUO FORTE 63
epinephrine solution auto-injector 0.15 mg/0.3ml injection 163
epinephrine solution auto-injector 0.3 mg/0.3ml injection 163
EPIPEN 2-PAK 163
EPIPEN JR 2-PAK 163
epitol 26
eplerenone 57
EPOGEN 50
ergocalciferol oral capsule 188
ERIVEDGE 36
ERLEADA 35
erlotinib hcl 148
ERMEZA 124
errin 123
erythromycin base oral 22
erythromycin ethylsuccinate oral 22
erythromycin external solution 68
erythromycin ophthalmic 150
erythromycin oral 22
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML 40
escitalopram oxalate oral tablet 28
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg 92
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT 52
essential one daily 83
essentials 83
estarylla 118
estradiol oral 118
estradiol transdermal gel 0.5 mg/0.5gm 118
estradiol transdermal gel 1 mg/gm 119
estradiol transdermal patch twice weekly 119
estradiol transdermal patch weekly 119
estradiol vaginal 119
ESTRING 119
eszopiclone 186
ethambutol hcl oral tablet 100 mg 34
ethambutol hcl oral tablet 400 mg 34
ethosuximide oral 25
ethynodiol diac-eth estradiol 119
etodolac 4
etoposide oral 35
etravirine 43
EUCRISA 65
EULEXIN 35
euthyrox 124
EVAC 104
EVAMIST 119
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg 129
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg 36
everolimus oral tablet soluble 36
EVOTAZ 44
EXCEDRIN EXTRA STRENGTH 10
EXCEDRIN MIGRAINE 10
EXCEDRIN MIGRAINE RELIEF 10
exemestane 35
EX-LAX MAXIMUM STRENGTH 107
EX-LAX ULTRA 139
eye allergy relief 155
eye drops adv relief 152
eye drops advanced relief 152
eye drops long lasting 152
eye drops ophthalmic solution 0.05 % 152
eye drops ophthalmic solution 0.05-0.1-1-1 % 152
eye drops ophthalmic solution 0.05-0.25 % 152
eye itch relief ophthalmic solution 0.035 % 156
eye lubricant 152
eye lubricant nighttime 152
EYES ALIVE 152
EYSUVIS 151
ezetimibe 58
EZFE 200 77
FABRAZYME 112
falmina 119
famciclovir oral 42
famotidine acid reducer oral tablet 10 mg 91
famotidine oral 91
famotidine orig st 91
FARXIGA 47
FASENRA PEN 165
fast relief laxative 139
FASTEP COVID-19 ANTIGEN TEST 139
FC2 FEMALE CONDOM 139
febuxostat 32
FEIBA 52
feirza 1.5/30 119
felbamate oral suspension 24
felbamate oral tablet 24
felodipine er 55
FEMRING 119
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg 58
fenofibrate oral capsule 134 mg, 200 mg, 67 mg 58
fenofibrate oral tablet 145 mg, 48 mg 58

fenofibrate oral tablet 160 mg, 54 mg 58
fenofibric acid oral tablet 35 mg 59
fenoprofen calcium oral capsule 400 mg 4
fenoprofen calcium oral tablet 4
FENSOLVI (6 MONTH) 125
fentanyl citrate (pf) 7
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr 6
ferate 77
FER-IN-SOL 77
ferosul 77
ferretts 77
ferrex 150 capsule 150 mg oral 77
FERREX 150 CAPSULE 150 MG ORAL 77
FERRIC X-150 78
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg 78
ferrous gluconate 78
ferrous gluconate oral tablet 240 (27 fe) mg 78
ferrous gluconate oral tablet 324 (37.5 fe) mg 78
ferrous gluconate oral tablet 324 (38 fe) mg 78
ferrous sulfate 78
ferrous sulfate oral solution 75 (15 fe) mg/ml 78
ferrous sulfate oral tablet 325 (65 fe) mg 78
ferrous sulfate oral tablet delayed release ... 78
fever reducer/pain reliever 10
fever reducing childrens 10
feverall childrens 11
FEVERALL INFANTS 11
FEVERALL JUNIOR STRENGTH 11
fe-vite iron 78
fexofenadine hcl oral 172
fexofenadine/pse er 179
fexofenadine-pseudoephed er 179
FIASP 48
FIASP FLEXTOUCH 48
FIASP PENFILL 48
fiber laxative 107
fiber laxative + calcium 107
fiber laxative oral capsule 0.52 gm 104
fiber oral capsule 0.52 gm 104
fiber oral powder 28.3 % 104
fiber oral powder 43 % 104
fiber oral powder 58.6 % 104
fiber oral tablet 500 mg 107
fiber oral tablet 625 mg 107
fiber powder oral powder 43 % 104
fiber therapy oral capsule 0.52 gm 104
fiber therapy oral powder 28.3 % 105
fiber therapy oral tablet 500 mg 107
fiber therapy oral tablet 625 mg 107
fiber-caps 107
fiber-lax 107
FIBRICOR ORAL TABLET 35 MG 59
FIBRYGA 52
FINACEA EXTERNAL FOAM 63
finasteride oral tablet 5 mg 113
fingolimod hcl 62
first aid antibiotic external ointment , 3.5-400-5000 23
first aid antiseptic external solution 10 % 23
FIRVANQ 20
fish oil concentrate oral capsule 1000 mg .. 139
fish oil half-the-size 139
fish oil high potency 139
fish oil minis 139
fish oil oral capsule 1000 mg 139
fish oil oral capsule 1200 mg 139
fish oil oral capsule 300 mg 139
fish oil oral capsule 500 mg 140
fish oil oral capsule delayed release 1000 mg 140
fish oil oral capsule delayed release 1200 mg 140
FLANAX 4
FLAREX 151
FLEBOGAMMA DIF 127
flecainide acetate 54
FLECTOR 4
FLEET BISACODYL 140
FLEET ENEMA 97
FLEET LAXATIVE MINERAL OIL 105
FLEET OIL 105
FLEET PEDIATRIC 97
FLEET STIMULANT 140
FLEET STOOL SOFTENER 107
FLORA VANCE 97
floranex tablet oral 97
FLORANEX TABLET ORAL 97
FLOWFLEX COVID-19 AG HOME TEST .. 140
FLUAD 140
FLUARIX 140
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 140
fluconazole oral 30
fludrocortisone acetate oral 115
FLULAVAL 140
FLUMIST 140
flunisolide nasal 161
fluocinolone acetonide external solution 65
fluocinonide external cream 65
fluocinonide external ointment 65
fluocinonide external solution 65
FLUORIDEX DAILY RENEWAL 74
fluorometholone 151
fluorouracil external cream 67
fluorouracil external solution 67
fluoxetine hcl oral capsule 28
fluoxetine hcl oral solution 28
fluphenazine decanoate injection 40
fluphenazine hcl injection 40
fluphenazine hcl oral 40
flurbiprofen oral tablet 100 mg 4
flurbiprofen sodium 151

FLUTICASONE PROPIONATE DISKUS ... 161
fluticasone propionate external cream 65
fluticasone propionate external ointment 65
FLUTICASONE PROPIONATE HFA 161
fluticasone propionate nasal 161
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act 174
fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act ... 174
fluvoxamine maleate 28
FLUZONE HIGH-DOSE 140
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 140
foaming antacid oral tablet chewable 80-20 mg 97
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 35 MG, 40 MG, 5 MG 60
FOLAGENT DHA 188
FOLAMED DHA 188
FOLCYTEINE 83
folic acid oral tablet 1 mg, 800 mcg 140
folic acid oral tablet 400 mcg 140
foot & sneaker 140
foot care (terbinafine) 32
for sty relief 152
FORFIVO XL 27
FORTEO 133
fosamprenavir calcium 44
fosinopril sodium 54
fosinopril sodium-hctz 56
FRAICHE 5000 DENTAL 74
FREE + PURE DAILY PROBIOTIC 97
FREESTYLE LIBRE 14 DAY READER 71
FREESTYLE LIBRE 14 DAY SENSOR 71
FREESTYLE LIBRE 2 READER 72
FREESTYLE LIBRE 2 SENSOR 72
FREESTYLE LIBRE 3 PLUS SENSOR 72
FREESTYLE LIBRE 3 READER 72
FREESTYLE LIBRE 3 SENSOR 72
FREESTYLE LIBRE READER 72
FREESTYLE PRECISION NEO TEST 72
FREESTYLE TEST 72
freeze dried acidophilus 97
FRESKARO MAGNESIUM CITRATE 107
fruity c 188
ft 12 hour cough relief 179
ft 24 hour nasal allergy 174
ft 8 hour pain relief 11
ft acid reducer oral tablet 91
ft all day allergy 160
ft all day allergy 24 hour 160
ft all day allergy relief 172
ft all day allergy-d 170
ft all day pain relief 4
ft allergy & congestion-d 12hr 179
ft allergy childrens 173
ft allergy d-12 hour 179
ft allergy relief 12 hour 173
ft allergy relief 24 hour 173
ft allergy relief cetirizine 160
ft allergy relief childrens oral liquid 160
ft allergy relief childrens oral tablet chewable 173
ft allergy relief loratadine 173
ft allergy relief oral capsule 160
ft allergy relief oral tablet 10 mg 173
ft allergy relief oral tablet 180 mg 173
ft allergy relief oral tablet 25 mg 160
ft allergy relief oral tablet 4 mg 173
ft allergy relief-d 179
ft antacid & antigas 97
ft antacid extra strength 97
ft antacid regular strength 97
ft antibiotic 140
ft anti-diarrheal oral solution 90
ft anti-diarrheal oral tablet 90
ft anti-diarrheal/anti-gas 97
ft antifungal external cream 1 % 140
ft antifungal external cream 2 % 32
ft arthritis pain reliever 11
ft aspirin 140
ft aspirin low dose 140
ft athletes foot (terbinafine) 32
ft calcium 188
ft calcium + vitamin d3 78
ft calcium citrate +vitamin d3 78
ft calcium citrate/vit d3 78
ft chest congestion relief 166
ft childrens multi plus immune 188
ft children's pain/fever 11
ft clearlax 105
ft clotrimazole 32
ft clotrimazole 3 32
ft cold & cough relief dm 179
ft docosanol 70
ft double antibiotic 140
ft earwax removal 157
ft earwax removal kit 157
ft electrolyte 78
ft enema mineral oil 105
ft enema saline 97
ft enteric coated aspirin 140
ft eye drops 152
ft fiber laxative 107
ft fiber oral powder 43 % 105
ft fish oil 141
ft folic acid oral tablet 400 mcg 141
ft folic acid oral tablet 800 mcg 141
ft gas relief 97
ft gas relief extra strength 98
ft gas relief infants 98
ft gas relief ultra strength 98
ft gentle laxative 141
ft glycerin 69
ft ibuprofen 4

ft ibuprofen ib childrens 4
ft ibuprofen infants 4
ft ibuprofen minis 4
ft iron 78
ft itch relief max strength external cream 65
ft itch relief/aloe max str 65
ft laxative 141
ft lice killing max st 38
ft lubricant eye drops ophthalmic solution 0.4-0.3 % 152
ft lubricant eye drops ophthalmic solution 0.5 % 152
ft magnesium citrate 107
ft magnesium oxide 78
ft miconazole 3 combo pack 30
ft miconazole 7 30
ft migraine relief 11
ft milk of magnesia 98
ft mineral oil 105
ft motion sickness oral tablet 50 mg 29
ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg 166
ft mucus relief d 12 hour 179
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg 179
ft nasal decongestant max str oral tablet ... 179
ft nasal decongestant max str oral tablet extended release 12 hour 179
ft nasal decongestant pe 166
ft nasal spray 179
ft nicotine mini 19
ft nicotine mouth/throat 19
ft nicotine transdermal 18
ft pain & fever childrens 11
ft pain & fever infants 11
ft pain relief adult extra st 11
ft pain relief extra strength 11
ft pain relief oral tablet 200 mg 5
ft pain relief oral tablet 325 mg 11
ft pain reliever ex str adult 11
ft prenatal 83
ft probiotic 98
ft senna laxative 108
ft senna laxatives 108
ft senna-s 108
ft stomach relief oral suspension 98
ft stomach relief oral tablet 98
ft stomach relief oral tablet chewable 98
ft stool softener oral capsule 108
ft stool softener oral tablet 50-8.6 mg 108
ft triple antibiotic 23
ft tussin adult 166
ft tussin cf adult 170
ft tussin dm max adult 179
ft urinary pain relief 114
ft vitamin b-1 191
ft vitamin b-12 pr 191
ft vitamin b-6 191
ft vitamin c 188
ft vitamin c/rose hips 188
ft vitamin d3 oral tablet 125 mcg (5000 ut) ... 83
ft vitamin d3 oral tablet 25 mcg (1000 ut) 83
ft vitamin d3 oral tablet 50 mcg 83
ft vitamin d3 rapid release 83
ft vitamin e 191
ft zinc chelated 188
full spectrum b/vitamin c 84
FULPHILA 50
FULVICIN P/G 165 30
fungi-guard 141
FUROSCIX 57
furosemide oral solution 10 mg/ml 57
furosemide oral tablet 57
FUZEON 44
FYCOMPA 24
FYLNETRA 141
g tussin ac 179
gabapentin oral capsule 25
gabapentin oral solution 250 mg/5ml 25
gabapentin oral tablet 600 mg, 800 mg 25
galantamine hydrobromide er 27
galantamine hydrobromide oral solution 27
galantamine hydrobromide oral tablet 12 mg, 8 mg 27
galantamine hydrobromide oral tablet 4 mg . 27
gallifrey 123
GAMMAGARD 127
GAMMAGARD S/D LESS IGA 127
GAMMAKED 127
GAMUNEX-C 127
GARDASIL 9 130
gas relief extra st 98
gas relief extra strength oral capsule 125 mg 98
gas relief extra strength oral tablet chewable 125 mg 98
gas relief extstrength 98
gas relief infants drops oral suspension 40 mg/0.6ml 98
gas relief infants oral suspension 20 mg/0.3ml 98
gas relief oral capsule 125 mg 98
gas relief oral tablet chewable 80 mg 98
gas relief ultra strength 98
gas relief ultstrength 98
GAS-X EXTRA STRENGTH ORAL CAPSULE 99
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 99
GAS-X ULTRA STRENGTH 99
gavilax oral powder 105
gavilyte-c 90
gavilyte-g 90
gavilyte-n with flavor pack 90
GAVISCON EXTRA STRENGTH 99
GAVRETO 148
gefitinib 148

GELUSIL 99
gemfibrozil oral 58
generlac 89
gengraf 129
GENOTROPIN MINIQUICK 116
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG 116
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG 116
gentamicin sulfate external 68
gentamicin sulfate ophthalmic 150
GENTEAL SEVERE 153
GENTEAL TEARS MODERATE PF 153
GENTEAL TEARS NIGHT-TIME 153
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % 153
GENTEAL TEARS PF 153
GENTEAL TEARS SEVERE DAY/NIGHT 153
gentle laxative oral suspension 99
gentle laxative oral tablet delayed release 141
gentle laxative rectal 141
gentle laxative womens 141
genuine aspirin 141
GENVOYA 43
geri-dryl 160
geri-kot 108
geri-lanta maximum strength 99
geri-lanta oral suspension 200-200-20 mg/5ml 99
geri-mox 99
geri-mox maximum strength 99
geri-tussin dm oral syrup 179
geri-tussin oral liquid 166
GILENYA ORAL CAPSULE 0.25 MG 62
GILOTRIF 148
giltuss severe sinus 180
glimepiride oral tablet 1 mg, 2 mg, 4 mg 47
glipizide er 47
glipizide oral tablet 10 mg, 5 mg 47
glucagon emergency injection kit 48
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 48
GLUCO TO GO 49
GLUCOSE CONTROL SOLUTIONS 71
glucose oral tablet chewable 4 gm 49
glyburide micronized 47
glyburide oral 47
glyburide-metformin 47
glycerin (adult) rectal suppository 2 gm 108
glycerin (infants & children) rectal suppository 1 gm 108
glycerin adult rectal suppository 2 gm 108
glycerin child rectal suppository 1 gm, 1.2 gm 108
glycerin childrens 108
glycerin external liquid , 99.5 % 69
glycerin pediatric rectal suppository 1.2 gm 108
glycine urologic 141
glycolax 105
glycopyrrolate oral solution 90
glycopyrrolate oral tablet 1 mg, 2 mg 90
GLYXAMBI 47
gormel 70
gormel 10 70
GRALISE ORAL TABLET 300 MG, 600 MG 61
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG 61
granisetron hcl oral 30
griseofulvin microsize oral 30
griseofulvin ultramicrosize oral tablet 165 mg 30
guaifenesin er oral tablet extended release 12 hour 1200 mg 166
guaifenesin oral liquid 166
guaifenesin oral tablet 400 mg 166
guaifenesin-codeine 180
guaifenesin-dm oral liquid 200-10 mg/5ml 180
guaifenesin-dm oral syrup 180
guanfacine hcl 53
guanfacine hcl er 60
GUARDIAN CONNECT TRANSMITTER 141
GUARDIAN LINK 3 TRANSMITTER 141
GUARDIAN SENSOR (3) 72
GUARDIAN SENSOR 3 72
GUTVITE IMMUNE SUPPORT 99
GVOKE HYPOPEN 1-PACK 48
GVOKE HYPOPEN 2-PACK 48
GVOKE KIT 48
GVOKE PFS 48
GYNAZOLE-1 30
habitrol 18
HADLIMA 129
HADLIMA PUSHTOUCH 129
HAEGARDA 126
hailey 1.5/30 119
hailey 24 fe 119
hailey fe 1.5/30 119
hailey fe 1/20 119
halobetasol propionate external cream 65
halobetasol propionate external ointment 65
haloperidol decanoate intramuscular 40
haloperidol lactate oral concentrate 2 mg/ml 40
haloperidol oral 40
HARVONI ORAL TABLET 42
HAVRIX 130
HCU COOLER 141
HCU GEL 141
HCY 1 141
HCY 2 141
headache formula 11
headache relief 11
headache relief extra str 11
healthy hair/skin/nails 84
heartburn antacid 99

heartburn antacid ex st 99
heartburn prevention oral tablet 10 mg 91
heartburn relief ex st 99
heartburn relief oral tablet 10 mg 91
heartburn relief oral tablet 200 mg 91
heartburn relief oral tablet chewable 160-105 mg 99
heartland gas relief 99
heather 123
h-e-b aspirin 141
h-e-b childrens allergy 160
HEMANGEOL 55
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML 52
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML 52
HEMLIBRA SUBCUTANEOUS SOLUTION 60 MG/0.4ML 52
HEMOFIL M 52
hemorrhoidal rectal suppository 0.25-3-85.5 % 70
heparin sodium (porcine) 50
heparin sodium (porcine) pf 50
HEPLISAV-B 131
her style 124
hi cal 78
HIBERIX 130
HIDEX 6-DAY 115
HIZENTRA 127
HORIZANT 61
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML . 48
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML . 48
HUMALOG MIX 50/50 KWIKPEN 48
HUMALOG MIX 75/25 48
HUMALOG SUBCUTANEOUS 48
HUMATE-P 52
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML 129
HUMULIN 70/30 KWIKPEN 48
HUMULIN 70/30 VIAL 48
HUMULIN N KWIKPEN 48
HUMULIN N VIAL 48
HUMULIN R U-500 KWIKPEN 48
HUMULIN R U-500 VIAL (CONCENTRATED) 48
HUMULIN R VIAL 48
HYCAMTIN ORAL 35
hydralazine hcl oral 58
hydrochlorothiazide oral capsule 57
hydrochlorothiazide oral tablet 12.5 mg 57
hydrochlorothiazide oral tablet 25 mg, 50 mg 57
hydrocodone bit-homatrop mbr 141
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml 7
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg 7
hydrocodone-ibuprofen 7
hydrocortisone (perianal) 132
hydrocortisone acetate external 69
hydrocortisone anti-itch 65
hydrocortisone external cream 0.5 %, 2.5 % 65
hydrocortisone external cream 1 % 65
hydrocortisone external lotion 2.5 % 65
hydrocortisone external ointment 0.5 % 65
hydrocortisone external ointment 1 % 65
hydrocortisone external ointment 2.5 % 66
hydrocortisone max st external cream 66
hydrocortisone max st/12 moist 66
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg 115
hydrocortisone plus 66
hydrocortisone rectal enema 100 mg/60ml 132
hydrocortisone/aloe 66
hydrocortisone/aloe max str 66
hydrocortisone-acetic acid 156
hydrolatum 69
hydromet 141
hydromorphone hcl oral 7
hydromorphone hcl rectal 7
hydrophor 69
hydroxychloroquine sulfate oral tablet 100 mg 38
hydroxychloroquine sulfate oral tablet 200 mg 38
hydroxyurea oral 35
hydroxyzine hcl oral 45
hydroxyzine pamoate oral 45
HYFTOR 141
hyoscyamine sulfate er 141
hyoscyamine sulfate oral 141
hyoscyamine sulfate sublingual 141
hyosyne 141
HYPERSAL 180
HYPOTEARS 153
HYSINGLA ER 6
ibandronate sodium oral 133
IBRANCE 36
ibuprofen 5
ibuprofen childrens oral tablet chewable 100 mg 5
ibuprofen cold & sinus 180
ibuprofen cold/sinus oral tablet 30-200 mg 180
ibu-profen cold/sinus oral tablet 30-200 mg 180
ibuprofen ib oral tablet 200 mg 5
ibuprofen infants oral suspension 50 mg/1.25ml 5
ibuprofen jr oral tablet 100 mg 5
ibuprofen junior 5
ibuprofen junior strength 5
ibuprofen oral capsule 200 mg 5

ibuprofen oral suspension 100 mg/5ml 5
ibuprofen oral tablet 200 mg 5
ibuprofen oral tablet 400 mg, 600 mg, 800 mg 5
icatibant acetate 126
ICLUSIG 148
IDELVION 52
IDHIFA 35
iferex 150 78
IHEALTH CONTROL SOLUTION 72
IHEALTH COVID-19 RAPID TEST 141
ILEVRO 151
ILUMYA 127
imatinib mesylate 148
IMBRUVICA 148
imipramine hcl oral 28
imipramine pamoate 28
imiquimod external cream 5 % 67
IMODIUM A-D ORAL SOLUTION 90
IMODIUM A-D ORAL TABLET 90
IMODIUM MULTI-SYMPTOM RELIEF 99
INBRIJA 39
INCRELEX 116
INCRUSE ELLIPTA 162
indapamide 57
INDICAID COVID-19 RAPID TEST 142
indomethacin er 5
indomethacin oral 5
indomethacin rectal suppository 50 mg 5
indoor/outdoor allergy rlf 160
INFANRIX 130
infant gas relief 100
INFANTS ADVIL 5
infants gas relief 100
infants ibuprofen 5
infants pain & fever 11
infants pain relief drops 11
infants pain/fever 12
INGREZZA 61
INLYTA 148
INSPIREASE 142
INSPIREASE RESERVOIR BAGS 142
instacort 5 66
INSULIN ASP PROT & ASP FLEXPEN 48
INSULIN ASPART 48
INSULIN ASPART FLEXPEN 48
INSULIN ASPART PENFILL 49
INSULIN ASPART PROT & ASPART 49
INSULIN DEGLUDEC 49
INSULIN DEGLUDEC FLEXTOUCH 49
INSULIN GLARGINE-YFGN 49
INSULIN LISPRO 49
INSULIN LISPRO (1 UNIT DIAL) 49
INSULIN LISPRO JUNIOR KWIKPEN 49
INSULIN LISPRO PROT & LISPRO 49
INSULIN PEN NEEDLES 29G X 12.7MM .. 142
INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM . 142
INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM 72
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML 142
INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML 142
INSULIN SYRINGES 29G X 1/2" 1 ML 142
INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML 142
INSULIN SYRINGES 30G X 5/16" 1 ML 142
INTELISWAB COVID-19 RAPID TEST 142
intestinex 100
introvale 119
INVEGA HAFYERA 40
INVEGA SUSTENNA 40
INVEGA TRINZA 40
INVELTYS 151
IPOL 130
ipratropium bromide inhalation 162
ipratropium bromide nasal 162
ipratropium-albuterol 174
irbesartan 53
iron (ferrous sulfate) oral solution 78
iron infant/toddler 79
iron oral tablet 240 (27 fe) mg 79
iron oral tablet 325 (65 fe) mg 79
ISENTRESS HD 43
ISENTRESS ORAL PACKET 43
ISENTRESS ORAL TABLET 43
ISENTRESS ORAL TABLET CHEWABLE .. 43
isibloom 119
isoniazid oral 34
isosorbide dinitrate 59
isosorbide mononitrate 59
isosorbide mononitrate er 59
isotretinoin oral 63
ivermectin oral 37
IXINITY 52
jaimiess 119
JAKAFI 36
jantoven 50
JANUMET 47
JANUMET XR 47
JANUVIA 47
JARDIANCE 47
jasmiel 119
JAVYGTOR ORAL PACKET 100 MG 112
JAVYGTOR ORAL PACKET 500 MG 112
JAVYGTOR ORAL TABLET 112
JENTADUETO 47
JENTADUETO XR 47
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT 142
jock itch external cream 1 % 32
jock itch max st 142
JORNAY PM 60
JUBLIA 68

juleber 119
JULUCA 43
junel 1.5/30 119
junel 1/20 119
junel fe 119
kaitlib fe 119
KALBITOR 126
KALYDECO 163
KANUMA 112
KAOPECTATE ORAL TABLET 100
kariva 119
KATERZIA 55
kelnor 1/35 119
kelnor 1/50 119
KENALOG-10 115
KERALYT EXTERNAL GEL 6 % 142
KERENDIA 56
KESIMPTA 62
ketoconazole external cream 68
ketoconazole external shampoo 68
KETO-DIASTIX 72
KETONE CARE 72
KETONE TEST 72
ketoprofen er 5
ketoprofen oral capsule 25 mg 5
ketorolac tromethamine ophthalmic solution 0.4 % 151
ketorolac tromethamine ophthalmic solution 0.5 % 151
ketorolac tromethamine oral 5
ketorolac tromethamine solution 30 mg/ml injection 5
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION 6
KETOSTIX 72
ketotifen fumarate ophthalmic 156
KEVZARA 127
KISQALI (200 MG DOSE) 36
KISQALI (400 MG DOSE) 36
KISQALI (600 MG DOSE) 36
KITABIS PAK 163
klayesta 68
klor-con 74
klor-con 10 74
klor-con m10 74
klor-con m20 74
klor-con/ef 188
KLOXXADO 17
KOATE 52
KOATE-DVI 52
KOGENATE FS 52
KOSELUGO 36
KOVALTRY 51
K-PHOS 79
K-PRIME 188
KRINTAFEL 38
KRISTALOSE 89
kurvelo 120
KUVAN ORAL PACKET 100 MG 112
KUVAN ORAL PACKET 500 MG 112
KUVAN ORAL TABLET 112
labetalol hcl oral 55
LAC-HYDRIN FIVE 66
lacosamide oral tablet 26
LACTAID 100
LACTAID FAST ACT ORAL TABLET 100
lactase enzyme 100
lactase enzyme ultra str 100
lactase fast acting 100
LACTEOL DIARRHEASE 100
lactobacillus oral tablet 100
lacto-pectin 100
lactose fast acting relief oral tablet 100
lactulose 89
lactulose encephalopathy 89
LAGEVRIO 45
LAMISIL AT EXTERNAL CREAM 32
LAMISIL AT JOCK ITCH 32
lamivudine oral solution 44
lamivudine oral tablet 150 mg, 300 mg 44
lamivudine-zidovudine 44
lamotrigine er 24
lamotrigine oral tablet 24
lamotrigine oral tablet chewable 24
lamotrigine oral tablet dispersible 24
LANCETS 72
LANCETS 28G THIN 72
lansoprazole oral capsule delayed release 15 mg 92
lansoprazole oral capsule delayed release 30 mg 92
lansoprazole oral tablet delayed release dispersible 15 mg 92
LANTUS SOLOSTAR 49
LANTUS U-100 VIAL 49
lapatinib ditosylate 148
larin 1.5/30 120
larin 1/20 120
larin 24 fe 120
larin fe 1.5/30 120
larin fe 1/20 120
latanoprost ophthalmic 149
LAXACIN 108
laxaclear 105
laxative max str 108
laxative oral powder 17 gm/scoop 105
laxative oral tablet delayed release 5 mg 142
laxative pills max st 108
laxative pills oral tablet 25 mg 108
laxative rectal suppository 10 mg 142
laxative regular strength 108
LEDIPASVIR-SOFOSBUVIR 42
leflunomide oral 129
lenalidomide 35
LENVIMA (10 MG DAILY DOSE) 148
LENVIMA (12 MG DAILY DOSE) 148
LENVIMA (14 MG DAILY DOSE) 148

LENVIMA (18 MG DAILY DOSE) 148
LENVIMA (20 MG DAILY DOSE) 148
LENVIMA (24 MG DAILY DOSE) 148
LENVIMA (4 MG DAILY DOSE) 148
LENVIMA (8 MG DAILY DOSE) 148
lessina 120
letrozole oral 35
leucovorin calcium oral tablet 10 mg 37
leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg 37
leuprolide acetate injection 125
LEVBID 142
levetiracetam er oral tablet extended release 24 hour 500 mg 24
levetiracetam er oral tablet extended release 24 hour 750 mg 24
levetiracetam oral solution 24
levetiracetam oral tablet 24
levobunolol hcl 151
levocarnitine oral solution 112
levocarnitine oral tablet 112
levocarnitine sf 112
levocetirizine dihydrochloride oral tablet 161
levofloxacin oral 22
levonest 120
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg 120
levonorgestrel 124
levonorgestrel-ethinyl estrad 120
levonorg-eth estrad triphasic 120
levora 0.15/30 (28) 120
levo-t 124
levothyroxine sodium oral tablet 124
levoxyl 124
LEVSIN 142
LEVSIN/SL 142
LICART 6
lice killing 38, 67
lice killing max str 38
lice killing maximum strength 38
lice killing shampoo max str 38
lice maximum strength 38
lice treatment 67
LIDO BDK 16
lidocaine external cream 4 % 16
lidocaine external ointment 5 % 16
lidocaine external patch 5 % 16
lidocaine hcl external cream 3 % 16
lidocaine viscous hcl 16
lidocaine-prilocaine 16
LIDOCAN 16
LIDOPIN EXTERNAL CREAM 3 % 16
LIDOZALL 16
linezolid oral suspension reconstituted 20
linezolid oral tablet 20
LINZESS 89
liothyronine sodium oral 124
LIPISTART 142
liquid acetaminophen 12
liquid allergy relief 161
liquid corn & callus rem 142
liquid pain relief 12
liquid wart remover 142
liquid wart remover max st 142
lisinopril oral 54
lisinopril-hydrochlorothiazide 56
lithium 46
lithium carbonate er 46
lithium carbonate oral 46
little ones childrens 188
LIVALO 58
LIVITA ADULTS 188
LIVITA CHILDREN 142
LIVIXIL PAK 16
LMX 4 16
LO LOESTRIN FE 120
LOKELMA 81
long acting nasal spray 180
long lasting antacid 100
long lasting nasal spray 180
LONSURF 35
loperamide hcl oral capsule 90
loperamide hcl oral solution 90
loperamide hcl oral suspension 90
loperamide hcl oral tablet 90
loperamide-simethicone 100
lopinavir-ritonavir 44
loradamed 173
lorata-d 180
loratadine 172
loratadine allergy relief oral tablet 10 mg 173
loratadine allergy relief oral tablet dispersible 10 mg 173
loratadine childrens 173
loratadine oral 173
loratadine oral tablet chewable 5 mg 173
loratadine-d 180
loratadine-d 12hr 180
loratadine-d 24hr 180
lorazepam injection solution 2 mg/ml 45
lorazepam intensol 45
lorazepam oral concentrate 2 mg/ml 45
lorazepam oral tablet 46
LOREEV XR 46
loryna 120
losartan potassium oral 53
losartan potassium-hctz 56
LOTEMAX OPHTHALMIC GEL 151
LOTEMAX OPHTHALMIC OINTMENT 151
LOTEMAX SM 151
lovastatin oral 58
low-ogestrel 120
loxapine succinate 40
lo-zumandimine 120
lubiprostone capsule 24 mcg oral 89
lubiprostone capsule 8 mcg oral 89
lubricant drops fast act 153

lubricant drops ophthalmic gel 0.25-0.3 %. 153
lubricant drops ophthalmic solution..... 153
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %..... 153
lubricant eye drops (pf) ophthalmic solution 0.5 %..... 153
lubricant eye drops ophthalmic solution 0.4-0.3 %..... 153
lubricant eye drops ophthalmic solution 0.5 %..... 153
lubricant eye drops ophthalmic solution 0.6 %..... 153
lubricant eye drops pf..... 153
lubricant eye nighttime..... 153
lubricant eye ophthalmic solution 0.4-0.3 % 153
lubricant eye pm..... 154
lubricating eye drops..... 154
lubricating eye/overnight..... 154
lubricating plus pf..... 154
lubricating tears eye drops..... 154
lubrifresh p.m...... 154
LUMAKRAS ORAL TABLET 120 MG, 320 MG..... 37
LUMIGAN..... 149
LUMIZYME..... 112
LUPKYNIS..... 126
LUPRON DEPOT (1-MONTH)..... 125
LUPRON DEPOT (3-MONTH)..... 125
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG..... 125
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG..... 125
LUPRON DEPOT-PED (1-MONTH)..... 125
LUPRON DEPOT-PED (3-MONTH)..... 125
LUPRON DEPOT-PED (6-MONTH)..... 125
lurasidone hcl..... 40
lutera..... 120
LYBALVI..... 28
lyllana..... 120
LYNPARZA..... 36
LYSODREN..... 125
LYUMJEV..... 49
LYUMJEV KWIKPEN..... 49
MAALOX CHILDRENS..... 100
MAALOX MAX ORAL SUSPENSION..... 100
MAALOX MULTI SYMPTOM MAX ST..... 100
mag-al plus..... 100
mag-al plus xs..... 100
magnesium citrate oral solution..... 108
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg..... 79
magnesium oxide oral tablet 400 mg..... 142
magnesium oxide oral tablet 420 mg..... 142
magnesium-oxide..... 79
malathion..... 67
MAOX..... 142
mapap acetaminophen extra str..... 12
mapap childrens..... 12
mapap oral capsule..... 12
maraviroc..... 44
marlissa..... 120
MASK VORTEX/CHILD/FROG..... 142
MASK VORTEX/TODDLER/LADYBUG..... 143
MATULANE..... 34
MAVYRET ORAL PACKET..... 42
MAVYRET ORAL TABLET..... 42
MAX RELIEF JR CHILD PAIN/FEVER..... 12
MAX RELIEF JUNIOR..... 12
MAX TUSSIN MUCUS & CHEST CONG..... 166
MAXALLERGY KIDS..... 161
MAXIDEX..... 151
maxi-tuss ac..... 180
maxi-tuss gmx..... 180
maxi-tuss pe max..... 166
MAYZENT..... 62
MAYZENT STARTER PACK..... 62
m-dryl..... 161
meclizine hcl oral tablet 12.5 mg..... 29
meclizine hcl oral tablet 25 mg..... 29
meclizine hcl oral tablet chewable..... 29
medicated spot..... 143
medifin 400..... 166
medifin mucus relief child..... 166
medi-first aspirin..... 143
medi-first hydrocortisone..... 66
medi-first ibuprofen..... 6
medi-first triple antibiotic..... 23
mediproxen..... 6
medique aspirin..... 143
MEDISENSE GLUCOSE KETONE CONTR..... 72
MEDISENSE HI/MID/LOW CONTROL..... 72
MEDPURA ANTIFUNGAL..... 32
MEDPURA BENZOYL PEROXIDE..... 143
MEDROL ORAL TABLET 2 MG..... 115
medroxyprogesterone acetate..... 123
mefloquine hcl..... 38
mega probiotic..... 101
megestrol acetate oral suspension 40 mg/ml..... 123
megestrol acetate oral tablet 20 mg..... 123
megestrol acetate oral tablet 40 mg..... 123
meijer allergy relief-d..... 180
meijer anti-diarrheal..... 90
MEKINIST..... 36
meloxicam oral tablet..... 6
memantine hcl oral solution..... 27
memantine hcl oral tablet..... 27
MENATROL..... 188
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG..... 120
MENOSTAR..... 120
MENVEO INTRAMUSCULAR SOLUTION 130
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED..... 130
meperidine hcl oral tablet..... 7

mercaptopurine oral 35
MERIBIN 188
mesalamine oral capsule delayed release 400 mg 132
mesalamine oral tablet delayed release 1.2 gm 132
mesalamine rectal suppository 132
mesna oral 37
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % 105
METAMUCIL FREE & NATURAL 105
metformin hcl er oral tablet extended release 24 hour 500 mg 47
metformin hcl er oral tablet extended release 24 hour 750 mg 47
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg 47
methazolamide oral 151
methenamine hippurate 20
methimazole oral 126
methocarbamol oral tablet 500 mg, 750 mg 185
methotrexate sodium 129
methotrexate sodium (pf) 129
methoxsalen rapid 67
methyldopa 53
methylergonovine maleate oral 116
METHYLIN 60
methylphenidate hcl er (cd) 60
methylphenidate hcl oral tablet 60
methylprednisolone oral 115
metoclopramide hcl oral solution 5 mg/5ml 29
metoclopramide hcl oral tablet 29
metolazone 57
metoprolol succinate er 55
metoprolol tartrate oral 55
metoprolol-hydrochlorothiazide 57
metronidazole external 20
metronidazole oral tablet 250 mg, 500 mg 20
metronidazole vaginal 20
mexiletine hcl oral 54
micaderm 32
MICATIN 32
miconazole 1 30
miconazole 1 combo pack 30
miconazole 3 30
miconazole 3 combo pack 30
miconazole 7 vaginal cream 30
miconazole 7 vaginal suppository 31
miconazole antifungal 32
miconazole nitrate external cream 32
miconazole nitrate vaginal 31
miconazorb af 32
MICRO GUARD 32
microgestin 1.5/30 120
microgestin 1/20 120
microgestin fe 1.5/30 120
microgestin fe 1/20 120
midodrine hcl 53
mifepristone oral tablet 200 mg 116
mifepristone oral tablet 300 mg 116
miglustat 113
migraine formula oral tablet 250-250-65 mg 12
migraine headache relief 12
migraine relief oral tablet 250-250-65 mg 12
mili 120
milk of magnesia 101
MINCORA 84
mineral oil enema 105
mineral oil heavy oral 105
mineral oil oral oil 105
mineral oil rectal enema 105
mini nicotine 19
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg 23
minocycline hcl oral capsule 100 mg, 50 mg 23
minocycline hcl oral capsule 75 mg 23
minoxidil oral 58
mintox maximum strength 101
mintox plus 101
MIRALAX 105
mirtazapine oral tablet 15 mg, 30 mg 27
mirtazapine oral tablet 45 mg, 7.5 mg 27
mirtazapine oral tablet dispersible 27
MIRVASO 63
misoprostol oral 91
MITIGARE 32
mm acetaminophen ex str 12
MM ALLER-BEN 161
mm allergy relief 24 hour 173
mm arthritis pain 12
mm aspirin 143
mm clearlax 105
mm stool softener 108
mm stool softener laxative 108
MMA/PA GEL 143
M-M-R II 130
M-NATAL PLUS 84
modafinil oral 186
MODERNA COVID-19 VAC 6M-11Y 143
moexipril hcl 54
mometasone furoate external 66
MONOJECT HYPODERMIC NEEDLE 18G X 1" 50
montelukast sodium oral packet 162
montelukast sodium oral tablet 162
montelukast sodium oral tablet chewable 162
mood support probiotic 101
morphine sulfate (concentrate) oral solution 100 mg/5ml 7
morphine sulfate er oral tablet extended release 6
morphine sulfate oral 7
morphine sulfate rectal 7
MOTEGRITY 89

motion sickness oral tablet 50 mg 29
motion sickness relief oral tablet 50 mg 29
motion sickness relief oral tablet chewable 25 mg 29
motion-time 29
MOTRIN CHILDRENS 6
MOTRIN IB 6
MOTRIN INFANTS DROPS 6
MOVANTIK 89
moxifloxacin hcl (2x day) 150
moxifloxacin hcl ophthalmic 150
moxifloxacin hcl oral 22
m-pap 12
MSUD COOLER 143
MSUD GEL 143
MUCINEX COUGH CHILDRENS 181
MUCINEX D 181
MUCINEX D MAX STRENGTH 181
MUCINEX DM 181
MUCINEX FAST-MAX CHEST CONG MS 166
MUCINEX FAST-MAX DM MAX 181
MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID 181
MUCINEX MAXIMUM STRENGTH 166
MUCINEX SINUS-MAX CLEAR & COOL .. 181
MUCINEX SINUS-MAX SINUS/ALLRGY .. 181
mucus & chest congestion 166
mucus & cough relief child 181
mucus d 181
mucus d extended release 181
mucus d max st er 181
mucus dm 181
mucus dm extended release oral tablet extended release 12 hour 30-600 mg 181
mucus er maximum str 167
mucus er oral tablet extended release 12 hour 1200 mg 167
mucus extended release oral tablet extended release 12 hour 1200 mg 167
mucus relief 12 hour max st 167
mucus relief chest oral tablet 400 mg 167
mucus relief childrens oral liquid 100 mg/5ml 167
mucus relief d max strength 181
mucus relief d oral tablet extended release 12 hour 120-1200 mg 181
mucus relief d oral tablet extended release 12 hour 60-600 mg 182
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml 182
mucus relief dm oral liquid 20-400 mg/20ml 182
mucus relief dm oral tablet extended release 12 hour 30-600 mg 182
mucus relief er 167
mucus relief er oral tablet extended release 12 hour 1200 mg 167
mucus relief max st oral tablet extended release 12 hour 1200 mg 167
mucus relief oral tablet 167
mucus-d oral tablet extended release 12 hour 60-600 mg 182
mucus-dm 182
mucus-er oral tablet extended release 12 hour 1200 mg 167
MULTAQ 54
multi vitamin 84
multi vitamin w/d-3 84
multiple vitamin-folic acid 84
multiple vitamins essential 84
multiple vitamins/iron 188
MULTIPRO 189
multi-vitamin 84
multivitamin infant & toddler oral solution .189
multi-vitamin/iron 189
mupirocin cream 68
mupirocin ointment 68
MURO 128 OPHTHALMIC OINTMENT 154
MURO 128 OPHTHALMIC SOLUTION 5 % 154
my choice 124
my way 124
mycophenolate mofetil oral 129
mycophenolate sodium 129
mycophenolic acid 129
MYFEMBREE 89
MYLICON INFANTS GAS RELIEF 101
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 113
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 113
nabumetone oral 6
nadolol oral 55
naloxone hcl injection solution 17
naloxone hcl injection solution cartridge 17
naloxone hcl injection solution prefilled syringe 2 mg/2ml 17
naloxone hcl nasal 17
naltrexone hcl oral 17
NAMZARIC 26
NAPHCON-A 155
NAPRELAN 6
naproxen dr 6
naproxen oral 6
naproxen sodium er 6
naproxen sodium oral tablet 220 mg 6
naproxen sodium oral tablet 275 mg 6
naproxen sodium oral tablet 550 mg 6
NARAMIN 161
naratriptan hcl 33
NARCAN 17
NASACORT ALLERGY 24HR 174
nasal allergy 24 hour 174
nasal allergy nasal aerosol 55 mcg/act 174
nasal allergy spray 174
nasal decongestant 12hr 182
nasal decongestant max st 182

nasal decongestant oral tablet 30 mg 182
nasal decongestant oral tablet extended release 12 hour 120 mg 182
nasal decongestant pe oral tablet 10 mg ... 167
nasal decongestant pe oral tablet 30 mg ... 182
nasal decongestant spray 182
nasal four 167
nasal four spray 167
nasal mist nasal solution 182
nasal mist no drip 182
NASAL MOIST NASAL SOLUTION 167
nasal moisturizing spray 167
nasal relief 182
nasal spray 12 hour 183
nasal spray fast acting 167
nasal spray nasal solution 0.05 % 183
nasal spray nasal solution 1 % 167
nasal spray no drip 183
nasal spray saline 167
NASALCROM 175
NASCOBAL 191
NATACYN 150
NATAZIA 120
nateglinide 47
natural daily fiber oral powder 43 % 106
natural daily fiber oral powder 58.6 % 106
natural fiber 106
natural fiber oral powder 28.3 % 106
natural fiber supplement 106
natural fish oil 143
natural senna laxative 109
natural tears pf 154
natural vegetable 106
natural vegetable laxative oral tablet 8.6 mg 109
natura-lax 106
nausea control 30
nausea relief 30
NAYZILAM 25
nebivolol hcl 55
NEBUSAL 183
necon 0.5/35 (28) 120
NEODOT THERMOMETER 143
NEOMULTIVITE 84
neomycin sulfate oral 20
neomycin-bacitracin zn-polymyx 150
neomycin-polymyxin-dexameth ophthalmic ointment 149
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 149
neomycin-polymyxin-gramicidin 150
neomycin-polymyxin-hc ophthalmic 149
neomycin-polymyxin-hc otic 156
NEONATAL COMPLETE 84
NEONATAL PLUS 84
NEONATAL PRENATAL 84
NEONATAL VITAMIN 84
NEO-POLYCIN HC 149
NEOSPORIN ORIGINAL 23
NEO-SYNEPHRINE COLD/ALLRGY EXT . 168
nephro vitamins 84
NEPHRO-VITE 84
NEULASTA 50
NEULASTA ONPRO 50
NEUPOGEN 50
NEUTEK 2TEK CONTROL 72
NEUTROGENA OIL-FREE ACNE WASH . 143
NEVANAC 151
nevirapine 43
nevirapine er 43
new day 124
NEWFLORA PROBIOTIC 101
NEXLETOL 58
NEXLIZET 58
NEXTSTELLIS 89
niacin er oral capsule extended release 250 mg 84
niacin er oral capsule extended release 500 mg 84
niacin er oral tablet extended release 1000 mg 84
niacin er oral tablet extended release 250 mg, 500 mg 84
niacin oral tablet 100 mg, 250 mg, 50 mg 84
NICODERM CQ 18
NICORETTE 19
NICORETTE MINI 19
NICORETTE STARTER KIT 19
nicotine gum mouth/throat gum 2 mg 19
nicotine gum mouth/throat gum 4 mg 19
nicotine gum mouth/throat lozenge 2 mg 19
nicotine gum mouth/throat lozenge 4 mg 19
nicotine mini 19
nicotine mouth/throat gum 2 mg 19
nicotine mouth/throat gum 4 mg 19
nicotine mouth/throat lozenge 2 mg 19
nicotine mouth/throat lozenge 4 mg 19
nicotine polacrilex mini 19
nicotine polacrilex mouth/throat gum 2 mg .. 19
nicotine polacrilex mouth/throat gum 4 mg .. 19
nicotine polacrilex mouth/throat lozenge 2 mg 19
nicotine polacrilex mouth/throat lozenge 4 mg 20
nicotine step 1 18
nicotine step 2 18
nicotine step 3 18
nicotine transdermal kit 21-14-7 mg/24hr 18
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr 18
nicotine transdermal patch 24 hour 21 mg/24hr 18
nicotine transdermal system 18
NICOTROL 18
NICOTROL NS 18
nifedipine er 55

nifedipine er osmotic release 55
nifedipine oral 55
nighttime dry-eye relief 154
nighttime relief lub eye 154
nikki 120
NIMODIPINE ORAL SOLUTION 55
nitazoxanide oral 38
NITRO-BID 59
NITRO-DUR 59
nitrofurantoin macrocrystal 20
nitrofurantoin monohydrate macrocrystals ... 20
nitrofurantoin oral suspension 25 mg/5ml 21
nitroglycerin rectal 59
nitroglycerin sublingual 59
nitroglycerin transdermal 59
nitroglycerin translingual 59
NITYR 113
NIVA THYROID 125
NIVA-PLUS 84
NIVESTYM 50
no drip extra moisturizing 183
no drip nasal relief 183
no drip nasal spray 183
no drip original 12 hours 183
NOCDURNA 116
nohist-lq 170
NOKOR VENTED NEEDLE 50
non-aspirin 12
non-aspirin 8 hour 12
non-aspirin childrens 12
non-aspirin extra strength 12
non-aspirin jr strength 13
non-aspirin pain relief 13
non-pseudo sinus decongestant 168
NORDITROPIN FLEXPRO 116
norethin ace-eth estrad-fe 121
norethindrone acetate oral 123
norethindrone acet-ethinyl est 121
norethindrone oral 123
norethin-eth estradiol-fe 121
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg 121
norgestimate-ethinyl estradiol triphasic 121
NORLIQVA 55
NORPACE CR 54
nortrel 0.5/35 (28) 121
nortrel 1/35 (21) 121
nortrel 1/35 (28) 121
nortrel 7/7/7 121
nortriptyline hcl oral 28
NORVIR ORAL PACKET 44
nose drops extstrength 168
NOVOEIGHT 51
NOVOLIN 70/30 FLEXPEN 49
NOVOLIN 70/30 RELION 49
NOVOLIN 70/30 VIAL 49
NOVOLIN N FLEXPEN 49
NOVOLIN N VIAL 49
NOVOLIN R FLEXPEN 49
NOVOLIN R VIAL 49
NOVOLOG FLEXPEN 49
NOVOLOG MIX 70/30 FLEXPEN 49
NOVOLOG MIX 70/30 VIAL 49
NOVOLOG PENFILL 49
NOVOLOG U-100 VIAL 49
NOVOSEVEN RT 52
np thyroid oral tablet 120 mg, 15 mg 125
NPLATE 50
NUBEQA 35
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 165
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML 165
NUCYNTA 7
NUCYNTA ER 6
NUEDEXTA 61
NU-IRON 79
NULEV 143
NURTEC 33
NUTRAPLUS 70
NUTROPIN AQ NUSPIN 10 116
NUTROPIN AQ NUSPIN 20 116
NUTROPIN AQ NUSPIN 5 116
NUVARING 121
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT 51
NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT 51
NUZYRA ORAL 23
nyamyc 68
nylia 7/7/7 121
nystatin external 68
nystatin mouth/throat 31
nystatin oral 31
nystop 68
NYVEPRIA 50
OA 1 143
OA 2 143
OBIZUR 52
OBSTETRIX DHA 85
OCEAN FOR KIDS 168
OCEAN NASAL SPRAY 168
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML 127
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS 127
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS 127
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml 125
octreotide acetate injection solution 1000 mcg/ml 125
octreotide acetate injection solution 200 mcg/ml 125
octreotide acetate injection solution 500 mcg/ml 126

OCUVEL 189
ODEFSEY 44
ODOMZO 36
odorless coated fish oil 143
OFEV 164
ofloxacin ophthalmic 150
ofloxacin oral 22
ofloxacin otic 156
ointment base 69
olanzapine oral 40
olopatadine hcl ophthalmic 150
OLUMIANT ORAL TABLET 1 MG, 2 MG ... 127
OLUMIANT ORAL TABLET 4 MG 127
omega-3 fish oil 143
omega-3 fish oil oral capsule 1000 mg 143
omega-3 fish oil oral capsule 1200 mg 143
omega-3 fish oil oral capsule 300 mg 143
omega-3 microgel 143
omega-3 oral capsule 1000 mg 144
omega-3 oral capsule 1400 mg 144
omeprazole magnesium oral tablet delayed release 92
omeprazole oral capsule delayed release 92
OMNARIS 161
OMNIFLEX DIAPHRAGM 144
OMNIPOD 5 DEXG7G6 INTRO GEN 5 144
OMNIPOD 5 DEXG7G6 PODS GEN 5 144
OMNITROPE 116
ON/GO COVID-19 ANTIGEN TEST 144
ON/GO ONE COVID-19 HOME TEST 144
once daily 85
ondansetron hcl oral solution 30
ondansetron hcl oral tablet 4 mg, 8 mg 30
ondansetron odt oral tablet dispersible 4 mg, 8 mg 30
one daily 85
ONE DAILY ESSENTIALS 85
ONE VITE CALCIUM + D3 79
ONE VITE DAILY MULTIVITAMIN 85
ONE VITE WOMENS 85
ONE VITE WOMENS PLUS 85
one-daily multi vitamins 85
one-daily multi-vitamin 85
one-daily multi-vitamin/iron 189
one-daily/iron 189
ONELAX 144
ONELAX MAGNESIUM CITRATE 109
ONELAX SENNA 109
ONETOUCH DELICA PLUS LANCING 144
ONETOUCH DELICA SAFETY LANCING ... 72
ONETOUCH ULTRA 2 KIT W/DEVICE . 72, 73
ONETOUCH ULTRA BLUE TEST 73
ONETOUCH ULTRA CONTROL 73
ONETOUCH ULTRA IN VITRO LIQUID 73
ONETOUCH ULTRA STRIP IN VITRO 73
ONETOUCH ULTRA TEST STRIPS 73
ONETOUCH ULTRASOFT 2 LANCETS 73
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE 73
ONETOUCH VERIO IN VITRO LIQUID 73
ONETOUCH VERIO REFLECT KIT W/DEVICE 73
ONETOUCH VERIO TEST STRIPS 73
ONEXTON 63
ONGENTYS 39
ONGLYZA 47
opcicon one-step 124
OPILL 144
option 2 124
OPZELURA 70
ORACEA 23
oralyte 79
ORENCIA CLICKJECT 127
ORENCIA SUBCUTANEOUS 127
ORENITRAM MONTH 1 164
ORENITRAM MONTH 2 164
ORENITRAM MONTH 3 164
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG 164
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG 164
ORFADIN ORAL CAPSULE 10 MG 113
ORFADIN ORAL CAPSULE 2 MG, 20 MG, 5 MG 113
ORFADIN ORAL SUSPENSION 113
ORGOVYX 20
ORIAHNN 126
ORILISSA 126
ORKAMBI 163
ORLADEYO 144
orphenadrine citrate er 185
OS-CAL CALCIUM + D3 79
OSCIMIN 144
oseltamivir phosphate oral 45
OSPHENA 123
OTEZLA ORAL TABLET 20 MG 127
OTEZLA ORAL TABLET 30 MG 127
OTEZLA ORAL TABLET THERAPY PACK 127
OTREXUP 129
oxaprozin oral tablet 6
oxazepam 46
oxcarbazepine oral suspension 26
oxcarbazepine oral tablet 26
oxybutynin chloride er 113
oxybutynin chloride oral solution 113
oxybutynin chloride oral tablet 5 mg 113
oxycodone hcl oral capsule 7
oxycodone hcl oral concentrate 7
oxycodone hcl oral solution 7
oxycodone hcl oral tablet 15
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML 8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG 8

oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg ... 8
OXYCONTIN ... 6
oysco 500+d ... 79
oyster shell calcium + d oral tablet 500-10 mg-mcg ... 79
oyster shell calcium + d3 ... 79
oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg ... 189
oyster shell calcium plus d ... 79
oyster shell calcium w/d ... 79
oyster shell calcium/d oral tablet 250-3.125 mg-mcg ... 189
oyster shell calcium/vit d ... 79
oyster shell calcium/vit d3 ... 79
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg ... 79
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg ... 189
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg ... 79
oyster shell calcium-vit d ... 79
OZEMPIC ... 47
OZEMPIC (2 MG/DOSE) ... 47
p col-rite ... 109
pain & fever child ... 13
pain & fever childrens ... 13
pain & fever childrens oral suspension 160 mg/5ml ... 13
pain & fever infants oral suspension 160 mg/5ml ... 13
pain and fever relief kids ... 13
pain relief childrens oral elixir 160 mg/5ml ... 13
pain relief childrens oral suspension ... 13
pain relief childrens oral tablet chewable 160 mg ... 13
pain relief extra st ... 13
pain relief extra strength oral capsule 500 mg ... 13
pain relief extra strength oral liquid 500 mg/15ml ... 13
pain relief extra strength oral tablet 500 mg ... 13
pain relief oral liquid 500 mg/15ml ... 13
pain relief oral tablet 325 mg ... 14
pain relief oral tablet extended release 650 mg ... 14
pain relief regular strength ... 14
pain relief/rapid burst ... 14
pain reliever ex st oral liquid 500 mg/15ml ... 14
pain reliever ex st oral tablet 500 mg ... 14
pain reliever extra strength oral tablet 250-250-65 mg ... 14
pain reliever extra strength oral tablet 500 mg ... 14
pain reliever oral suspension 160 mg/5ml ... 14
pain reliever oral tablet 325 mg ... 14
pain reliever plus ... 14
pain-off ... 14
PANADOL CHILDRENS ... 14
PANADOL EXTRA STRENGTH ... 14
PANADOL INFANTS ... 14
PANOXYL ... 144
pantoprazole sodium oral ... 92
paroxetine hcl oral tablet ... 28
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % ... 150
PAXLOVID (150/100) ... 45
PAXLOVID (300/100) ... 45
PAXOTIN ... 101
pazopanib hcl ... 148
ped electrolyte freeze pop ... 79
PEDIA-LAX ORAL LIQUID ... 109
PEDIALYTE FREEZER POPS ... 80
PEDIALYTE IMMUNE SUPPORT ... 80
PEDIALYTE ORAL SOLUTION ... 80
PEDIALYTE SINGLES ... 80
PEDIARIX ... 130
pediatric electrolyte oral solution ... 80
PEDVAX HIB ... 131
peg 3350 oral powder ... 106
peg 3350-kcl-na bicarb-nacl ... 90
peg-3350/electrolytes ... 90
PEGASYS ... 128
PENBRAYA ... 144
penicillamine oral capsule ... 114
penicillamine oral tablet ... 114
penicillin v potassium ... 22
PENTACEL ... 131
pentamidine isethionate inhalation ... 38
PENTASA ... 132
pentazocine-naloxone hcl ... 8
pentoxifylline er ... 57
PEPCID AC ... 91
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML ... 101
PERDIEM OVERNIGHT RELIEF ... 109
PERFOROMIST ... 163
perindopril erbumine ... 54
periogard ... 63
permethrin external ... 67
perphenazine oral ... 29
perphenazine-amitriptyline ... 27
PERSERIS ... 40
PFD 2 ... 144
PFD TODDLER ... 144
PFIZER COVID-19 VAC-TRIS 5-11Y ... 144
PFIZER COVID-19 VAC-TRIS 6M-4Y ... 144
pharbechlor ... 173
pharbedryl ... 161
PHARBETOL ... 14
PHARBETOL EXTRA STRENGTH ... 14
pharbinex ... 168
PHAZYME ... 101
PHAZYME ULTRA STRENGTH ... 101
PHEBURANE ... 113

phenazo 114
phenazopyridine hcl oral tablet 100 mg, 200 mg 114
phenazopyridine hcl oral tablet 95 mg 114
phenobarbital oral 25
phenylephrine hcl ophthalmic 150
phenylephrine hcl oral 168
PHENYL-FREE 2 144
PHENYL-FREE 2HP 144
phenytoin infatabs 26
phenytoin oral 26
phenytoin sodium extended 26
philith 121
PHOSPHA 250 NEUTRAL 80
PHOSPHOLINE IODIDE 151
phosphorous 80
phospho-trin 250 neutral 80
PHOSPHO-TRIN K500 80
phytonadione injection solution 10 mg/ml 85
phytonadione oral 85
PIFELTRO 43
pilocarpine hcl ophthalmic 151
pilocarpine hcl oral tablet 5 mg 63
pilocarpine hcl oral tablet 7.5 mg 63
PILOT COVID-19 AT-HOME TEST 144
pimecrolimus 66
pimozide 40
pimtrea 121
pink bismuth maximum strength 101
pink bismuth oral suspension 262 mg/15ml 101
pink bismuth oral suspension 525 mg/15ml 101
pink bismuth oral tablet 262 mg 101
pink bismuth oral tablet chewable 262 mg 101
pink bismuth ultra str 101
pioglitazone hcl 47
pioglitazone hcl-metformin hcl 47
PIP GLUCOSE CONTROL SOLUTION 74
piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm 22
PIQRAY (200 MG DAILY DOSE) 36
PIQRAY (250 MG DAILY DOSE) 36
PIQRAY (300 MG DAILY DOSE) 36
pirfenidone oral capsule 164
pirfenidone oral tablet 267 mg, 801 mg 164
piroxicam oral 6
PKU COOLER 10 144
PKU COOLER 15 144
PKU COOLER 20 144
pku trio 144
PLAN B ONE-STEP 124
PLEGRIDY INTRAMUSCULAR 62
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 62
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 62
PLENVU 90
plerixafor 50
PNEUMOVAX 23 131
podofilox external solution 67
poly bacitracin 144
polyethylene glycol 3350 oral powder 106
polyethylene glycol 3350-grx oral powder 106
poly-iron 150 80
polymyxin b-trimethoprim 150
polysaccharide iron complex 80
polysaccharide-iron complex 80
POLYSPORIN 145
polyvinyl alcohol ophthalmic 154
POLY-VI-SOL 189
POLY-VITE PEDIATRIC 189
POMALYST 35
portia-28 121
potassium chloride crys er oral tablet extended release 10 meq 74
potassium chloride crys er oral tablet extended release 20 meq 74
potassium chloride er oral capsule extended release 10 meq 74
potassium chloride er oral tablet extended release 10 meq 75
potassium chloride er oral tablet extended release 20 meq 75
potassium chloride er oral tablet extended release 8 meq 75
potassium chloride oral 75
potassium citrate er oral tablet extended release 10 meq (1080 mg) 75
potassium citrate er oral tablet extended release 15 meq (1620 mg) 75
potassium citrate er oral tablet extended release 5 meq (540 mg) 75
potassium citrate-citric acid 80
povidone iodine 23
povidone-iodine external solution 23
PRADAXA ORAL CAPSULE 50
PRALUENT 58
pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg 39
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg 39
pramipexole dihydrochloride oral tablet 0.75 mg 39
pravastatin sodium 58
praziquantel oral 37
prazosin hcl oral 53
PRECISION GLUCOSE KETONE CONTR. 74
PRECISION XTRA BLOOD GLUCOSE 74
prednisolone acetate ophthalmic 151
PREDNISOLONE ACETATE P-F 151
prednisolone oral solution 115
prednisolone sodium phosphate ophthalmic 151

prednisolone sodium phosphate oral solution 15 mg/5ml 115
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml 115
prednisone intensol 115
prednisone oral solution 115
prednisone oral tablet 115
prednisone oral tablet therapy pack 10 mg (21) 115
prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) 115
pregabalin oral 61
PREMARIN ORAL 121
PREMARIN VAGINAL 121
premium lidocaine 16
PREMPHASE 121
PREMPRO 121
prenatal formula oral tablet 28-0.8 mg 85
prenatal gummy oral tablet chewable 0.4-25 mg 85
prenatal multi+dha 85
prenatal multivitamin 85
prenatal multivitamins 85
prenatal oral tablet 27-0.8 mg 85
prenatal oral tablet 27-1 mg 85
prenatal oral tablet 28-0.8 mg 85
prenatal plus 85
prenatal plus vitamin/mineral 85
prenatal vitamins 86
prenatal/iron 86
PREPARATION H EXTERNAL CREAM 1 % 132
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 132
prevalite oral packet 58
prevalite oral powder 58
PREVIDENT 75
PREVIDENT 5000 DRY MOUTH 75
PREVIDENT 5000 PLUS 75
PREVNAR 20 131
PREZCOBIX 44
PREZISTA ORAL SUSPENSION 145
PREZISTA ORAL TABLET 150 MG, 75 MG 145
PRIFTIN 34
PRILOSEC OTC 92
PRILOVIX 16
PRILOVIX LITE 16
PRILOVIX LITE PLUS 16
PRILOVIX PLUS 16
PRILOVIX ULTRALITE 16
PRILOVIX ULTRALITE PLUS 16
primaquine phosphate 38
primidone oral 25
PRIORIX 131
PRIVIGEN 127
PROAIR RESPICLICK 163
probenecid 32
probiotic acidophilus oral capsule 101
probiotic blend 102
probiotic colon care 102
probiotic complex 102
probiotic digestive support 145
probiotic maximum strength 102
probiotic oral capsule 102
probiotic oral capsule 250 mg 102
probiotic pearls ex st 102
prochlorperazine 29
prochlorperazine maleate oral 29
PRO-CRITIC 145
PROCTOCORT EXTERNAL 132
PROCTOFOAM HC 67
procto-med hc 132
PROCTOSOL HC 132
PROCTOZONE-HC 132
PROFILNINE 53
progesterone oral 123
PROGLYCEM 48
PROLATE ORAL TABLET 8
PROLENSA 151
PROLIA 133
PROMACTA 50
promethazine hcl injection solution 25 mg/ml 29
promethazine hcl oral 29
promethazine hcl rectal 29
promethazine vc 165
promethazine-codeine oral solution 183
promethazine-dm 183
promethazine-phenylephrine 165
PROMETHEGAN RECTAL SUPPOSITORY 50 MG 29
PRONUTRIENTS VITAMIN D3 86
propafenone hcl 54
propranolol hcl er 55
propranolol hcl oral solution 20 mg/5ml 55
propranolol hcl oral solution 40 mg/5ml 55
propranolol hcl oral tablet 55
PROPRINAL 6
propylthiouracil oral 126
PROQUAD 131
PROTONIX ORAL PACKET 92
protriptyline hcl 28
PROXIVOL 16
pseudoephedrine hcl 12 hr 183
pseudoephedrine hcl er 183
pseudoephedrine hcl oral tablet 30 mg 183
pseudoephedrine-bromphen-dm 168
pseudoephedrine-guaifenesin er 183
PULMICORT FLEXHALER 161
PULMOSAL 183
PULMOZYME 163
PURE & GENTLE LUBRICANT 154
purelax oral powder 106
PYLERA 90
pyrazinamide oral 34
PYRIDIUM 114

pyridostigmine bromide er 34
pyridostigmine bromide oral solution 34
pyridostigmine bromide oral tablet 60 mg 34
pyridoxine hcl oral 191
pyrimethamine oral 38
QELBREE 46
QNASL 161
QNASL CHILDRENS 161
QTERN 47
QUADRACEL INTRAMUSCULAR SUSPENSION 131
quetiapine fumarate oral tablet 150 mg 40
quetiapine fumarate tablet 100 mg oral 41
quetiapine fumarate tablet 200 mg oral 41
quetiapine fumarate tablet 25 mg oral 41
quetiapine fumarate tablet 300 mg oral 41
quetiapine fumarate tablet 400 mg oral 41
quetiapine fumarate tablet 50 mg oral 41
QUICKVUE AT-HOME COVID-19 TEST 145
quinapril hcl 54
quinapril-hydrochlorothiazide 57
quinidine gluconate er 54
quinidine sulfate 54
quinine sulfate 38
QUINTET CONTROL HIGH/NORMAL 74
quit2 20
quit4 20
QULIPTA 33
QUVIVIQ 145
QVAR REDIHALER 161
radiance platinum vitamin d3 86
RADICAVA ORS 61
RADICAVA ORS STARTER KIT 61
raloxifene hcl 123
ramipril 54
ranolazine er 57
rapid melts junior oral tablet dispersible 160 mg 15
RASUVO 129
RAVICTI 113
RAYALDEE 133
RAYOS 115
react 124
ready-to-use enema rectal enema 102
REBIF 62
REBIF REBIDOSE 62
REBIF REBIDOSE TITRATION PACK 62
REBIF TITRATION PACK 62
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT 53
reclipsen 121
RECOMBINATE 53
RECOMBIVAX HB 131
refenesen 400 168
REFRESH LACRI-LUBE 154
REFRESH PLUS 154
REFRESH TEARS 154
reguloid oral powder 43 % 106
REHYDRALYTE 80
RELADOR PAK 16
RELADOR PAK PLUS 16
RELENZA DISKHALER 45
RELEUKO 50
RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG 60
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG 60
relief eye drops 154
RELION TRUE METRIX TEST STRIPS 74
RELISTOR SUBCUTANEOUS 89
rena-vite 86
renewal soothing bath 69
repaglinide 47
REPATHA 58
RESTASIS 150
RESTASIS MULTIDOSE 150
RESTORA 102
restore plus lubricant eye 154
restore pm 154
RETACRIT 50
RETIN-A 63
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % 63
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % 63
REVCOVI 113
REVITAFLOR 102
REVLIMID 35
REXULTI 41
REYATAZ ORAL PACKET 44
RHOPRESSA 151
RIASTAP 53
ribavirin oral 42
rifampin oral 34
riluzole 61
rimantadine hcl 45
RINVOQ 127
RISAQUAD 102
RISAQUAD-2 102
RISPERDAL CONSTA 41
risperidone microspheres er 41
risperidone oral solution 41
risperidone oral tablet 0.25 mg 41
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg 41
risperidone oral tablet 4 mg 41
risperidone oral tablet dispersible 41
RITALIN LA 60
ritonavir 44
rivastigmine 27
rivastigmine tartrate 27
RIXUBIS 53
rizatriptan benzoate 33
ROBAFEN CF MULTI-SYMPTOM COLD 170
ROBITUSSIN 12 HOUR COUGH 183
ROBITUSSIN 12 HOUR COUGH CHILD 183

ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML 183
ROBITUSSIN PEAK COLD MULTI-SYM ... 170
ROCKLATAN 150
ropinirole hcl 39
rosuvastatin calcium oral 58
ROTARIX 131
ROTATEQ 131
roweepra 24
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG 6
ROZEREM 186
ROZLYTREK ORAL CAPSULE 36
ROZLYTREK ORAL PACKET 36
RUBRACA 36
RUCONEST 126
rufinamide oral tablet 26
RYALTRIS 145
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG 48
RYCLORA 161
RYDAPT 36
RYNEX DM 183
RYNEX PE 183
rynex pse 184
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG 39
RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG 39
saccharomyces boulardii 102
SAFYRAL 121
salicylic acid external foam 145
salicylic acid external gel 145
salicylic acid wart remover 145
saline enema 102
saline mist spray 168
saline nasal spray 168
salsalate oral 15
SALVAX 145
sam-e.p.a. 145
SANCUSO 30
saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg 48
sb arthritis pain relief 15
sb docusate sodium/senna 109
sb lice killing max st 38
sb mucus relief 168
sb pain reliever childrens 15
scalp relief external liquid 3 % 145
SCEMBLIX ORAL TABLET 20 MG, 40 MG 37
SCRUB CARE POVIDONE-IODINE 24
sea-omega 145
SEGLUROMET 48
selenium sulfide external lotion 66
SEMGLEE (YFGN) 49
senexon-s 109
senior probiotic 102
senna lax 109
senna laxative 109
senna oral liquid 8.8 mg/5ml 109
senna oral syrup 176 mg/5ml 109
senna oral syrup 8.8 mg/5ml 109
senna oral tablet 8.6 mg 109
senna plus oral tablet 109
senna s 109
senna smooth 109
senna-docusate sodium 109
senna-lax 109
senna-plus 109
senna-s oral tablet 109
senna-tabs 110
senna-time 110
senna-time s 110
SENNAZON 110
sennosides-docusate sodium 110
SENOKOT 110
SENOKOT S 110
SEREVENT DISKUS 163
sertraline hcl oral concentrate 28
sertraline hcl oral tablet 28
setlakin 121
sevelamer carbonate oral tablet 81
SEVENFACT 145
sf 5000 plus 75
sf gel 1.1% 75
SFROWASA 132
sharobel 123
SIGNIFOR 126
sildenafil citrate oral suspension reconstituted 164
sildenafil citrate oral tablet 20 mg 164
silver sulfadiazine external 67
SIMBRINZA 151
SIMEPED 102
simethicone drops infants 102
simethicone oral 102
simethicone ultra strength 102
SIMLANDI (1 PEN) 129
SIMLANDI (1 SYRINGE) 129
SIMLANDI (2 PEN) 129
SIMLANDI (2 SYRINGE) 129
simliya 121
simpesse 121
simvastatin oral 58
sinus & congestion max str 184
sinus 12-hour 184
sinus nasal spray 184
sinus pe decongestant 168
sinus relief extra strength 168
sinus/congestion relief pe 168
sirolimus oral solution 129
sirolimus oral tablet 0.5 mg, 1 mg 129
sirolimus oral tablet 2 mg 129
SIRTURO 34
SITAVIG 42
SKYRIZI PEN 127

SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 145
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 127
SKYTROFA 116
SLO-NIACIN 86
smooth antacid ex st oral tablet chewable 750 mg 102
smooth antacid extra st 102
smooth antacid extra strength 102
smooth lax oral powder 106
SOAANZ ORAL TABLET 20 MG 57
sod chloride hypertonicity 154
sod citrate-citric acid oral solution 500-334 mg/5ml 80
sodium bicarbonate oral tablet 103
sodium chloride (hypertonic) ophthalmic ointment 154
sodium chloride (hypertonic) ophthalmic solution 154
sodium chloride (pf) 75
sodium chloride inhalation nebulization solution 0.9 % 184
sodium chloride inhalation nebulization solution 10 % 184
sodium chloride inhalation nebulization solution 3 % 184
sodium chloride inhalation nebulization solution 7 % 184
sodium chloride intravenous solution 0.45 % 75
sodium chloride ophthalmic ointment 5 % .. 155
sodium chloride ophthalmic solution 5 % ... 155
SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS 75
sodium chloride solution 0.9 % intravenous . 75
sodium fluoride 5000 plus 75
sodium fluoride 5000 ppm dental cream 75
sodium fluoride 5000 ppm dental gel 75
sodium fluoride dental cream 75
sodium fluoride dental gel 75
sodium fluoride mouth/throat 75
sodium fluoride oral solution 75
sodium fluoride oral tablet chewable 75
SODIUM OXYBATE 186
sodium phenylbutyrate oral powder 113
sodium phenylbutyrate oral tablet 113
sodium polystyrene sulfonate 81
SOFOSBUVIR-VELPATASVIR 42
soft glucose 49
SOLIQUA 48
SOLIRIS 145
SOLOSEC 21
soluble fiber therapy 110
SOMAVERT 126
SOOLANTRA 67
soothe maximum strength 103
soothe oral suspension 103
soothe oral tablet chewable 103
sorafenib tosylate 36
sorbitol oral 106
sotalol hcl (af) 54
sotalol hcl oral 54
SOTYKTU 145
SOVALDI ORAL TABLET 42
SOVUNA ORAL TABLET 200 MG 38
SPEEDY SWAB COVID-19 ANTIGEN 145
SPIKEVAX 145
spinosad 67
SPIRIVA HANDIHALER 162
SPIRIVA RESPIMAT 162
spironolactone oral tablet 57
spironolactone-hctz 57
SPRAVATO (56 MG DOSE) 27
SPRAVATO (84 MG DOSE) 27
sprintec 28 121
SPRYCEL 148
SPS (SODIUM POLYSTYRENE SULF) 81
sronyx 121
ssd 67
ST JOSEPH LOW DOSE 145
STEGLATRO 48
STEGLUJAN 48
stimulant lax plus 110
stimulant laxative 110
STIOLTO RESPIMAT 175
STIVARGA 36
stomach relief extra strength 103
stomach relief max st oral suspension 525 mg/15ml 103
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml 103
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml 103
stomach relief oral tablet 262 mg 103
stomach relief oral tablet chewable 262 mg 103
stomach relief plus 103
stomach relief ultra 103
stool softener extra str 110
stool softener laxative oral capsule 110
stool softener oral capsule 100 mg 110
stool softener oral capsule 240 mg 110
stool softener oral capsule 250 mg 110
stool softener oral capsule 50 mg 110
stool softener pls laxative 110
stool softener plus laxative 110
stool softener/laxative 110
stool softener/laxative oral tablet 110
STRENSIQ 113
stress formula 86
stress formula/iron 189
stress formula/zinc/energy 86
STRIBILD 43
STRIVE DUAL ZONE PEAK FLOW MTR .. 145
STRIVERDI RESPIMAT 163
SUBLOCADE 17

SUBOXONE 17
subvenite 24
sucralfate oral suspension 91
sucralfate oral tablet 91
SUDAFED 184
SUDAFED PE CONGESTION ORAL TABLET 10 MG 168
SUDAFED PE SINUS CONGESTION 168
SUDAFED SINUS CONGESTION 184
SUDAFED SINUS CONGESTION 12HR 184
sudogest maximum strength 184
sudogest oral tablet 30 mg 184
sulfacetamide sodium ophthalmic 150
sulfacetamide-prednisolone 150
sulfadiazine oral 22
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml 22
sulfamethoxazole-trimethoprim oral tablet 22
sulfasalazine oral 132
sulfatrim pediatric 22
sulindac oral 6
sumatriptan nasal 33
sumatriptan succinate oral 33
sumatriptan succinate refill 33
sumatriptan succinate subcutaneous 33
sunitinib malate 36
SUNOSI 186
suphedrine 12hour 184
suphedrine maximum strength 184
suphedrine oral tablet 30 mg 184
suphedrine oral tablet extended release 12 hour 120 mg 184
SUPPORT 189
SUPREP BOWEL PREP KIT 90
sure result sr relief 145
surelac 103
SUTAB 24
sv vitamin d3 oral capsule 25 mcg 86
sv vitamin d3 oral capsule 50 mcg (2000 ut) 86
sv vitamin d3 oral tablet chewable 86
syeda 121
SYMBICORT 175
SYMDEKO 163
SYMFI 43
SYMFI LO 43
SYMLINPEN 120 48
SYMLINPEN 60 48
SYMPAZAN 25
SYMPROIC 89
SYMTUZA 44
SYNAGIS 128
SYNJARDY 48
SYNJARDY XR 48
SYSTANE 155
SYSTANE BALANCE 155
SYSTANE COMPLETE 155
SYSTANE CONTACTS 155
SYSTANE HYDRATION PF 155
SYSTANE NIGHT 155
SYSTANE NIGHTTIME 155
SYSTANE PRESERVATIVE FREE 155
SYSTANE ULTRA 155
SYSTANE ULTRA PF 155
tab tussin 168
tab-a-vite/beta carotene 86
TABRECTA 148
TACLONEX 67
tacrolimus external ointment 0.03 % 66
tacrolimus external ointment 0.1 % 66
tacrolimus oral capsule 0.5 mg, 5 mg 130
tacrolimus oral capsule 1 mg 130
tadalafil (pah) 164
TADLIQ 164
TAFINLAR 36
tafluprost (pf) 149
TAGAMET HB 200 91
TAGRISSO 148
take action 124
TALICIA 90
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 128
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML 128
tamoxifen citrate oral 35
tamsulosin hcl 113
TAPERDEX 6-DAY 115
tarina 24 fe 122
tarina fe 1/20 eq 122
TASIGNA 148
TAVALISSE 51
TDVAX 131
TECARTUS 145
TEENY TUMMY GAS RELIEF DROPS 103
TEKTURNA 57
telmisartan 53
temazepam oral capsule 15 mg, 30 mg 186
temozolomide oral capsule 100 mg 34
temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg 34
TENCON 8
TENIVAC 131
tenofovir disoproxil fumarate 44
terazosin hcl 113
terbinafine hcl external 32
terbinafine hcl oral 31
terbinafine hydrochloride external cream 1 % 32
terconazole vaginal cream 31
teriflunomide 62
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML 133
TESTIM 117
testosterone cypionate intramuscular 117
testosterone enanthate intramuscular 117

testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) 117
TETANUS-DIPHTHERIA TOXOIDS TD 131
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 165
tgt clotrimazole external cream 1 % 68
the magic bullet 145
THEO-24 164
theophylline er oral tablet extended release 12 hour 300 mg 164
theophylline er oral tablet extended release 12 hour 450 mg 164
theophylline er oral tablet extended release 24 hour 400 mg 164
theophylline er oral tablet extended release 24 hour 600 mg 164
theophylline oral 164
THERA 86
thera-tabs 86
thiamine hcl oral 191
thiamine mononitrate oral 86
THIOLA 114
THIOLA EC 114
thioridazine hcl oral 40
thiothixene 40
THRIVE 20
thyroid oral tablet 120 mg, 15 mg 125
tiadylt er 56
tiagabine hcl 25
TIGLUTIK 61
timolol maleate ophthalmic solution 151
TIMOPTIC OCUDOSE 151
TINACTIN EXTERNAL CREAM 145
tinidazole oral tablet 250 mg 21
tinidazole oral tablet 500 mg 21
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 124
TIROSINT-SOL 124
TIVICAY 43
TIVICAY PD 43
tizanidine hcl oral tablet 42
TM-DAILY VITE 86
TOBI PODHALER 163
TOBRADEX 150
TOBRADEX ST 150
tobramycin ophthalmic 150
tobramycin-dexamethasone 150
tolnaftate antifungal external cream 146
tolnaftate external cream 146
tolnaftate external powder 146
topiramate er oral capsule er 24 hour sprinkle 24
topiramate oral capsule sprinkle 15 mg, 25 mg 24
topiramate oral capsule sprinkle 50 mg 24
topiramate oral tablet 24
toremifene citrate 35
torsemide 57
total allergy 161
total allergy medicine 161
TOUJEO MAX SOLOSTAR 49
TOUJEO SOLOSTAR 49
TOVIAZ 113
TRACLEER 32 MG 164
TRADJENTA 48
tramadol hcl er 6
tramadol hcl oral tablet 100 mg, 50 mg 8
trandolapril 54
tranexamic acid oral 51
travel ease 29
travoprost (bak free) 149
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG 149
trazodone hcl oral 28
TRECATOR 34
TRELEGY ELLIPTA 175
TRESIBA 49
TRESIBA FLEXTOUCH 49
tretinoin oral 36
TRETTEN 53
TREXALL 130
TREZIX 8
triamcinolone acetonide external cream 66
triamcinolone acetonide external lotion 0.025 % 66
triamcinolone acetonide external lotion 0.1 % 66
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % 66
triamcinolone acetonide external ointment 0.05 % 66
triamcinolone acetonide mouth/throat 63
triamcinolone acetonide nasal 174
triamcinolone acetonide suspension 40 mg/ml injection 115
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION 115
triamcinolone in absorbase 66
TRIAMINIC ALLERCHEWS 173
triamterene-hctz 57
tri-buffered aspirin 15
triderm 66
tri-estarylla 122
trifluoperazine hcl 40
trifluridine 150
trihexyphenidyl hcl 39
TRIJARDY XR 48
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG 163
TRIKAFTA ORAL THERAPY PACK 163
tri-legest fe 122
tri-lo-estarylla 122
tri-lo-marzia 122
tri-lo-mili 122
tri-lo-sprintec 122

trimethobenzamide hcl oral 29
trimethoprim oral 21
tri-mili 122
trimipramine maleate oral 28
TRINTELLIX 28
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit 24
TRIPTODUR 126
tri-sprintec 122
TRITOLNACIDE C 146
TRIUMEQ 44
TRIUMEQ PD 44
tri-vite pediatric 86
trivora (28) 122
tri-vylibra 122
tri-vylibra lo 122
TROJAN MAGNUM 146
TROJAN ULTRA RIBBED LUBRICATED 146
TROJAN ULTRA THIN 146
TROJAN ULTRA THIN/SPERMICIDAL 146
TROJAN-ENZ LUBRICATED 146
TROJAN-ENZ/SPERMICIDAL 146
TROKENDI XR 24
TRUE COVER 146
TRUE DAILY VITE 86
TRUE FERROUS SULFATE 80
TRUE FOLIC ACID ORAL TABLET 1 MG 146
TRUE FOLIC ACID ORAL TABLET 400 MCG 146
true laxative 106
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG 80
TRUE MULTIVITAMIN 86
TRUE NASAL MOISTURIZING 168
true oyster shell calcium 189
TRUE VITAMIN A 86
TRUE VITAMIN B1 ORAL TABLET 100 MG 86
TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG 86
TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG 191
TRUE VITAMIN C 189
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) 87
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) 87
TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) 87
TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) 87
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) 87
TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) 87
TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) 87
TRUE VITAMIN E ORAL CAPSULE 180 MG 191
TRUELYTE 80
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 49
TRULANCE 89
TRULICITY 48
TRUMENBA 131
TUDORZA PRESSAIR 162
TUMS 103
TUMS CHEWY BITES 103
TUMS CHEWY BITES ULTRA STR 103
TUMS E-X 750 104
TUMS EXTRA STRENGTH 104
TUMS EXTRA STRENGTH 750 104
TUMS LASTING EFFECTS 104
TUMS SMOOTHIES 104
TUMS ULTRA 1000 104
TUMS ULTRA STRENGTH 104
TURALIO 148
turqoz 122
tusnel-ex 168
tussin adult chest congest 168
tussin adult oral liquid 200 mg/10ml 169
tussin cf cough & cold oral syrup 5-10-100 mg/5ml 170
tussin cf oral liquid 30-10-100 mg/5ml 184
tussin cf oral liquid 5-10-100 mg/5ml 170
tussin chest congestion oral liquid 100 mg/5ml 169
tussin cough dm sugar free 184
tussin cough/chest dm max 185
tussin dm cough + chest oral liquid 20-400 mg/20ml 185
tussin dm max adult 185
tussin dm max daytime 185
tussin dm max oral liquid 20-400 mg/20ml 185
tussin dm max st 185
tussin dm oral syrup 100-10 mg/5ml 185
tussin maximum strength oral syrup 15 mg/5ml 169
tussin mucus & chest congest 169
tussin oral liquid 100 mg/5ml 169
TWINRIX 131
TYBOST 44
TYLENOL FOR CHILDREN + ADULTS 15
TYLENOL ORAL SUSPENSION 160 MG/5ML 15
TYLENOL ORAL TABLET 325 MG, 500 MG 15
TYLENOL ORAL TABLET CHEWABLE 160 MG 15
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG 15
TYMLOS 133
TYR COOLER 146
TYR GEL 146
TYROS 1 146
TYROS 2 146

TYRVAYA 150
TYVASO 164
TYVASO DPI MAINTENANCE KIT 164
TYVASO DPI TITRATION KIT 164
TYVASO REFILL KIT 164
TYVASO STARTER KIT 164
UBRELVY 33
UCERIS 132
UDENYCA 50
ULTOMIRIS 146
ultra calcium + vitamin d3 80
ultra dairy digestive 104
ultra fresh 155
ultra fresh pm 155
ULTRA LIDO EXTERNAL CREAM 16
ultra lubricant drop 155
ultra lubricating eye drops 155
ultra lubricating eye drops pf 155
unithroid 124
urea 20 intensive hydrating 70
urea external cream 20 % 70
urea external lotion 70
ureacin-10 70
ureacin-20 70
urinary pain relief oral tablet 95 mg 114
URO-PAIN 114
ursodiol oral capsule 300 mg 90
ursodiol oral tablet 90
valacyclovir hcl oral 42
valganciclovir hcl oral solution reconstituted 42
valganciclovir hcl oral tablet 42
valproic acid oral capsule 24
valproic acid oral solution 250 mg/5ml 25
valsartan oral tablet 53
valsartan-hydrochlorothiazide 57
VALTOCO 10 MG DOSE 25
VALTOCO 15 MG DOSE 25
VALTOCO 20 MG DOSE 25
VALTOCO 5 MG DOSE 25
valtya 1/50 122
vancomycin hcl oral capsule 21
vancomycin hcl oral solution reconstituted 25 mg/ml 21
VANDAZOLE 21
VANQUISH EXTRA STRENGTH 15
VAPORIZER WARM STEAM 146
VAQTA 131
varenicline tartrate 18
varenicline tartrate (starter) 18
varenicline tartrate(continue) 18
VARIVAX 131
VASCEPA 58
VAXELIS 146
VAXNEUVANCE 131
v-c forte 189
VECTICAL 67
vegetable lax+stool softener 110
vegetable laxative 110
velivet 122
VELTASSA 81
venlafaxine hcl 28
venlafaxine hcl er oral capsule extended release 24 hour 28
VENTOLIN HFA 163
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg 56
verapamil hcl er oral tablet extended release 56
verapamil hcl oral 56
VERKAZIA 150
VERQUVO 59
VERZENIO 36
vestura 122
VFEND ORAL SUSPENSION RECONSTITUTED 31
VIBERZI 90
vic-forte 189
VICTOZA 48
vienva 122
viorele 122
VIRASAL 146
VISBIOME HIGH POTENCY ORAL CAPSULE 104
VISINE 155
vit c/rose hips 189
vitachew vitamin d3 87
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) 87
vitamin b complex oral capsule 87
vitamin b complex w/b-12 87
vitamin b1 191
vitamin b-1 oral tablet 100 mg 87
vitamin b-1 oral tablet 250 mg 191
vitamin b-12 er oral tablet extended release 1000 mcg 191
vitamin b12 oral tablet extended release 1000 mcg 191
vitamin b-12 tr oral tablet extended release 1000 mcg 191
vitamin b-6 191
vitamin b-6 er 191
vitamin c cr oral tablet extended release 500 mg 189
vitamin c er oral tablet extended release 1500 mg 190
vitamin c oral liquid 500 mg/5ml 190
vitamin c oral tablet 1000 mg, 250 mg 190
vitamin c oral tablet 500 mg 190
vitamin c oral tablet chewable 100 mg, 250 mg 190
vitamin c oral tablet chewable 500 mg 190
vitamin c/acerola 190
vitamin c/rose hips oral tablet 1000 mg 190
vitamin c/rose hips oral tablet 500 mg 190
vitamin c-rose hips 190
vitamin c-rose hips oral tablet 190

vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) 87
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) 87
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit 190
vitamin d oral capsule 25 mcg (1000 ut) 87
vitamin d oral liquid 87
vitamin d oral tablet chewable 10 mcg (400 unit) 87
vitamin d3 oral capsule 1.25 mg (50000 ut) . 87
vitamin d3 oral capsule 125 mcg (5000 ut) .. 88
vitamin d-3 oral capsule 125 mcg (5000 ut) . 88
vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) 88
vitamin d3 oral capsule 250 mcg (10000 ut) 88
vitamin d3 oral capsule 50 mcg (2000 ut) 88
vitamin d-3 oral capsule 50 mcg (2000 ut) ... 88
vitamin d3 oral liquid 10 mcg/ml 88
vitamin d3 oral tablet 10 mcg (400 unit) 88
vitamin d3 oral tablet 125 mcg (5000 ut) 88
vitamin d3 oral tablet 25 mcg (1000 ut) 88
vitamin d-3 oral tablet 25 mcg (1000 ut) 88
vitamin d3 oral tablet 50 mcg (2000 ut) 88
vitamin d3 oral tablet chewable 10 mcg (400 unit) 88
vitamin d3 oral tablet chewable 25 mcg (1000 ut) 88
vitamin d-400 oral tablet 10 mcg (400 unit) .. 88
vitamin e oral capsule 180 mg (400 unit) ... 191
vitamin k1 injection solution 10 mg/ml 88
vitamin-b complex 88
vitamins complete childrens 190
VITATHELY WITH GINGER 89
VITRAKVI 36
VIVAGUARD INO CONTROL SOLUTION ... 74
VIVELLE-DOT 122
VIVITROL 17
VIVJOA 146
volnea 122
VONVENDI 53
VOQUEZNA DUAL PAK 146
VOQUEZNA TRIPLE PAK 89
voriconazole oral tablet 31
VOSEVI 42
VRAYLAR 41
VTAMA 146
VUMERITY 62
vyfemla 122
vylibra 122
VYNDAMAX 113
VYNDAQEL 113
VYVANSE ORAL CAPSULE 61
VYZULTA 149
WAKIX 186
wal-fex d allergy & congestion oral tablet extended release 12 hour 185
warfarin sodium oral 50
wart remover external liquid 17 % 146
wart remover maximum strength external liquid 146
weekly-d 89
WEGOVY 37
WELL MAGNESIUM OXIDE 80
WELL VITAMIN C 190
WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) 89
WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) 89
wera 122
wes-phos 250 neutral 80
WESTAB PLUS 89
WIDE-SEAL DIAPHRAGM 60 147
WIDE-SEAL DIAPHRAGM 65 147
WIDE-SEAL DIAPHRAGM 70 147
WIDE-SEAL DIAPHRAGM 75 147
WIDE-SEAL DIAPHRAGM 80 147
WIDE-SEAL DIAPHRAGM 85 147
WIDE-SEAL DIAPHRAGM 90 147
WIDE-SEAL DIAPHRAGM 95 147
WILATE 53
WINLEVI 147
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act 175
wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act 175
WND 1 147
WND 2 147
womans laxative 147
womens gentle laxative 147
womens laxative oral tablet delayed release 5 mg 147
womens prenatal+dha 89
XACIATO 21
XALKORI 148
XARELTO ORAL TABLET 50
XARELTO STARTER PACK 50
XCOPRI 25
XCOPRI (250 MG DAILY DOSE) 25
XCOPRI (350 MG DAILY DOSE) 25
XELJANZ 128
XELJANZ XR 128
XEMBIFY 127
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT 42
XERAC AC 70
XHANCE 162
XIFAXAN ORAL TABLET 200 MG 21
XIFAXAN ORAL TABLET 550 MG 21
XIGDUO XR 48
XIIDRA 150
XOFLUZA (40 MG DOSE) 45
XOFLUZA (80 MG DOSE) 45
XOLAIR 128
XOPENEX HFA 163
XPECT 169

XTAMPZA ER 6
XTANDI 35
xulane 122
XULTOPHY 48
XYNTHA 53
XYNTHA SOLOFUSE 53
XYOSTED 117
XYREM 186
XYWAV 185
YONSA 147
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML 130
YUPELRI 162
yuvafem 122
ZADITOR 156
ZARXIO 50
ZEASORB-AF 32
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 114
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 114
ZEJULA 36
ZELAC 104
ZELBORAF 36
zenatane 63
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT 113
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT, 60000-189600 UNIT 113
ZEPOSIA 62
ZEPOSIA 7-DAY STARTER PACK 62
zidovudine 44
ZIEXTENZO 50
ZIMHI 17
zinc gluconate 80
zinc gluconate oral tablet 50 mg 80
zinc oral tablet 50 mg 80, 190
zinc oxide external ointment 40 % 69
ZIOPTAN 149
ziprasidone hcl 41
ZOLGENSMA 10.1-10.5 KG 111
ZOLGENSMA 10.6-11.0 KG 111
ZOLGENSMA 11.1-11.5 KG 111
ZOLGENSMA 11.6-12.0 KG 111
ZOLGENSMA 12.1-12.5 KG 111
ZOLGENSMA 12.6-13.0 KG 111
ZOLGENSMA 13.1-13.5 KG 111
ZOLGENSMA 2.6-3.0 KG 111
ZOLGENSMA 3.1-3.5 KG 111
ZOLGENSMA 3.6-4.0 KG 111
ZOLGENSMA 4.1-4.5 KG 111
ZOLGENSMA 4.6-5.0 KG 111
ZOLGENSMA 5.1-5.5 KG 111
ZOLGENSMA 5.6-6.0 KG 111
ZOLGENSMA 6.1-6.5 KG 111
ZOLGENSMA 6.6-7.0 KG 111
ZOLGENSMA 7.1-7.5 KG 111
ZOLGENSMA 7.6-8.0 KG 111
ZOLGENSMA 8.1-8.5 KG 111
ZOLGENSMA 8.6-9.0 KG 111
ZOLGENSMA 9.1-9.5 KG 111
ZOLGENSMA 9.6-10.0 KG 111
ZOLINZA 35
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG 33
zolmitriptan nasal solution 5 mg 33
zolmitriptan oral 33
zolpidem tartrate er 186
zolpidem tartrate oral tablet 186
ZOMIG NASAL SOLUTION 2.5 MG 33
ZOMIG NASAL SOLUTION 5 MG 33
ZONEGRAN 26
zonisamide oral 26
ZORYVE EXTERNAL CREAM 0.3 % 147
zovia 1/35 (28) 122
ZOVIRAX 42
ZUBSOLV 17
zumandimine 122
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG 147
ZYCLARA PUMP EXTERNAL CREAM 3.75 % 67
ZYFLO 162
ZYKADIA 37
ZYLET 150
ZYRTEC 161
ZYRTEC ALLERGY 161
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG 161
ZYRTEC-D ALLERGY & CONGESTION 170
ZYRTEC-D ALLERGY & SINUS 170