



Preferred Drug List (PDL)

Washington

Apple Health Integrated
Managed Care (IMC)

Effective Date: 4/1/2024



United
Healthcare
Community Plan

UnitedHealthcare Community Plan complies with all Federal civil rights laws that relate to healthcare services. UnitedHealthcare Community Plan offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

UnitedHealthcare Community Plan also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

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

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

You can call or write us about a complaint at any time. We will let you know we received your complaint within two business days. We will try to take care of your complaint right away. We will resolve your complaint within 45 calendar days and tell you how it was resolved.

If you need help with your complaint, please call **1-877-542-8997**, TTY **711**, 8 a.m.–5 p.m., Monday–Friday.

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

Online:

<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Phone:

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

Mail:

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call **1-877-542-8997**, TTY **711**, 8 a.m.–5 p.m., Monday–Friday.

UnitedHealthcare Community Plan cumple con todos los requisitos de las leyes Federales de los derechos civiles relativas a los servicios de los cuidados para la salud. UnitedHealthcare Community Plan ofrece servicios para los cuidados de salud a todos los miembros sin distinción de su raza, color, origen nacional, edad, discapacidad o sexo. UnitedHealthcare Community Plan no excluye a personas ni les da un tratamiento diferente basado en su raza, color, origen nacional, edad, discapacidad o sexo. Esto incluye su identificación de sexo, su estado de embarazo o el estereotipo sexual que tengan.

UnitedHealthcare Community Plan también cumple con los requisitos de las leyes estatales pertinentes y no discrimina en base a sus creencias, sexo, expresión de sexo o identidad, orientación sexual, estado civil, religión, veterano dado de alta honorablemente o por su actual condición militar o por el empleo de perros o animales entrenados como guías o para servicios necesarios para una persona con una discapacidad.

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

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Usted puede llamarnos o escribirnos sobre una queja en cualquier momento. Le informaremos que recibimos su queja dentro de dos días hábiles. Trataremos de atender su queja de inmediato. Resolveremos su queja dentro de 45 días calendario y le informaremos cómo se resolvió.

Si usted necesita ayuda con su queja, por favor llame al **1-877-542-8997**, TTY **711**, de 8 a.m. a 5 p.m., de lunes a viernes.

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

Internet:

<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Teléfono:

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

Correo:

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

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al **1-877-542-8997**, TTY **711**, de 8 a.m. a 5 p.m., de lunes a viernes.

English:

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at **1-877-542-8997, TTY 711.**

Hmong:

Yog cov ntaub ntauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-877-542-8997, TTY 711.

Samoan:

Afai o fa'amatalaga ua tuuina atu e le'o tusia i lau gagana masani, fa'amolemole fa'afesoota'i mai le vaega a le UnitedHealthcare Community Plan ile telefoni 1-877-542-8997, TTY 711.

Russian:

Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-877-542-8997, телетайп 711.

Ukrainian:

Якщо інформацію, що додається, подано не Вашою рідною мовою, зателефонуйте представнику UnitedHealthcare Community Plan за телефоном 1-877-542-8997, телетайп 711.

Korean:

동봉한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-877-542-8997, TTY 711로 UnitedHealthcare Community Plan에 전화하십시오.

Romanian:

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-877-542-8997, TTY 711.

Amharic:

ተያይዞ ያለው መረጃ በቋንቋዎ ካልሆነ፣ እባክዎ በሚከተለው ስልክ ቁጥር ወደ UnitedHealthcare Community Plan ይደውሉ፡-1-877-542-8997፣ መስማት ለተሳናቸው/TTY: 711

Tigrinya:

ተተሓሒዙ ዘሎ ሓበሬታ ብቋንቋኹም እንተዘይኮይኑ፣ ብኽብረትኩም በዚ ዝስዕብ ቁጽሪ ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፡ 1-877-542-8997፣ ንፀማማት/TTY:711

Spanish:

Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al 1-877-542-8997, TTY 711.

Lao:

ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມານີ້ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໂທຫາ UnitedHealthcare Community Plan ທີ່ເວີ
1-877-542-8997, TTY:711.

Vietnamese:

Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chính của quý vị, xin gọi cho
Unitedhealthcare Community Plan theo số 1-877-542-8997, TTY 711.

Traditional Chinese:

若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼
為 1-877-542-8997（聽障專線 (TTY) 為 711）

Khmer:

ប្រសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសាដើមរបស់លោកស្រីអ្នកទេ ក្រុមហ៊ុនសុំស្នើសុំឲ្យលោកស្រីអ្នកទាក់ទង UnitedHealthcare Community Plan ឬ
លេខ 1-877-542-8997 ឬ ប្រើសេវាអ្នកឮ TTY: 711 ។

Tagalog:

Kung ang nakalakip na impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa
UnitedHealthcare Community Plan sa 1-877-542-8997, TTY 711.

Farsi:

در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد، لطفاً با UnitedHealthcare Community Plan با این شماره تماس حاصل
نمایید: 1-877-542-8997 وسیله ارتباطی برای ناشنوايان 711 TTY:

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 by 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 by UnitedHealthcare Community Plan. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management of a specific patient. In those infrequent instances, the unlisted medication may be requested through the prior authorization process.

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

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

Notice

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

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

National guidelines can be found on the websites listed in the website section or go to the National Guideline Clearinghouse site at [guideline.gov](https://www.guideline.gov).

Preface

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

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

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

Pharmacy and therapeutics (P&T) committee

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

Outpatient prescription drug benefit covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin

Hydrocortisone

As listed in the OTIC section, this is limited to the otic solution and suspension. From this entry the ophthalmic solution and ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the 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 is medically necessary, please submit a prior authorization request.

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

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

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

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

Drug efficacy study implementation (DESI) drugs

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

Plan exclusions

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

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

Days supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when eighty-five percent (85%) of the medication has been utilized. If a claim is submitted before 85% of the medication has been used, based on the original day supply submitted on the claim, the claim will reject with a “refill too soon” message. Please call the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826** with questions or help with dosage change authorization.

Mandatory generic substitution

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

Prior authorization of non-PDL medications

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

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

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

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

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

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



Non-PDL drugs 3-day temporary supply overrides

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

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

Quantity limitations (QL)

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

Quantity limits based on efficient medication dosing

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

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

Controlled substances

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

- benzodiazepines
- barbiturates
- sedative hypnotic agents
- select muscle relaxants

Additional fills will require prior authorization. Exceptions apply in opiate class for some diagnoses. Medications in these classes may also be subject to individual quantity limits.

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 UnitedHealthcare Community Plan at **800-310-6826** with questions.

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 via fax at 866-940-7328. The UnitedHealthcare Community Plan Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider. Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP". Prior Authorization request forms can be requested by calling UnitedHealthcare Community Plan at **800-310-6826**.

Medications requiring diagnosis

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

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

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

Step therapy (ST)

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

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

STEP Drug	First-Line Agent(s)
Aricept 23mg	90 day trial of Aricept 10mg daily
calcitriol 3mcg/gm Eucrisa	Trial of two topical corticosteroids Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment
tolterodine	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
tretinoin Cream (tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)	Trial of Differin OTC Gel 0.1%.
Trospium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.

PDL suggestions

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

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

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

Editor

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

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

Legend

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

Notice

The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved. The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.

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

Washington Apple Health

Table of Contents

Analgesics	4
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	10
Anesthetics	16
Anesthetics - Drugs for Numbing	17
Anti-Addiction/Substance Abuse Treatment Agents	17
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	18
Antiandrogens - Hormone Suppressants	19
Antibacterials	19
Antibacterials - Drugs to Treat Bacterial Infections	25
Anticonvulsants	26
Anticonvulsants - Drugs to Treat Seizures	29
Antidementia Agents	30
Antidepressants	31
Antiemetics	34
Antifungals	36
Antifungals - Drugs to Treat Fungal Infections	37
Antigout Agents	37
Anti-HIV Agents, Other - HIV Drugs	37
Anti-inflammatory Agents - Drugs to Treat Inflammation	38
Antimigraine Agents	38
Antimigraine Agents - Drugs to Treat Migraines	38
Antimyasthenic Agents	40
Antimycobacterials	40
Antineoplastics	41
Antineoplastics - Drugs to Treat Cancer	45
Antineoplastics, Other - Chemotherapy Agents	45
Antiparasitics	46
Antiparasitics - Drugs to Treat Parasitic Infections	47
Antiparkinson Agents	47
Antipsychotics	50
Antispasmodics, Urinary - Bladder Control Drugs	53
Antispasticity Agents	54
Antivirals	54
Antivirals - Drugs to Treat Viral Infections	58
Anxiolytics	58
Anxiolytics - Drugs to Treat Anxiety	59
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	60

Bipolar Agents.....	60
Blood Glucose Regulators.....	61
Blood Glucose Regulators - Drugs to Regulate Blood Sugar.....	66
Blood Products and Modifiers.....	67
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders.....	69
Cardiovascular Agents.....	70
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions.....	79
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs.....	80
Central Nervous System Agents.....	81
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis.....	86
Dental and Oral Agents.....	86
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions.....	87
Dermatological Agents.....	87
Dermatological Agents - Drugs to Treat Skin Conditions.....	96
Diabetes - Glucose Monitoring.....	98
Diabetic/Endocrine Blood: Glucose Monitoring.....	109
Electrolytes/Minerals/Metals/Vitamins.....	109
Estrogens - Hormone Replacement/Modifying Drugs.....	118
Gastrointestinal Agents.....	118
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions.....	124
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	132
Genitourinary Agents.....	133
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions.....	135
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	136
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	138
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones.....	138
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	139
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones.....	139
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	139
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones.....	150
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	151
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones.....	151
Hormonal Agents, Suppressant (Adrenal).....	151
Hormonal Agents, Suppressant (Pituitary).....	152
Hormonal Agents, Suppressant (Thyroid).....	152
Immune Suppressants - Immune System Drugs.....	153
Immunological Agents.....	153
Immunological Agents - Drugs that Stimulate or Suppress the Immune System.....	158
Inflammatory Bowel Disease Agents.....	159
Metabolic Bone Disease Agents.....	160

Miscellaneous Therapeutic Agents.....	161
Molecular Target Inhibitors - Chemotherapy Agents.....	177
Monoclonal Antibodies - Chemotherapy Agents.....	179
Multiple Sclerosis Agents - Multiple Sclerosis Drugs.....	179
Ophthalmic Agents.....	180
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	186
Otic Agents.....	188
Otic Agents - Drugs to Treat Ear Conditions.....	189
Respiratory Tract/Pulmonary Agents.....	190
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions.....	199
Sedatives/Hypnotics - Drugs for Sedation and Sleep.....	209
Skeletal Muscle Relaxants.....	209
Sleep Disorder Agents.....	210
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.....	212

Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<p>ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL</p> <p>all day pain relief (generic for MEDIPROXEN) - Tier 1; QL</p> <p>all day relief (generic for MEDIPROXEN) - Tier 1; QL</p> <p>CAMBIA (brand for diclofenac potassium(migraine)) - Tier 2; PA; QL</p> <p>diclofenac potassium oral tablet 25 mg (generic for LOFENA) - Tier 1</p> <p>diclofenac potassium oral tablet 50 mg - Tier 1; QL</p> <p>diclofenac potassium(migraine) (generic for CAMBIA) - Tier 1; PA; QL</p> <p>diclofenac sodium er - Tier 1; QL</p> <p>diclofenac sodium external gel 1 % (generic for ALEVE ARTHRITIS PAIN) - Tier 1; PA; QL</p> <p>diclofenac sodium external solution 1.5 % - Tier 1; QL</p> <p>diclofenac sodium oral - Tier 1; QL</p> <p>ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>ELYXYB - Tier 2; PA</p> <p>flurbiprofen oral - Tier 1; QL</p> <p>ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL</p> <p>ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p> <p>ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</p> <p>ibuprofen (generic for IBU) - Tier 1; QL</p> <p>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p> <p>ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</p> <p>ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</p>	<p>ANAPROX DS (brand for naproxen sodium) - Tier 2; PA*; QL</p> <p>ARTHROTEC (brand for diclofenac-misoprostol) - Tier 2; PA; QL</p> <p>CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML - Tier 2; PA</p> <p>CELEBREX (brand for celecoxib) - Tier 2; PA; QL</p> <p>celecoxib capsule 100 mg oral (generic for CELEBREX) - Tier 1; PA; QL</p> <p>celecoxib capsule 100 mg oral (generic for CELEBREX) - Tier 1; PA*; QL</p> <p>celecoxib capsule 200 mg oral (generic for CELEBREX) - Tier 1; PA; QL</p> <p>celecoxib capsule 200 mg oral (generic for CELEBREX) - Tier 1; PA*; QL</p> <p>celecoxib oral capsule 400 mg, 50 mg (generic for CELEBREX) - Tier 1; PA*; QL</p> <p>DAYPRO (brand for oxaprozin) - Tier 2; PA; QL</p> <p>DICLOFENAC PATCH 1.3% (brand for diclofenac epolamine) - Tier 2; PA*; QL</p> <p>diclofenac potassium oral capsule (generic for ZIPSOR) - Tier 1; PA; QL</p> <p>diclofenac sodium solution 2 % external (generic for PENNSAID) - Tier 1; PA*; QL</p> <p>diclofenac sodium solution 2 % external (generic for PENNSAID) - Tier 1; PA; QL</p> <p>diclofenac-misoprostol (generic for ARTHROTEC) - Tier 1; PA*; QL</p> <p>diflunisal oral - Tier 1; PA*; QL</p> <p>DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL</p> <p>EC-NAPROSYN (brand for ec-naproxen) - Tier 2; PA; QL</p> <p>etodolac (generic for LODINE) - Tier 1; PA*; QL</p> <p>etodolac er - Tier 1; PA*; QL</p> <p>FELDENE (brand for piroxicam) - Tier 2; PA; QL</p> <p>fenoprofen calcium oral capsule 400 mg (generic for NALFON) - Tier 1; PA*</p> <p>fenoprofen calcium oral tablet (generic for NALFON) - Tier 1; PA*; QL</p>

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

Preferred Agents	Non-Preferred Agents
<i>ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL</i>	<i>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA*; QL</i>
<i>ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i>	<i>ibuprofen-famotidine (generic for DUEXIS) - Tier 1; PA; QL</i>
<i>ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i>	<i>INDOCIN (brand for indomethacin) - Tier 2; PA; QL</i>
<i>ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i>	<i>indomethacin er - Tier 1; PA*; QL</i>
<i>ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL</i>	<i>indomethacin oral suspension (generic for INDOCIN) - Tier 1; PA; QL</i>
<i>ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i>	<i>ketoprofen er - Tier 1; PA*; QL</i>
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL</i>	<i>ketoprofen oral capsule 50 mg - Tier 1; PA*; QL</i>
<i>indomethacin oral capsule - Tier 1; QL</i>	<i>LICART - Tier 2; PA*; QL</i>
<i>indomethacin rectal suppository 50 mg (generic for INDOCIN) - Tier 1; QL</i>	<i>LODINE (brand for etodolac) - Tier 2; PA; QL</i>
<i>infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL</i>	<i>LOFENA (brand for diclofenac potassium) - Tier 2; PA</i>
<i>ketorolac tromethamine injection solution 15 mg/ml - Tier 1; PA; QL</i>	<i>meclofenamate sodium oral - Tier 1; PA*; QL</i>
<i>ketorolac tromethamine intramuscular - Tier 1; PA; QL</i>	<i>mefenamic acid oral - Tier 1; PA*; QL</i>
<i>ketorolac tromethamine oral - Tier 1; QL</i>	<i>meloxicam oral capsule - Tier 1; PA; QL</i>
<i>ketorolac tromethamine solution 30 mg/ml injection - Tier 1; PA; QL</i>	<i>NALFON ORAL CAPSULE (brand for fenoprofen calcium) - Tier 2; PA</i>
<i>KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; PA; QL</i>	<i>NALFON ORAL TABLET (brand for fenoprofen calcium) - Tier 2; PA; QL</i>
<i>medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i>	<i>NAPRELAN (brand for naproxen sodium er) - Tier 2; PA</i>
<i>mediproxen (generic for MEDIPROXEN) - Tier 1; QL</i>	<i>NAPROSYN (brand for naproxen) - Tier 2; PA; QL</i>
<i>meloxicam oral tablet - Tier 1; QL</i>	<i>naproxen oral suspension (generic for NAPROSYN) - Tier 1; PA; QL</i>
<i>mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i>	<i>naproxen sodium er (generic for NAPRELAN) - Tier 1; PA*</i>
	<i>naproxen sodium oral tablet 275 mg - Tier 1; PA*; QL</i>
	<i>naproxen sodium oral tablet 550 mg (generic for ANAPROX DS) - Tier 1; PA*; QL</i>
	<i>naproxen-esomeprazole mg (generic for VIMOVO) - Tier 1; PA; QL</i>
	<i>oxaprozin oral tablet (generic for DAYPRO) - Tier 1; PA*; QL</i>
	<i>PENNSAID (brand for diclofenac sodium) - Tier 2; PA*; QL</i>
	<i>piroxicam oral (generic for FELDENE) - Tier 1; PA*; QL</i>
	<i>RELAFEN DS - Tier 2; PA; QL</i>
	<i>SPRIX - Tier 2; PA</i>

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

Preferred Agents	Non-Preferred Agents
<p>MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL nabumetone oral - Tier 1; QL naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL naproxen oral tablet (generic for NAPROSYN) - Tier 1; QL naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL sulindac oral - Tier 1; QL</p>	<p>VIMOVO (brand for naproxen-esomeprazole mg) - Tier 2; PA; QL ZIPSOR (brand for diclofenac potassium) - Tier 2; PA; QL</p>

Opioid Analgesics, Long-acting

<p>buprenorphine (generic for BUTRANS) - Tier 1; QL BUTRANS (brand for buprenorphine) - Tier 2; QL 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 tramadol hcl er - Tier 1; PA; QL; AL</p>	<p>BELBUCA - Tier 2; PA*; QL CONZIP (brand for tramadol hcl (er biphasic)) - Tier 2; PA*; QL; AL fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr - Tier 1; PA*; QL hydrocodone bitartrate er (generic for HYSINGLA ER) - Tier 1; PA*; QL hydromorphone hcl er - Tier 1; PA*; QL HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA*; QL levorphanol tartrate oral - Tier 1; PA*; QL methadone hcl injection - Tier 1; PA; QL methadone hcl intensol (generic for METHADONE HCL INTENSOL) - Tier 1; PA; QL methadone hcl oral (generic for METHADONE HCL INTENSOL) - Tier 1; PA; QL</p>
--	--

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

Preferred Agents

Non-Preferred Agents

METHADOSE ORAL CONCENTRATE 10 MG/ML (brand for methadone hcl) - Tier 2; PA; QL
 methadose oral tablet soluble (generic for METHADOSE) - Tier 1; PA; QL
 METHADOSE SUGAR-FREE (brand for methadone hcl) - Tier 2; PA; QL
 morphine sulfate er beads - Tier 1; PA*; QL
 morphine sulfate er oral capsule extended release 24 hour - Tier 1; PA*; QL
 MS CONTIN (brand for morphine sulfate er) - Tier 2; PA; QL
 NUCYNTA ER - Tier 2; PA*; QL
 OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 40 MG, 80 MG (brand for oxycodone hcl er) - Tier 2; PA*; QL
 OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL (brand for oxycodone hcl er) - Tier 2; PA*; QL
 OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL (brand for oxycodone hcl er) - Tier 2; PA; QL
 OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA*; QL
 oxymorphone hcl er - Tier 1; PA*; QL
 ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA*; QL
 TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR (brand for tramadol hcl (er biphasic)) - Tier 2; PA*; QL; AL
 tramadol hcl (er biphasic) oral tablet extended release 24 hour - Tier 1; PA*; QL; AL
 tramadol hcl oral tablet 25 mg - Tier 1; PA; QL; AL
 XTAMPZA ER - Tier 2; PA*; QL

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

Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Short-acting

acetaminophen-codeine - Tier 1; QL; AL
ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL; AL
bac (generic for BAC) - Tier 1; QL
butalbital-apap-caff-cod (generic for FIORICET/CODEINE) - 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; AL
codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL; AL
endocet (generic for ENDOCET) - Tier 1; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL
hydrocodone-acetaminophen oral tablet (generic for XODOL) - Tier 1; QL
hydrocodone-ibuprofen - Tier 1; QL
hydromorphone hcl oral tablet (generic for DILAUDID) - Tier 1; QL
hydromorphone hcl rectal - Tier 1; QL
morphine sulfate oral tablet - Tier 1; QL
morphine sulfate rectal - Tier 1; QL
oxycodone hcl oral solution - Tier 1; 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
tramadol hcl oral tablet 50 mg - Tier 1; QL; AL
tramadol-acetaminophen - Tier 1; QL; AL

ALLZITAL - Tier 2; PA; QL*
APADAZ (brand for benzhydrocodone-acetaminophen) - Tier 2; PA; QL*
apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL*
BENZHYDROCODONE-ACETAMINOPHEN (brand for benzhydrocodone-acetaminophen) - Tier 2; PA; QL*
BUPAP (brand for butalbital-acetaminophen) - Tier 2; PA; QL*
butalbital-acetaminophen capsule 50-300 mg oral - Tier 1; PA; QL*
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL - Tier 2; PA; QL*
butalbital-acetaminophen oral tablet (generic for BUPAP) - Tier 1; PA; QL*
butalbital-apap-caffeine capsule 50-300-40 mg oral (generic for FIORICET) - Tier 1; PA; QL*
butalbital-apap-caffeine capsule 50-300-40 mg oral (generic for FIORICET) - Tier 1; PA; QL
butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1; PA; QL*
butalbital-aspirin-caffeine - Tier 1; PA; QL*
butorphanol tartrate nasal - Tier 1; PA; QL*
DILAUDID ORAL LIQUID (brand for hydromorphone hcl) - Tier 2; PA; QL*
DILAUDID ORAL TABLET (brand for hydromorphone hcl) - Tier 2; PA; QL
ESGIC ORAL CAPSULE (brand for butalbital-apap-caffeine) - Tier 2; PA; QL*
ESGIC ORAL TABLET (brand for butalbital-apap-caffeine) - Tier 2; PA; QL
FENTANYL CITRATE (BULK) - Tier 2; PA
fentanyl citrate buccal lozenge on a handle - Tier 1; PA; QL
FENTANYL CITRATE BUCCAL TABLET (brand for fentanyl citrate) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

FENTORA (brand for fentanyl citrate) - Tier 2; PA; QL
FIORICET (brand for butalbital-apap-caffeine) - Tier 2; PA; QL*
FIORICETICODEINE (brand for butalbital-apap-caff-cod) - Tier 2; PA; QL
hydromorphone hcl oral liquid (generic for DILAUDID) - Tier 1; PA; QL*
meperidine hcl oral - Tier 1; PA; QL*
MORPHINE SULFATE (BULK) - Tier 2; PA
morphine sulfate (concentrate) - Tier 1; PA; QL*
morphine sulfate oral solution - Tier 1; PA; QL*
NALOCET - Tier 2; PA; QL
NUCYNTA - Tier 2; PA; QL*
oxycodone hcl oral capsule - Tier 1; PA; QL*
oxycodone hcl oral concentrate - Tier 1; PA; QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION (brand for oxycodone-acetaminophen) - Tier 2; PA; QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (brand for oxycodone-acetaminophen) - Tier 2; PA; QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG - Tier 2; PA; QL
oxymorphone hcl - Tier 1; PA; QL*
pentazocine-naloxone hcl - Tier 1; PA; QL*
PERCOCET (brand for oxycodone-acetaminophen) - Tier 2; PA; QL
PROLATE (brand for oxycodone-acetaminophen) - Tier 2; PA; QL
QDOLO (brand for tramadol hcl) - Tier 2; PA; QL; AL
SEGLENTIS - Tier 2; PA; QL
TENCON (brand for butalbital-acetaminophen) - Tier 2; PA; QL*
TRAMADOL HCL ORAL SOLUTION (brand for tramadol hcl) - Tier 2; PA; QL; AL
tramadol hcl oral tablet 100 mg - Tier 1; PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
	<i>TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA*; QL</i>
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
	<i>buprenorphine hcl sublingual - Tier 1; PA; QL</i>
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
<i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>	

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1; QL

acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL

acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for PANADOL CHILDRENS) - Tier 1; QL

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

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

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

acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL

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

Preferred Agents

arthritis pain oral tablet extended release 650 mg (generic for
TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain relief oral tablet extended release 650 mg (generic for
TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL
betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL
childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier
1; QL
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier
1; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier
1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier
1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft pain & fever childrens (generic for PANADOL CHILDRENS) - Tier 1;
QL
ft pain relief (generic for PHARBETOL) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain reliver extra st adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
infants pain & fever (generic for PANADOL CHILDRENS) - Tier 1; QL
infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1; QL
infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1; QL
liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL
pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL
pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

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

Preferred Agents

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

Non-Preferred Agents

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

Preferred Agents

Non-Preferred Agents

PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL
 PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
 PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL
 PHARBETOL (brand for acetaminophen) - Tier 2; QL
 PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
 sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
 sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; QL
 TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL
 TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL
 TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL
 TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL
 TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL

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

inavix (generic for INFLAMMACIN) - Tier 1; PA*
 INFLAMMACIN (brand for inavix) - Tier 2; PA*
 NUDICLO TABPAK (brand for inavix) - Tier 2; PA*
 previdolrx plus analgesic (generic for INFLAMMACIN) - Tier 1; PA*
 salsalate tablet 500 mg oral - Tier 1; PA; QL
 salsalate tablet 500 mg oral - Tier 1; PA*; QL
 salsalate tablet 750 mg oral - Tier 1; PA; QL
 salsalate tablet 750 mg oral - Tier 1; PA*; QL

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

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Short-acting	
<i>oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL</i>	<i>ROXICODONE (brand for oxycodone hcl) - Tier 2; PA; QL</i>
Anesthetics	
Local Anesthetics	
<p><i>glydo (generic for GLYDO) - Tier 1; QL</i> <i>lidocaine external ointment 5 % - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN III) - Tier 1; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine hcl external solution - Tier 1</i> <i>lidocaine hcl urethral/mucosal (generic for GLYDO) - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>LIDOCAN III (brand for lidocaine) - Tier 2; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>premium lidocaine - Tier 1; QL</i></p>	<p><i>AGONEAZE (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>ANODYNE LPT (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>BUPIVACAINE HCL (BULK) - Tier 2; PA</i> <i>LIDO BDK (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>lidocaine hcl mouth/throat - Tier 1; PA</i> <i>lidocaine-prilocaine external kit (generic for LIDO BDK) - Tier 1; PA*; QL</i> <i>LIDODERM (brand for lidocaine) - Tier 2; PA; QL</i> <i>LIDOTRAL - Tier 2; PA*</i> <i>LIDOTRAN - Tier 2; PA*</i> <i>LIVIXIL PAK (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>PLIAGLIS EXTERNAL CREAM - Tier 2; PA*</i> <i>PRILOVIX (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>PRILOVIX LITE (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>PRILOVIX LITE PLUS (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>PRILOVIX PLUS (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>PRILOVIX ULTRALITE (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>PRILOVIX ULTRALITE PLUS (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>RELADOR PAK (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>RELADOR PAK PLUS (brand for lidocaine-prilocaine) - Tier 2; PA*; QL</i> <i>ZTLIDO - Tier 2; PA*; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Anesthetics - Drugs for Numbing	
Local Anesthetics	
	LIDOPURE PATCH - Tier 2; PA*; QL XYLIDERM - Tier 2; PA*; QL ZERUVIA - Tier 2; PA*
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium - Tier 1 disulfiram oral - Tier 1 naltrexone hcl oral - Tier 1 VIVITROL - Tier 2; QL	
Opioid Dependence	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL SUBLOCADE - Tier 2; SP; QL SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL	buprenorphine hcl-naloxone hcl sublingual film (generic for SUBOXONE) - Tier 1; PA; QL LUCEMYRA - Tier 2; PA; QL ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents	
KLOXXADO - Tier 2 naloxone hcl injection - Tier 1 naloxone hcl nasal (generic for NARCAN) - Tier 1 ZIMHI - Tier 2	NARCAN (brand for naloxone hcl) - Tier 2; PA

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

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

Smoking Cessation Agents

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

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

Smoking Cessation Agents - Deterrents

<p><i>ft nicotine (generic for KLS QUIT2) - Tier 1; QL</i> <i>mini nicotine (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p>	<p><i>NICORETTE (brand for cvs nicotine) - Tier 2; PA; QL</i> <i>NICORETTE MINI (brand for cvs nicotine) - Tier 2; PA; QL</i> <i>NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; PA; QL</i></p>
--	--

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

Preferred Agents	Non-Preferred Agents
<i>nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i> <i>nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL</i> <i>nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit2 (generic for KLS QUIT2) - Tier 1; QL</i> <i>quit4 (generic for KLS QUIT4) - Tier 1; QL</i> <i>THRIVE (brand for cvs nicotine) - Tier 2; QL</i>	
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
ORGOVYX - Tier 2; PA; SP; QL	
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	ARIKAYCE - Tier 2; PA; SP; QL

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

Preferred Agents

Non-Preferred Agents

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; QL
 LINCOCIN (brand for lincomycin hcl) - Tier 2; PA; QL
lincomycin hcl injection (generic for LINCOCIN) - Tier 1; PA; QL
linezolid oral tablet (generic for ZYVOX) - Tier 1
methenamine hippurate (generic for HIPREX) - Tier 1; QL
metronidazole external (generic for METROCREAM) - Tier 1
metronidazole oral (generic for FLAGYL) - Tier 1; QL
metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (generic for MACRODANTIN) - Tier 1; QL
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL
 NUVESSA - Tier 2; QL
 SOLOSEC - Tier 2; PA; QL
tigecycline (generic for TYGACIL) - Tier 1; PA
tinidazole oral - Tier 1; QL
trimethoprim oral - Tier 1; QL
vancomycin hcl oral (generic for FIRVANQ) - Tier 1; QL
 XIFAXAN - Tier 2; PA; QL

AEMCOLO - Tier 2; PA; QL
 CLEOCIN ORAL (brand for clindamycin hcl) - Tier 2; PA; QL
 CLEOCIN VAGINAL CREAM (brand for clindamycin phosphate) - Tier 2; PA; QL
 CLINDESSE - Tier 2; PA
 FLAGYL (brand for metronidazole) - Tier 2; PA*; QL
fosfomycin tromethamine - Tier 1; PA
 HIPREX (brand for methenamine hippurate) - Tier 2; PA; QL
 LIKMEZ - Tier 2; PA; QL
linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; PA; QL
 MACROBID (brand for nitrofurantoin monohyd macro) - Tier 2; PA; QL
 MACRODANTIN (brand for nitrofurantoin macrocrystal) - Tier 2; PA; QL
 METROCREAM (brand for metronidazole) - Tier 2; PA
 METROGEL (brand for metronidazole) - Tier 2; PA
 METROLOTION (brand for metronidazole) - Tier 2; PA
nitrofurantoin macrocrystal capsule 25 mg oral (generic for MACRODANTIN) - Tier 1; PA; QL
nitrofurantoin macrocrystal capsule 25 mg oral (generic for MACRODANTIN) - Tier 1; PA; QL*
nitrofurantoin oral suspension 25 mg/5ml - Tier 1; PA; QL; AL
 NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML - Tier 2; PA
 NORITATE - Tier 2; PA*
 SIVEXTRO ORAL - Tier 2; PA*; QL
 TYGACIL (brand for tigecycline) - Tier 2; PA
 VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL
 VANDAZOLE (brand for metronidazole) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
	<p>XACIATO - Tier 2; PA; QL ZYVOX ORAL SUSPENSION RECONSTITUTED (brand for linezolid) - Tier 2; PA; QL ZYVOX ORAL TABLET (brand for linezolid) - Tier 2; PA</p>
Beta-lactam, Cephalosporins	
<p>cefaclor oral capsule - Tier 1; QL cefadroxil - Tier 1; QL cefazolin sodium injection solution reconstituted 1 gm, 10 gm - Tier 1; PA cefazolin sodium-dextrose intravenous solution 2-4 gml/100ml-% - Tier 1; PA cefdinir - Tier 1; QL cefepime hcl intravenous solution reconstituted 2 gm - Tier 1; PA cefixime oral capsule - Tier 1; QL cefotetan disodium - Tier 1; PA cefoxitin sodium intravenous solution reconstituted 10 gm - Tier 1; PA cefprozil - Tier 1; QL ceftazidime injection (generic for TAZICEF) - Tier 1; PA ceftazidime intravenous (generic for TAZICEF) - Tier 1; PA ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - Tier 1; PA cefuroxime axetil - Tier 1; QL cephalexin oral capsule - Tier 1; QL cephalexin oral suspension reconstituted - Tier 1; QL FETROJA - Tier 2; PA tazicef injection (generic for TAZICEF) - Tier 1; PA tazicef intravenous solution reconstituted (generic for TAZICEF) - Tier 1; PA</p>	<p>cefaclor er - Tier 1; PA*; QL cefaclor oral suspension reconstituted - Tier 1; PA; QL cefixime oral suspension reconstituted - Tier 1; PA*; QL; AL cefpodoxime proxetil oral suspension reconstituted - Tier 1; PA; QL cefpodoxime proxetil oral tablet - Tier 1; PA*; QL cephalexin oral tablet - Tier 1; PA; QL</p>

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

Preferred Agents

Non-Preferred Agents

Beta-lactam, Penicillins

amoxicillin - Tier 1; QL
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml - Tier 1; QL
amoxicillin-potassium clavulanate oral suspension reconstituted 600-42.9 mg/5ml (generic for AUGMENTIN ES-600) - Tier 1; QL
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 875-125 mg - Tier 1; QL
amoxicillin-potassium clavulanate oral tablet 500-125 mg (generic for AUGMENTIN) - Tier 1; QL
ampicillin - Tier 1; QL
BICILLIN L-A - Tier 2; PA; QL
dicloxacillin sodium - Tier 1; QL
penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - Tier 1; PA
penicillin g sodium - Tier 1; PA; QL
penicillin v potassium - Tier 1; QL
piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm - Tier 1; PA

amoxicillin-potassium clavulanate er - Tier 1; PA; QL
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg - Tier 1; PA; QL
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - Tier 1; PA
AUGMENTIN (brand for amoxicillin-pot clavulanate) - Tier 2; PA; QL
AUGMENTIN ES-600 (brand for amoxicillin-pot clavulanate) - Tier 2; PA; QL
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT (brand for penicillin g potassium) - Tier 2; PA
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM (brand for ampicillin-sulbactam sodium) - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

Macrolides

azithromycin oral packet (generic for ZITHROMAX) - Tier 1; PA; QL
 azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL
 azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL
 clarithromycin oral - Tier 1; QL
 ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 500 MG (brand for erythromycin) - Tier 2; QL
 erythromycin base oral capsule delayed release particles - Tier 1; QL
 erythromycin base oral tablet delayed release 250 mg, 500 mg (generic for ERY-TAB) - Tier 1; QL
 erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml (generic for E.E.S. GRANULES) - Tier 1; QL
 erythromycin ethylsuccinate oral tablet (generic for E.E.S. 400) - Tier 1; QL
 erythromycin oral (generic for ERY-TAB) - Tier 1; QL

clarithromycin er - Tier 1; PA*; QL
 DIFICID ORAL SUSPENSION RECONSTITUTED - Tier 2; PA; QL
 DIFICID ORAL TABLET - Tier 2; PA*; QL
 E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL
 E.E.S. GRANULES (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL
 ERYPED 200 (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL
 ERYPED 400 (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL
 ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG (brand for erythromycin) - Tier 2; PA; QL
 ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; PA*; QL
 erythromycin base oral tablet - Tier 1; PA*; QL
 erythromycin base oral tablet delayed release 333 mg (generic for ERY-TAB) - Tier 1; PA; QL
 erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml (generic for ERYPED 400) - Tier 1; PA; QL
 ZITHROMAX ORAL (brand for azithromycin) - Tier 2; PA; QL
 ZITHROMAX TRI-PAK (brand for azithromycin) - Tier 2; PA; QL
 ZITHROMAX Z-PAK (brand for azithromycin) - Tier 2; PA; QL

Quinolones

CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL
 ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL
 levofloxacin oral tablet - Tier 1; QL

BAXDELA ORAL - Tier 2; PA*; QL
 CIPRO ORAL TABLET (brand for ciprofloxacin hcl) - Tier 2; PA; QL
 levofloxacin oral solution - Tier 1; PA*
 moxifloxacin hcl oral - Tier 1; PA*; QL
 ofloxacin oral - Tier 1; PA*; QL

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

Preferred Agents	Non-Preferred Agents
Sulfonamides	
<i>sulfadiazine oral - Tier 1; QL</i> <i>sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL</i> <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i>	<i>BACTRIM (brand for sulfamethoxazole-trimethoprim) - Tier 2; PA; QL</i> <i>BACTRIM DS (brand for sulfamethoxazole-trimethoprim) - Tier 2; PA; QL</i>
Tetracyclines	
<i>avidoxy - Tier 1; QL</i> <i>doxy 100 (generic for DOXY 100) - Tier 1; PA; QL</i> <i>doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1; PA; QL</i> <i>doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL</i> <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg - Tier 1; QL</i> <i>doxycycline hyclate oral tablet 20 mg - Tier 1</i> <i>doxycycline hyclate oral tablet 50 mg (generic for TARGADOX) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i> <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg - Tier 1; QL</i>	<i>demeclocycline hcl - Tier 1; PA*; QL</i> <i>DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG - Tier 2; PA*; QL</i> <i>DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG - Tier 2; PA*</i> <i>doxycycline (generic for ORACEA) - Tier 1; PA*</i> <i>doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg - Tier 1; PA*; QL</i> <i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg - Tier 1; PA*</i> <i>DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG - Tier 2; PA*; QL</i> <i>doxycycline monohydrate oral capsule 150 mg, 75 mg - Tier 1; PA*</i> <i>doxycycline monohydrate oral suspension reconstituted (generic for VIBRAMYCIN) - Tier 1; PA*; QL</i>

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

Preferred Agents	Non-Preferred Agents
<p>doxycycline monohydrate oral tablet 150 mg - Tier 1 minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL minocycline hcl oral capsule 75 mg - Tier 1 mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL TARGADOX (brand for doxycycline hyclate) - Tier 2</p>	<p>MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (brand for minocycline hcl er) - Tier 2; PA*; QL minocycline hcl er oral tablet extended release 24 hour (generic for SOLODYN) - Tier 1; PA*; QL minocycline hcl oral tablet 100 mg, 75 mg - Tier 1; PA*; QL minocycline hcl oral tablet 50 mg - Tier 1; PA* MINOLIRA - Tier 2; PA; QL NUZYRA ORAL - Tier 2; PA*; QL ORACEA (brand for doxycycline) - Tier 2; PA* SOLODYN (brand for minocycline hcl er) - Tier 2; PA*; QL tetracycline hcl oral capsule - Tier 1; PA*; QL; AL TETRACYCLINE HCL ORAL TABLET - Tier 2; PA; QL VIBRAMYCIN (brand for doxycycline hyclate) - Tier 2; PA; QL XIMINO (brand for minocycline hcl er) - Tier 2; PA*; QL</p>

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

<p>methenamine mandelate oral - Tier 1</p>	<p>LUGOLS STRONG IODINE - Tier 2; PA SUTAB - Tier 2; PA* TRIMO-SAN - Tier 2; PA; QL</p>
--	---

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

Preferred Agents	Non-Preferred Agents
Anticonvulsants	
Anticonvulsants, Other	
<p>BRIVIACT INTRAVENOUS - Tier 2; PA <i>felbamate oral suspension</i> - Tier 1; PA; QL; AL <i>felbamate oral tablet (generic for FELBATOL)</i> - Tier 1; PA; QL <i>FELBATOL (brand for felbamate)</i> - Tier 2; PA; QL FYCOMPA - Tier 2; PA; QL <i>lamotrigine oral tablet (generic for SUBVENITE)</i> - Tier 1; QL <i>levetiracetam er (generic for KEPPRA XR)</i> - Tier 1; QL <i>levetiracetam in nacl</i> - Tier 1; PA <i>levetiracetam intravenous (generic for KEPPRA)</i> - Tier 1; PA <i>levetiracetam oral solution (generic for KEPPRA)</i> - Tier 1; QL; AL <i>levetiracetam oral tablet (generic for KEPPRA)</i> - Tier 1; QL <i>roweepra (generic for ROWEEPRA)</i> - Tier 1; QL <i>subvenite (generic for SUBVENITE)</i> - Tier 1; QL <i>topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE)</i> - Tier 1; QL; AL <i>topiramate oral tablet (generic for TOPAMAX)</i> - Tier 1; QL <i>valproic acid oral</i> - Tier 1; QL</p>	<p>BRIVIACT ORAL - Tier 2; PA*; QL ELEPSIA XR - Tier 2; PA* EPIDIOLEX - Tier 2; PA*; SP; QL EPRONTIA - Tier 2; PA; QL; AL FINTEPLA - Tier 2; PA; QL <i>KEPPRA INTRAVENOUS (brand for levetiracetam)</i> - Tier 2; PA <i>KEPPRA ORAL SOLUTION (brand for levetiracetam)</i> - Tier 2; PA; QL; AL <i>KEPPRA ORAL TABLET (brand for levetiracetam)</i> - Tier 2; PA; QL <i>KEPPRA XR (brand for levetiracetam er)</i> - Tier 2; PA; QL <i>LAMICTAL ODT ORAL KIT (brand for lamotrigine)</i> - Tier 2; PA; QL <i>LAMICTAL ODT ORAL TABLET DISPERSIBLE (brand for lamotrigine)</i> - Tier 2; PA*; QL <i>LAMICTAL ORAL TABLET (brand for lamotrigine)</i> - Tier 2; PA; QL <i>LAMICTAL ORAL TABLET CHEWABLE (brand for lamotrigine)</i> - Tier 2; PA*; QL; AL <i>LAMICTAL STARTER (brand for lamotrigine starter kit-blue)</i> - Tier 2; PA; QL LAMICTAL XR ORAL KIT - Tier 2; PA; QL <i>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for lamotrigine er)</i> - Tier 2; PA*; QL <i>lamotrigine er (generic for LAMICTAL XR)</i> - Tier 1; PA*; QL <i>lamotrigine oral kit (generic for LAMICTAL ODT)</i> - Tier 1; PA; QL <i>lamotrigine oral tablet chewable (generic for LAMICTAL)</i> - Tier 1; PA*; QL; AL <i>lamotrigine oral tablet dispersible (generic for LAMICTAL ODT)</i> - Tier 1; PA*; QL</p>

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

Preferred Agents

Non-Preferred Agents

	<p><i>lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; PA; QL</i></p> <p><i>lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; PA; QL</i></p> <p><i>lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; PA; QL</i></p> <p><i>QUDEXY XR (brand for topiramate er) - Tier 2; PA; QL</i></p> <p><i>SPRITAM - Tier 2; PA*; QL</i></p> <p><i>subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; PA; QL</i></p> <p><i>subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; PA; QL</i></p> <p><i>subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; PA; QL</i></p> <p><i>TOPAMAX (brand for topiramate) - Tier 2; PA; QL</i></p> <p><i>TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; QL; AL</i></p> <p><i>topiramate er (generic for QUDEXY XR) - Tier 1; PA; QL</i></p> <p><i>TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL</i></p> <p><i>XCOPRI - Tier 2; PA</i></p> <p><i>XCOPRI (250 MG DAILY DOSE) - Tier 2; PA</i></p> <p><i>XCOPRI (350 MG DAILY DOSE) - Tier 2; PA</i></p>
--	---

Calcium Channel Modifying Agents

<i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i>	<p><i>CELONTIN (brand for methsuximide) - Tier 2; PA; QL</i></p> <p><i>methsuximide (generic for CELONTIN) - Tier 1; PA*; QL</i></p> <p><i>ZARONTIN (brand for ethosuximide) - Tier 2; PA; QL</i></p>
--	---

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

Preferred Agents

Non-Preferred Agents

Gamma-aminobutyric Acid (GABA) Augmenting Agents

clobazam oral suspension (generic for ONFI) - Tier 1; QL
clobazam oral tablet 10 mg (generic for ONFI) - Tier 1; PA; QL
clobazam oral tablet 20 mg (generic for ONFI) - Tier 1; QL
diazepam rectal gel 10 mg, 2.5 mg - Tier 1; QL
diazepam rectal gel 20 mg - Tier 1
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
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

MYSOLINE (brand for primidone) - Tier 2; PA; QL
NAYZILAM - Tier 2; PA; QL*
NEURONTIN (brand for gabapentin) - Tier 2; PA; QL
ONFI (brand for clobazam) - Tier 2; PA; QL
SABRIL (brand for vigabatrin) - Tier 2; PA; SP; QL
SYMPAZAN - Tier 2; PA; QL*
vigabatrin (generic for VIGADRONE) - Tier 1; PA; SP; QL
vigadrone (generic for VIGADRONE) - Tier 1; PA; SP; QL
vigpoder (generic for VIGADRONE) - Tier 1; PA; SP; QL

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

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

Sodium Channel Agents

<p><i>carbamazepine er (generic for CARBATROL) - Tier 1; QL</i> <i>carbamazepine oral (generic for EPITOL) - Tier 1; QL</i> <i>CARBATROL (brand for carbamazepine er) - Tier 2; QL</i> <i>CEREBYX INJECTION SOLUTION 500 MG PE/10ML (brand for fosphenytoin sodium) - Tier 2; PA</i> <i>DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL</i> <i>epitol (generic for EPITOL) - Tier 1; QL</i> <i>fosphenytoin sodium injection solution 500 mg pe/10ml (generic for CEREBYX) - Tier 1; PA</i> <i>lacosamide oral (generic for VIMPAT) - Tier 1; QL; AL</i> <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; QL; AL</i> <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i> <i>phenytek (generic for PHENYTEK) - Tier 1; QL</i> <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL</i> <i>phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL</i> <i>TEGRETOL (brand for carbamazepine) - Tier 2; QL</i> <i>TEGRETOL-XR (brand for carbamazepine er) - Tier 2; QL</i> <i>TRILEPTAL ORAL SUSPENSION (brand for oxcarbazepine) - Tier 2; QL; AL</i> <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i></p>	<p><i>APTIOM - Tier 2; PA*; QL</i> <i>BANZEL (brand for rufinamide) - Tier 2; PA; QL</i> <i>DILANTIN INFATABS (brand for phenytoin) - Tier 2; PA; QL</i> <i>DILANTIN ORAL CAPSULE 100 MG (brand for phenytoin sodium extended) - Tier 2; PA; QL</i> <i>DILANTIN ORAL SUSPENSION (brand for phenytoin) - Tier 2; PA; QL</i> <i>lacosamide intravenous (generic for VIMPAT) - Tier 1; PA</i> <i>MOTPOLY XR - Tier 2; PA; QL</i> <i>OXTELLAR XR - Tier 2; PA*; QL</i> <i>phenytoin sodium extended oral capsule 100 mg (generic for DILANTIN) - Tier 1; PA; QL</i> <i>rufinamide oral suspension (generic for BANZEL) - Tier 1; PA*; QL</i> <i>rufinamide tablet 200 mg oral (generic for BANZEL) - Tier 1; PA*; QL</i> <i>rufinamide tablet 200 mg oral (generic for BANZEL) - Tier 1; PA; QL</i> <i>rufinamide tablet 400 mg oral (generic for BANZEL) - Tier 1; PA*; QL</i> <i>rufinamide tablet 400 mg oral (generic for BANZEL) - Tier 1; PA; QL</i> <i>TRILEPTAL ORAL TABLET (brand for oxcarbazepine) - Tier 2; PA; QL</i> <i>VIMPAT INTRAVENOUS (brand for lacosamide) - Tier 2; PA</i> <i>VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL</i> <i>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</i> <i>ZONISADE - Tier 2; PA; QL; AL</i></p>
---	--

Anticonvulsants - Drugs to Treat Seizures

<p>Anticonvulsants, Other</p>	<p><i>DIACOMIT - Tier 2; PA; SP; QL</i></p>
-------------------------------	---

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

Preferred Agents	Non-Preferred Agents
Antidementia Agents	
Antidementia Agents, Other	
<i>ergoloid mesylates oral - Tier 1; QL</i>	NAMZARIC - Tier 2; PA; QL; AL
Cholinesterase Inhibitors	
<i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; QL; AL</i> <i>donepezil hcl oral tablet dispersible - Tier 1; QL</i> <i>EXELON (brand for rivastigmine) - Tier 2; QL; AL</i> <i>rivastigmine (generic for EXELON) - Tier 1; QL; AL</i>	ADLARITY - Tier 2; PA ARICEPT ORAL TABLET 10 MG, 5 MG (brand for donepezil hcl) - Tier 2; PA; QL; AL ARICEPT ORAL TABLET 23 MG (brand for donepezil hcl) - Tier 2; PA; ST; QL; AL donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; PA; ST; QL; AL galantamine hydrobromide er - Tier 1; PA*; QL galantamine hydrobromide oral solution - Tier 1; PA; QL; AL galantamine hydrobromide oral tablet - Tier 1; PA*; QL; AL rivastigmine tartrate - Tier 1; PA*; QL; AL
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; QL; AL</i>	<i>memantine hcl er (generic for NAMENDA XR) - Tier 1; PA*; QL; AL</i> <i>memantine hcl oral solution - Tier 1; PA; QL; AL</i> NAMENDA ORAL TABLET 5 MG (brand for memantine hcl) - Tier 2; PA; QL; AL NAMENDA TITRATION PAK (brand for memantine hcl) - Tier 2; PA; QL; AL NAMENDA XR (brand for memantine hcl er) - Tier 2; PA; QL; AL

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

Preferred Agents	Non-Preferred Agents
Antidepressants	
Antidepressants, Other	
<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL</i> <i>bupropion hcl oral - Tier 1; QL</i> <i>mirtazapine oral (generic for REMERON) - Tier 1; QL</i> <i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1; AL</i> <i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL; AL</i></p>	<p><i>APLENZIN - Tier 2; PA; QL</i> <i>BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i> <i>chlordiazepoxide-amitriptyline - Tier 1; PA*</i> <i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i> <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg - Tier 1; PA; AL</i> <i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg (generic for SYMBYAX) - Tier 1; PA; AL</i> <i>REMERON (brand for mirtazapine) - Tier 2; PA; QL</i> <i>REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (brand for mirtazapine) - Tier 2; PA; QL</i> <i>SPRAVATO (56 MG DOSE) - Tier 2; PA; QL</i> <i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i> <i>SYMBYAX (brand for olanzapine-fluoxetine hcl) - Tier 2; PA; AL</i> <i>WELLBUTRIN SR (brand for bupropion hcl er (sr)) - Tier 2; PA; QL</i> <i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p>
Monoamine Oxidase Inhibitors	
<p><i>EMSAM - Tier 2; QL</i> <i>phenelzine sulfate oral (generic for NARDIL) - Tier 1; QL</i> <i>tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL</i></p>	<p><i>MARPLAN - Tier 2; PA*; QL</i> <i>NARDIL (brand for phenelzine sulfate) - Tier 2; PA; QL</i> <i>PARNATE (brand for tranylcypromine sulfate) - Tier 2; PA; QL</i></p>

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

Preferred Agents

Non-Preferred Agents

SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)

citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL
escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL
fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL
fluoxetine hcl oral solution - Tier 1; QL
fluvoxamine maleate - Tier 1; QL
paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL
sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL
trazodone hcl oral - Tier 1; QL
venlafaxine hcl - Tier 1; QL
venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL

CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL
CITALOPRAM HYDROBROMIDE ORAL CAPSULE - Tier 2; PA
citalopram hydrobromide oral solution - Tier 1; PA; QL
DESVENLAFAXINE ER - Tier 2; PA; QL*
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg (generic for PRISTIQ) - Tier 1; PA; QL*
desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral (generic for PRISTIQ) - Tier 1; PA; QL*
desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral (generic for PRISTIQ) - Tier 1; PA; QL
EFFEXOR XR (brand for venlafaxine hcl er) - Tier 2; PA; QL
escitalopram oxalate oral solution - Tier 1; PA; QL
FETZIMA - Tier 2; PA; QL*
FETZIMA TITRATION - Tier 2; PA; QL*
fluoxetine hcl (pddd) - Tier 1; PA; QL
fluoxetine hcl oral capsule delayed release - Tier 1; PA; QL
fluoxetine hcl oral tablet - Tier 1; PA; QL
fluvoxamine maleate er - Tier 1; PA; QL
LEXAPRO (brand for escitalopram oxalate) - Tier 2; PA; QL
nefazodone hcl - Tier 1; PA; QL
paroxetine hcl er (generic for PAXIL CR) - Tier 1; PA; QL*
paroxetine hcl oral suspension (generic for PAXIL) - Tier 1; PA; QL
paroxetine mesylate - Tier 1; PA; QL
PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL
PAXIL CR (brand for paroxetine hcl er) - Tier 2; PA; QL
PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL
PROZAC (brand for fluoxetine hcl) - Tier 2; PA; QL
SERTRALINE HCL ORAL CAPSULE - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
	<i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; PA; QL</i> <i>TRINTELLIX - Tier 2; PA; QL</i> <i>venlafaxine hcl er oral tablet extended release 24 hour - Tier 1; PA; QL</i> <i>VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL</i> <i>vilazodone hcl (generic for VIIBRYD) - Tier 1; PA; QL</i> <i>ZOLOFT (brand for sertraline hcl) - Tier 2; PA; QL</i>

Tricyclics	
<i>amitriptyline hcl oral - Tier 1; QL</i> <i>amoxapine - Tier 1; QL</i> <i>desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL</i> <i>doxepin hcl oral capsule - Tier 1; QL</i> <i>doxepin hcl oral concentrate - Tier 1; QL</i> <i>imipramine hcl oral - Tier 1; QL</i> <i>nortriptyline hcl oral capsule (generic for PAMELOR) - Tier 1; QL</i>	<i>ANAFRANIL (brand for clomipramine hcl) - Tier 2; PA; QL</i> <i>clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; PA*; QL</i> <i>imipramine pamoate - Tier 1; PA*; QL</i> <i>NORPRAMIN (brand for desipramine hcl) - Tier 2; PA; QL</i> <i>nortriptyline hcl solution 10 mg/5ml oral - Tier 1; PA; QL</i> <i>nortriptyline hcl solution 10 mg/5ml oral - Tier 1; PA*; QL</i> <i>PAMELOR (brand for nortriptyline hcl) - Tier 2; PA; QL</i> <i>protriptyline hcl - Tier 1; PA*; QL</i> <i>trimipramine maleate oral - Tier 1; PA*; QL</i>

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

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

Antiemetics	
-------------	--

Antiemetics, Other

ANTIVERT ORAL TABLET (brand for meclizine hcl) - Tier 2
BONINE (brand for cvs motion sickness relief) - Tier 2
DICLEGIS (brand for doxylamine-pyridoxine) - Tier 2; PA; QL
doxylamine-pyridoxine (generic for DICLEGIS) - Tier 1; PA; QL
meclizine hcl oral tablet 12.5 mg - Tier 1; QL
meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL
meclizine hcl oral tablet 50 mg (generic for ANTIVERT) - Tier 1
meclizine hcl tablet chewable 25 mg oral (otc) (generic for ANTIVERT) - Tier 1
metoclopramide hcl oral (generic for REGLAN) - Tier 1; QL
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 maleate oral - Tier 1; QL
promethazine hcl oral - Tier 1; QL
promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL
promethegan rectal suppository 12.5 mg, 25 mg (generic for PROMETHEGAN) - Tier 1; QL
scopolamine (generic for TRANSDERM-SCOP) - Tier 1; QL
travel ease (generic for ANTIVERT) - Tier 1
trimethobenzamide hcl oral - Tier 1; QL

ANTIVERT ORAL TABLET CHEWABLE (brand for cvs motion sickness relief) - Tier 2; PA
BONJESTA - Tier 2; PA; QL*
compro (generic for COMPRO) - Tier 1; PA; QL
GIMOTI - Tier 2; PA; QL
meclizine hcl tablet chewable 25 mg oral (otc) (generic for ANTIVERT) - Tier 1; PA
PHENERGAN (brand for promethazine hcl) - Tier 2; PA; QL
prochlorperazine (generic for COMPRO) - Tier 1; PA; QL
promethazine hcl injection (generic for PHENERGAN) - Tier 1; PA; QL
promethegan rectal suppository 50 mg - Tier 1; PA; QL
REGLAN (brand for metoclopramide hcl) - Tier 2; PA; QL
TIGAN - Tier 2; PA; QL
TRANSDERM-SCOP (brand for scopolamine) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Emetogenic Therapy Adjuncts

AKYNZEO - Tier 2; PA; QL
 AKYNZEO (READY-TO-USE) - Tier 2; PA
 AKYNZEO (TO-BE-DILUTED) - Tier 2; PA
 aprepitant oral capsule 125 mg, 40 mg - Tier 1; QL
 aprepitant oral capsule 80 mg (generic for EMEND) - Tier 1; QL
 ondansetron hcl injection - Tier 1
 ondansetron hcl oral - Tier 1; QL
 ondansetron odt - Tier 1; QL

ANZEMET - Tier 2; PA*; QL
 APONVIE - Tier 2; PA
 aprepitant oral (generic for EMEND TRI-PACK) - Tier 1; PA; QL
 aprepitant pak 80 & 125mg (generic for EMEND TRI-PACK) - Tier 1; PA; QL
 dronabinol (generic for MARINOL) - Tier 1; PA*; QL
 EMEND INTRAVENOUS (brand for fosaprepitant dimeglumine) - Tier 2; PA
 EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL
 EMEND TRI-PACK (brand for aprepitant) - Tier 2; PA; QL
 fosaprepitant dimeglumine (generic for EMEND) - Tier 1; PA
 granisetron hcl intravenous - Tier 1; PA
 granisetron hcl oral - Tier 1; PA*; QL
 MARINOL (brand for dronabinol) - Tier 2; PA; QL
 palonosetron hcl intravenous solution 0.25 mg/2ml - Tier 1; PA; QL
 palonosetron hcl intravenous solution 0.25 mg/5ml - Tier 1; PA
 palonosetron hcl intravenous solution prefilled syringe - Tier 1; PA; QL
 SANCUSO - Tier 2; PA*; QL
 SUSTOL - Tier 2; PA*

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

Preferred Agents	Non-Preferred Agents
Antifungals	
<p><i>amphotericin b intravenous - Tier 1; PA; QL</i> <i>casprofungin acetate intravenous solution reconstituted 70 mg (generic for CANCIDAS) - Tier 1; PA</i> <i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> CRESEMBA INTRAVENOUS - Tier 2; PA; QL ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG - Tier 2; PA; QL <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>griseofulvin microsize oral suspension - Tier 1; QL</i> <i>micafungin sodium solution reconstituted 100 mg intravenous (generic for MYCAMINE) - Tier 1; PA; QL</i> <i>miconazole 3 - Tier 1; QL</i></p> <p><i>miconazole 7 day treatment vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>nystatin mouth/throat - Tier 1; QL</i> <i>nystatin oral - Tier 1; QL</i> <i>terbinafine hcl oral - Tier 1; QL</i> <i>terconazole vaginal cream - Tier 1; QL</i></p>	<p><i>ANCOBON (brand for flucytosine) - Tier 2; PA; QL</i> <i>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 70 MG (brand for casprofungin acetate) - Tier 2; PA</i> CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL <i>DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL</i> <i>flucytosine oral (generic for ANCOBON) - Tier 1; PA*; QL</i> <i>griseofulvin microsize oral tablet - Tier 1; PA*; QL</i> <i>griseofulvin ultramicrosize - Tier 1; PA*; QL</i> GYNAZOLE-1 - Tier 2; PA* <i>itraconazole oral capsule (generic for SPORANOX) - Tier 1; PA*; QL</i> <i>itraconazole oral solution (generic for SPORANOX) - Tier 1; PA; QL</i> <i>ketoconazole oral - Tier 1; PA; QL</i> <i>MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (brand for micafungin sodium) - Tier 2; PA; QL</i></p> <p><i>NOXAFIL ORAL (brand for posaconazole) - Tier 2; PA; QL</i> ORAVIG - Tier 2; PA; QL <i>posaconazole oral suspension (generic for NOXAFIL) - Tier 1; PA*; QL</i> <i>posaconazole oral tablet delayed release (generic for NOXAFIL) - Tier 1; PA; QL</i> <i>SPORANOX (brand for itraconazole) - Tier 2; PA; QL</i> <i>terconazole vaginal suppository - Tier 1; PA*; QL</i> TOLSURA - Tier 2; PA; QL <i>VFEND (brand for voriconazole) - Tier 2; PA; QL</i> <i>voriconazole oral (generic for VFEND) - Tier 1; PA*; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Antifungals - Drugs to Treat Fungal Infections	
Antifungals - Fungal Infection Drugs	
<p>3 day vaginal - Tier 1 3-day vaginal vaginal cream 2 % - Tier 1 antifungal external cream (generic for MICATIN) - Tier 1 antifungal miconazole (generic for MICATIN) - Tier 1 baza antifungal (generic for MICATIN) - Tier 1 clotrimazole 3 vaginal cream 2 % - Tier 1 clotrimazole 7 - Tier 1; QL clotrimazole vaginal - Tier 1; QL clotrimazole vaginal cream 1 % - Tier 1; QL ft antifungal external cream 2 % (generic for MICATIN) - Tier 1 micaderm (generic for MICATIN) - Tier 1 miconazole antifungal (generic for MICATIN) - Tier 1 miconazole nitrate external cream (generic for MICATIN) - Tier 1</p>	<p>hydrocortisone-iodoquinol - Tier 1; PA MICATIN (brand for antifungal) - Tier 2; PA</p>
Antigout Agents	
<p>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL colchicine oral tablet - Tier 1; QL colchicine-probenecid - Tier 1; QL probenecid - Tier 1; QL</p>	<p>ALLOPURINOL ORAL TABLET 200 MG - Tier 2; PA; QL colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL febuxostat (generic for ULORIC) - Tier 1; PA; QL GLOPERBA - Tier 2; PA; QL MITIGARE (brand for colchicine) - Tier 2; PA; QL ULORIC (brand for febuxostat) - Tier 2; PA; QL</p>
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p>VOCABRIA - Tier 2; QL</p>	

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

Preferred Agents	Non-Preferred Agents
Anti-inflammatory Agents - Drugs to Treat Inflammation	
Glucocorticoids - Drugs to Treat Inflammation	
<i>anucort-hc (generic for ANUSOL-HC) - Tier 1</i> <i>ANUSOL-HC RECTAL (brand for anucort-hc) - Tier 2</i> <i>HEMMOREX-HC (brand for anucort-hc) - Tier 2</i> <i>hydrocortisone acetate rectal (generic for ANUSOL-HC) - Tier 1</i> <i>PROCTOCORT RECTAL (brand for hydrocortisone acetate) - Tier 2</i>	
Antimigraine Agents	
Ergot Alkaloids	
<i>dihydroergotamine mesylate injection - Tier 1; PA; QL</i> <i>dihydroergotamine mesylate nasal (generic for MIGRANAL) - Tier 1; PA; QL</i> <i>ergotamine-caffeine - Tier 1; QL</i> <i>MIGERGOT - Tier 2; QL</i> <i>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL</i>	<i>QULIPTA - Tier 2; PA; QL</i>
Prophylactic	
<i>AIMOVIG - Tier 2; PA; QL</i> <i>AJOVY - Tier 2; PA; QL</i> <i>EMGALITY - Tier 2; PA; QL</i> <i>EMGALITY (300 MG DOSE) - Tier 2; PA; QL</i>	<i>timolol maleate oral - Tier 1; PA*; QL</i> <i>VYEPTI - Tier 2; PA; QL</i>
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
<i>UBRELVY - Tier 2; PA; QL</i>	<i>NURTEC - Tier 2; PA; QL</i>
Ergot Alkaloids - Migraine Drugs	
	<i>TRUDHESA - Tier 2; PA</i>

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

Preferred Agents

Non-Preferred Agents

Serotonin (5-HT) Receptor Agonists - Migraine Drugs

naratriptan hcl - Tier 1; QL

rizatriptan benzoate (generic for MAXALT) - Tier 1; QL

sumatriptan nasal - Tier 1; QL

sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL

sumatriptan succinate subcutaneous solution - Tier 1; QL

almotriptan malate - Tier 1; PA; QL*

eletriptan hydrobromide (generic for RELPAX) - Tier 1; PA; QL*

FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL

frovatriptan succinate (generic for FROVA) - Tier 1; PA; QL*

IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL

IMITREX STATDOSE REFILL (brand for sumatriptan succinate refill) - Tier 2; PA; QL

IMITREX STATDOSE SYSTEM (brand for sumatriptan succinate) - Tier 2; PA; QL

MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL

RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL

REYVOW - Tier 2; PA; QL

sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; PA; QL

sumatriptan succinate subcutaneous solution auto-injector (generic for IMITREX STATDOSE SYSTEM) - Tier 1; PA; QL

sumatriptan-naproxen sodium (generic for TREXIMET) - Tier 1; PA; QL

TOSYMRA - Tier 2; PA; QL

TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL

ZEMBRACE SYMTOUCH - Tier 2; PA; QL

zolmitriptan (generic for ZOMIG) - Tier 1; PA; QL*

ZOMIG NASAL SOLUTION 2.5 MG - Tier 2; PA; QL*

ZOMIG NASAL SOLUTION 5 MG (brand for zolmitriptan) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Antimyasthenic Agents	
Parasympathomimetics	
<p><i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; PA; QL</i> <i>pyridostigmine bromide oral tablet (generic for MESTINON) - Tier 1; QL</i></p>	<p><i>MESTINON (brand for pyridostigmine bromide) - Tier 2; PA; QL</i></p>
Antimycobacterials	
Antimycobacterials, Other	
<p><i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i></p>	<p><i>MYCOBUTIN (brand for rifabutin) - Tier 2; PA; QL</i></p>
Antituberculars	
<p><i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRETOMANID - Tier 2; QL PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL</p>	<p><i>MYAMBUTOL (brand for ethambutol hcl) - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2; PA MYLERAN - Tier 2; PA <i>temozolomide - Tier 1; PA; SP; QL</i> VALCHLOR - Tier 2; PA; SP; QL	MATULANE - Tier 2; PA; SP; QL
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA ORAL TABLET 240 MG - Tier 2; PA ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL <i>nilutamide (generic for NILANDRON) - Tier 1; PA; QL</i> NUBEQA - Tier 2; PA; SP; QL XTANDI - Tier 2; PA; SP; QL	<i>CASODEX (brand for bicalutamide) - Tier 2; PA; QL</i> <i>NILANDRON (brand for nilutamide) - Tier 2; PA; QL</i> <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; QL THALOMID - Tier 2; PA; SP; QL	<i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i>
Antiestrogens/Modifiers	
EMCYT - Tier 2; PA <i>tamoxifen citrate oral - Tier 1; QL</i>	<i>FARESTON (brand for toremifene citrate) - Tier 2; PA; QL</i> SOLTAMOX - Tier 2; PA; QL <i>toremifene citrate (generic for FARESTON) - Tier 1; PA*; QL</i>

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

Preferred Agents	Non-Preferred Agents
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i> ONUREG - Tier 2; PA; SP; QL PURIXAN - Tier 2; PA; QL TABLOID - Tier 2; SP	<i>HYDREA (brand for hydroxyurea) - Tier 2; PA; QL</i>
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL PEMAZYRE - Tier 2; PA; SP; QL TAZVERIK - Tier 2; PA; SP; QL XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP XPOVIO (60 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP XPOVIO (80 MG TWICE WEEKLY) - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	<i>bortezomib intravenous solution - Tier 1; PA</i>
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	<i>ARIMIDEX (brand for anastrozole) - Tier 2; PA; QL</i> <i>AROMASIN (brand for exemestane) - Tier 2; PA; QL</i> <i>FEMARA (brand for letrozole) - Tier 2; PA; QL</i>
Enzyme Inhibitors	
<i>etoposide oral - Tier 1; PA; QL</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL	

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

Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL
 BRAFTOVI - Tier 2; PA; SP; QL
 COPIKTRA - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
 DAURISMO - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
 everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL
 everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL
 EXKIVITY - Tier 2; PA; SP; QL
 IBRANCE - Tier 2; PA; SP; QL
 INQOVI - Tier 2; PA; SP; QL
 INREBIC - Tier 2; PA; SP; QL
 JAKAFI - Tier 2; PA; SP; QL
 KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL
 KOSELUGO - Tier 2; PA; SP; QL
 LYNPARZA - Tier 2; PA; SP; QL
 MEKINIST - Tier 2; PA; SP; QL
 MEKTOVI - Tier 2; PA; SP; QL
 NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL
 ODOMZO - Tier 2; PA; SP; QL
 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL

AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL
 AFINITOR DISPERZ (brand for everolimus) - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
<p>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 RYDAPT - Tier 2; PA; SP; QL <i>sorafenib tosylate (generic for NEXAVAR)</i> - Tier 1; PA; SP; QL STIVARGA - Tier 2; PA; SP; QL <i>sunitinib malate (generic for SUTENT)</i> - Tier 1; PA; SP; QL <i>SUTENT (brand for sunitinib malate)</i> - Tier 2; PA; SP; QL TAFINLAR - Tier 2; PA; SP; QL TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG - Tier 2; PA TALZENNA ORAL CAPSULE 0.25 MG, 1 MG - Tier 2; PA; SP; QL TEPMETKO - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL VANFLYTA - Tier 2; PA; SP; QL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL VONJO - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL</p>	
Retinoids	
<p><i>bexarotene (generic for TARGRETIN)</i> - Tier 1; PA; SP; QL <i>tretinoin oral</i> - Tier 1; PA; SP; QL</p>	<p><i>TARGRETIN (brand for bexarotene)</i> - Tier 2; PA; SP; QL</p>

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

Preferred Agents	Non-Preferred Agents
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> MESNEX ORAL - Tier 2; SP; QL	
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	
<i>melphalan - Tier 1</i> WELIREG - Tier 2; PA; SP	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; PA; SP; QL</i>	<i>XELODA (brand for capecitabine) - Tier 2; PA; SP; QL</i>
Antineoplastics, Other - Chemotherapy Agents	
BESREMI - Tier 2; PA; SP	
Molecular Target Inhibitors - Chemotherapy Agents	
SCEMBLIX - Tier 2; PA; SP; QL	
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
LUMAKRAS ORAL TABLET 120 MG - Tier 2; PA; SP LUMAKRAS ORAL TABLET 320 MG - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	

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

Preferred Agents	Non-Preferred Agents
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; QL</i>	<i>BILTRICIDE (brand for praziquantel) - Tier 2; PA; QL</i> <i>EMVERM - Tier 2; PA; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; PA; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; PA; QL</i> <i>STROMECTOL (brand for ivermectin) - Tier 2; PA; QL</i>
Antiprotozoals	
<i>atovaquone (generic for MEPRON) - Tier 1; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> <i>chloroquine phosphate oral - Tier 1; QL</i> COARTEM - Tier 2 <i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg - Tier 1</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 300 mg (generic for SOVUNA) - Tier 1</i> <i>mefloquine hcl - Tier 1; QL</i> <i>NEBUPENT (brand for pentamidine isethionate) - Tier 2; PA</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1; PA</i> <i>primaquine phosphate - Tier 1</i> <i>quinine sulfate (generic for QUALAQUIN) - Tier 1; QL</i>	<i>ALINIA ORAL TABLET (brand for nitazoxanide) - Tier 2; PA; QL</i> <i>BENZNIDAZOLE - Tier 2; PA; QL</i> <i>KRINTAFEL - Tier 2; PA; QL</i> <i>MALARONE (brand for atovaquone-proguanil hcl) - Tier 2; PA; QL</i> <i>MEPRON (brand for atovaquone) - Tier 2; PA; QL</i> <i>nitazoxanide oral (generic for ALINIA) - Tier 1; PA; QL</i> <i>PLAQUENIL (brand for hydroxychloroquine sulfate) - Tier 2; PA; QL</i> <i>QUALAQUIN (brand for quinine sulfate) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Anthelmintics - Worm Infection Drugs	
EGATEN - Tier 2; QL	
Antiprotozoals - Protozoal Infection Drugs	
LAMPIT - Tier 2; PA; QL	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<i>lice killing external shampoo 0.33-4 %, 4-0.33 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	

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

Preferred Agents

Non-Preferred Agents

Antiparkinson Agents, Other

amantadine hcl oral capsule - Tier 1; QL
amantadine hcl oral solution - Tier 1; QL
entacapone (generic for COMTAN) - Tier 1; QL
 NOURIANZ - Tier 2; PA; QL

amantadine hcl oral tablet - Tier 1; PA*; QL
carbidopa-levodopa-entacapone (generic for STALEVO 100) - Tier 1; PA*; QL
 COMTAN (brand for entacapone) - Tier 2; PA; QL
 GOCOVRI - Tier 2; PA; QL
 ONGENTYS - Tier 2; PA*; QL
 OSMOLEX ER - Tier 2; PA; QL
 STALEVO 100 (brand for carbidopa-levodopa-entacapone) - Tier 2; PA; QL
 STALEVO 125 (brand for carbidopa-levodopa-entacapone) - Tier 2; PA; QL
 STALEVO 150 (brand for carbidopa-levodopa-entacapone) - Tier 2; PA; QL
 STALEVO 200 (brand for carbidopa-levodopa-entacapone) - Tier 2; PA; QL
 STALEVO 50 (brand for carbidopa-levodopa-entacapone) - Tier 2; PA; QL
 STALEVO 75 (brand for carbidopa-levodopa-entacapone) - Tier 2; PA; QL
 TASMAR (brand for tolcapone) - Tier 2; PA; QL
tolcapone (generic for TASMAR) - Tier 1; PA*; QL

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

Preferred Agents

Non-Preferred Agents

Dopamine Agonists

pramipexole dihydrochloride - Tier 1; QL
ropinirole hcl - Tier 1; QL

APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL
apomorphine hcl subcutaneous (generic for APOKYN) - Tier 1; PA; SP; QL*
bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; PA; QL*
MIRAPEX ER (brand for pramipexole dihydrochloride er) - Tier 2; PA; QL
NEUPRO - Tier 2; PA; QL*
PARLODEL (brand for bromocriptine mesylate) - Tier 2; PA; QL
pramipexole dihydrochloride er (generic for MIRAPEX ER) - Tier 1; PA; QL*
ropinirole hcl er oral tablet extended release 24 hour 8 mg - Tier 1; PA; QL*
ropinirole hcl er tablet extended release 24 hour 12 mg oral - Tier 1; PA; QL*
ropinirole hcl er tablet extended release 24 hour 12 mg oral - Tier 1; PA; QL
ropinirole hcl er tablet extended release 24 hour 2 mg oral - Tier 1; PA; QL
ropinirole hcl er tablet extended release 24 hour 2 mg oral - Tier 1; PA; QL*
ropinirole hcl er tablet extended release 24 hour 4 mg oral - Tier 1; PA; QL
ropinirole hcl er tablet extended release 24 hour 4 mg oral - Tier 1; PA; QL*
ropinirole hcl er tablet extended release 24 hour 6 mg oral - Tier 1; PA; QL*
ropinirole hcl er tablet extended release 24 hour 6 mg oral - Tier 1; PA; QL

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

Preferred Agents	Non-Preferred Agents
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa oral (generic for LODOSYN) - Tier 1; QL</i> <i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	<i>carbidopa-levodopa oral tablet dispersible - Tier 1; PA*; QL</i> <i>DUOPA - Tier 2; PA*; QL</i> <i>INBRIJA - Tier 2; PA; SP; QL</i> <i>LODOSYN (brand for carbidopa) - Tier 2; PA; QL</i> <i>RYTARY - Tier 2; PA*; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>selegiline hcl oral - Tier 1; QL</i>	<i>AZILECT (brand for rasagiline mesylate) - Tier 2; PA; QL</i> <i>rasagiline mesylate oral (generic for AZILECT) - Tier 1; PA*; QL</i> <i>XADAGO - Tier 2; PA*; QL</i> <i>ZELAPAR - Tier 2; PA*; QL</i>
Antipsychotics	
1st Generation/Typical	
<i>chlorpromazine hcl injection - Tier 1; QL</i> <i>chlorpromazine hcl oral tablet - Tier 1; QL</i> <i>fluphenazine decanoate injection - Tier 1; QL</i> <i>fluphenazine hcl injection - Tier 1</i> <i>fluphenazine hcl oral concentrate - Tier 1</i> <i>fluphenazine hcl oral elixir - Tier 1</i> <i>fluphenazine hcl oral tablet - Tier 1; QL</i> <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL</i> <i>haloperidol lactate oral concentrate 2 mg/ml - Tier 1; AL</i> <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg - Tier 1; AL</i> <i>haloperidol oral tablet 20 mg - Tier 1; QL; AL</i> <i>loxapine succinate - Tier 1; QL</i> <i>molindone hcl - Tier 1</i>	<i>ADASUVE - Tier 2; PA; QL</i> <i>chlorpromazine hcl oral concentrate - Tier 1; PA; QL</i> <i>HALDOL DECANOATE (brand for haloperidol decanoate) - Tier 2; PA; QL</i>
<p>Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy; PA*: Preferred Alternative Trial Requirements</p>	

Preferred Agents	Non-Preferred Agents
<p><i>pimozide - Tier 1; QL</i> <i>thioridazine hcl oral - Tier 1; QL</i> <i>thiothixene - Tier 1; QL</i> <i>trifluoperazine hcl - Tier 1; QL</i></p>	
2nd Generation/Atypical	
<p>ABILIFY MAINTENA - Tier 2; QL; AL <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (generic for ABILIFY) - Tier 1; AL</i> ARISTADA - Tier 2; QL; AL <i>GEODON INTRAMUSCULAR (brand for ziprasidone mesylate) - Tier 2; QL; AL</i> INVEGA HAFYERA - Tier 2; PA INVEGA SUSTENNA - Tier 2; QL; AL INVEGA TRINZA - Tier 2; QL; AL <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (generic for LATUDA) - Tier 1; QL; AL</i> LYBALVI - Tier 2; PA; QL; AL NUPLAZID - Tier 2; PA; QL <i>olanzapine intramuscular (generic for ZYPREXA) - Tier 1; QL; AL</i></p>	<p>ABILIFY ASIMTUFII - Tier 2; PA; QL; AL ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (brand for aripiprazole) - Tier 2; PA; AL <i>aripiprazole oral solution - Tier 1; PA; AL</i> <i>aripiprazole oral tablet dispersible - Tier 1; PA; AL</i> ARISTADA INITIO - Tier 2; PA; QL; AL <i>asenapine maleate (generic for SAPHRIS) - Tier 1; PA*; QL; AL</i> CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG - Tier 2; PA*; QL CAPLYTA ORAL CAPSULE 42 MG - Tier 2; PA* FANAPT ORAL TABLET 1 MG, 10 MG, 2 MG, 4 MG, 6 MG, 8 MG - Tier 2; PA*; QL; AL FANAPT ORAL TABLET 12 MG - Tier 2; PA*; QL FANAPT TITRATION PACK - Tier 2; PA; QL; AL <i>GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; AL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p>olanzapine oral (generic for ZYPREXA) - Tier 1; AL</p> <p>quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL</p> <p>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (generic for SEROQUEL) - Tier 1; QL; AL</p> <p>REXULTI - Tier 2; ST; QL; AL</p> <p>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 50 MG (brand for risperidone microspheres er) - Tier 2; QL; AL</p> <p>risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; QL; AL</p> <p>risperidone oral solution (generic for RISPERDAL) - Tier 1; AL</p> <p>risperidone oral tablet 0.25 mg - Tier 1; AL</p> <p>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (generic for RISPERDAL) - Tier 1; AL</p> <p>risperidone oral tablet 4 mg (generic for RISPERDAL) - Tier 1; QL; AL</p> <p>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg - Tier 1; AL</p> <p>ziprasidone hcl (generic for GEODON) - Tier 1; AL</p> <p>ziprasidone mesylate (generic for GEODON) - Tier 1; QL; AL</p>	<p>INVEGA (brand for paliperidone er) - Tier 2; PA; QL; AL</p> <p>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (brand for lurasidone hcl) - Tier 2; PA; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 1.5 mg oral - Tier 1; PA*; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 1.5 mg oral - Tier 1; PA; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 3 mg oral (generic for INVEGA) - Tier 1; PA*; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 3 mg oral (generic for INVEGA) - Tier 1; PA; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 6 mg oral (generic for INVEGA) - Tier 1; PA*; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 6 mg oral (generic for INVEGA) - Tier 1; PA; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 9 mg oral (generic for INVEGA) - Tier 1; PA*; QL; AL</p> <p>paliperidone er tablet extended release 24 hour 9 mg oral (generic for INVEGA) - Tier 1; PA; QL; AL</p> <p>PERSERIS - Tier 2; PA; QL; AL</p> <p>quetiapine fumarate oral tablet 150 mg - Tier 1; PA; QL; AL</p> <p>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG (brand for risperidone microspheres er) - Tier 2; PA; QL; AL</p> <p>RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; AL</p> <p>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG (brand for risperidone) - Tier 2; PA; AL</p>

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

Preferred Agents	Non-Preferred Agents
	<p><i>RISPERDAL ORAL TABLET 4 MG (brand for risperidone) - Tier 2; PA; QL; AL</i></p> <p><i>SAPHRIS (brand for asenapine maleate) - Tier 2; PA*; QL; AL</i></p> <p><i>SECUADO - Tier 2; PA; QL; AL</i></p> <p><i>SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL</i></p> <p><i>SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL</i></p> <p><i>UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; QL</i></p> <p><i>VRAYLAR - Tier 2; PA; QL; AL</i></p> <p><i>ZYPREXA INTRAMUSCULAR (brand for olanzapine) - Tier 2; PA; QL; AL</i></p> <p><i>ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; AL</i></p> <p><i>ZYPREXA RELPREVV - Tier 2; PA; QL; AL</i></p> <p><i>ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; AL</i></p>
Treatment-Resistant	
<p><i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; AL</i></p>	<p><i>clozapine oral tablet dispersible - Tier 1; PA; AL</i></p> <p><i>CLOZARIL (brand for clozapine) - Tier 2; PA; AL</i></p> <p><i>VERSACLOZ - Tier 2; PA; QL; AL</i></p>
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	<p><i>GEMTESA - Tier 2; PA*; QL</i></p>

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

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

Antispasticity Agents	
-----------------------	--

<p><i>baclofen oral suspension (generic for FLEQSUVY) - Tier 1; PA</i> <i>baclofen oral tablet - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i></p>	<p><i>BACLOFEN ORAL SOLUTION (brand for baclofen) - Tier 2; PA</i> <i>DANTRIUM ORAL (brand for dantrolene sodium) - Tier 2; PA; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; PA*; QL</i> <i>FLEQSUVY (brand for baclofen) - Tier 2; PA</i> <i>LYVISPAH - Tier 2; PA</i> <i>OZOBAX DS (brand for baclofen) - Tier 2; PA</i> <i>tizanidine hcl oral capsule 2 mg (generic for ZANAFLEX) - Tier 1; PA*; QL</i> <i>tizanidine hcl oral capsule 4 mg, 6 mg (generic for ZANAFLEX) - Tier 1; PA*</i> <i>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT - Tier 2; PA</i> <i>ZANAFLEX ORAL CAPSULE 2 MG (brand for tizanidine hcl) - Tier 2; PA; QL</i> <i>ZANAFLEX ORAL CAPSULE 4 MG, 6 MG (brand for tizanidine hcl) - Tier 2; PA</i> <i>ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL</i></p>
---	---

Antivirals	
------------	--

Anti-cytomegalovirus (CMV) Agents	
-----------------------------------	--

<p><i>cidofovir intravenous - Tier 1; PA; QL</i> <i>PREVYMIS - Tier 2; PA; QL</i> <i>valganciclovir hcl (generic for VALCYTE) - Tier 1; QL</i></p>	<p><i>VALCYTE (brand for valganciclovir hcl) - Tier 2; PA; QL</i> <i>ZIRGAN - Tier 2; PA*; QL</i></p>
--	--

Anti-hepatitis B (HBV) Agents	
-------------------------------	--

<p><i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i></p>	<p><i>adefovir dipivoxil - Tier 1; PA*; QL</i> <i>BARACLUDE (brand for entecavir) - Tier 2; PA; QL</i> <i>VEMLIDY - Tier 2; PA*; QL</i></p>
---	---

Anti-hepatitis C (HCV) Agents	
-------------------------------	--

<p><i>ribavirin oral - Tier 1</i></p>	
---------------------------------------	--

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

Preferred Agents

Non-Preferred Agents

Antitherpetic Agents

acyclovir oral - Tier 1; QL
famciclovir oral - Tier 1; QL
valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL

acyclovir cream 5 % external (generic for ZOVIRAX) - Tier 1; PA; QL*
acyclovir cream 5 % external (generic for ZOVIRAX) - Tier 1; PA; QL
acyclovir external ointment (generic for ZOVIRAX) - Tier 1; PA; QL*
DENAVIR (brand for penciclovir) - Tier 2; PA
*penciclovir (generic for DENAVIR) - Tier 1; PA**
SITAVIG - Tier 2; PA; QL*
VALTREX (brand for valacyclovir hcl) - Tier 2; PA; QL
ZOVIRAX (brand for acyclovir) - Tier 2; PA; QL*

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2
 BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; QL
 DOVATO - Tier 2; QL
 GENVOYA - Tier 2; QL
 ISENTRESS HD - Tier 2; QL
 ISENTRESS ORAL PACKET - Tier 2; QL; AL
 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; AL

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

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

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

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

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

abacavir sulfate (generic for ZIAGEN) - Tier 1; QL
abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL
 CIMDUO - Tier 2; QL
 DESCOVY - Tier 2; QL
emtricitabine (generic for EMTRIVA) - Tier 1; QL
emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL
EMTRIVA (brand for emtricitabine) - 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

EPIVIR (brand for lamivudine) - Tier 2; PA; QL
RETROVIR ORAL (brand for zidovudine) - Tier 2; PA; QL
TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL
VIREAD ORAL TABLET 300 MG (brand for tenofovir disoproxil fumarate) - Tier 2; PA; QL
ZIAGEN (brand for abacavir sulfate) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
TRIUMEQ PD - Tier 2; QL VIREAD ORAL POWDER - Tier 2; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL <i>zidovudine (generic for RETROVIR) - Tier 1; QL</i>	
Anti-HIV Agents, Other	
<i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i> RUKOBIA - Tier 2; QL <i>SELZENTRY (brand for maraviroc) - Tier 2; QL</i> TYBOST - Tier 2; QL	
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS - Tier 2; QL <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; QL</i> EVOTAZ - Tier 2; QL <i>fosamprenavir calcium (generic for LEXIVA) - Tier 1; QL</i> <i>KALETRA (brand for lopinavir-ritonavir) - Tier 2; QL</i> <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL</i> NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; QL; AL <i>ritonavir (generic for NORVIR) - Tier 1; QL</i> SYMTUZA - Tier 2; QL VIRACEPT - Tier 2; QL	<i>NORVIR ORAL TABLET (brand for ritonavir) - Tier 2; PA; QL</i> <i>REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL</i>
Anti-influenza Agents	
<i>oseltamivir phosphate oral (generic for TAMIFLU) - Tier 1</i> <i>rimantadine hcl - Tier 1; QL</i>	RELENZA DISKHALER - Tier 2; PA*; QL <i>TAMIFLU (brand for oseltamivir phosphate) - Tier 2; PA</i> XOFLUZA (40 MG DOSE) - Tier 2; PA XOFLUZA (80 MG DOSE) - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
Antivirals - Drugs to Treat Viral Infections	
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
<i>foscarnet sodium (generic for FOSCAVIR) - Tier 1; PA; QL</i> <i>FOSCAVIR (brand for foscarnet sodium) - Tier 2; PA; QL</i>	LIVTENCITY - Tier 2; PA
Anti-Influenza Agents - Flu Drugs	
RAPIVAB - Tier 2; PA	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL VEKLURY - Tier 2	
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i> IGALMI - Tier 2; PA; QL	<i>meprobamate - Tier 1; PA; QL</i> <i>VISTARIL (brand for hydroxyzine pamoate) - Tier 2; PA; QL</i>

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

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

Benzodiazepines

alprazolam oral tablet (generic for XANAX) - Tier 1; QL
chlordiazepoxide hcl - Tier 1; QL
clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL
diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL
diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL
lorazepam injection (generic for ATIVAN) - Tier 1
lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL
lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL
lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL

alprazolam er (generic for XANAX XR) - Tier 1; PA; QL*
*alprazolam intensol - Tier 1; PA**
alprazolam oral tablet dispersible - Tier 1; PA; QL*
alprazolam xr (generic for XANAX XR) - Tier 1; PA; QL*
ATIVAN INJECTION (brand for lorazepam) - Tier 2; PA
ATIVAN ORAL (brand for lorazepam) - Tier 2; PA; QL
clonazepam oral tablet dispersible - Tier 1; PA; QL
clorazepate dipotassium tablet 15 mg oral - Tier 1; PA; QL*
clorazepate dipotassium tablet 15 mg oral - Tier 1; PA; QL
clorazepate dipotassium tablet 3.75 mg oral - Tier 1; PA; QL*
clorazepate dipotassium tablet 3.75 mg oral - Tier 1; PA; QL
clorazepate dipotassium tablet 7.5 mg oral - Tier 1; PA; QL*
clorazepate dipotassium tablet 7.5 mg oral - Tier 1; PA; QL
KLONOPIN (brand for clonazepam) - Tier 2; PA; QL
LOREEV XR - Tier 2; PA
midazolam hcl oral - Tier 1; PA; QL; AL*
oxazepam - Tier 1; PA; QL*
VALIUM (brand for diazepam) - Tier 2; PA; QL
XANAX (brand for alprazolam) - Tier 2; PA; QL
XANAX XR (brand for alprazolam er) - Tier 2; PA; QL

Anxiolytics - Drugs to Treat Anxiety

Benzodiazepines - Anxiety Drugs

DORAL (brand for quazepam) - Tier 2; PA; QL; AL*
quazepam (generic for DORAL) - Tier 1; PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
QELBREE - Tier 2; PA; QL	
Bipolar Agents	
Mood Stabilizers	
<p><i>DEPAKOTE SPRINKLES (brand for divalproex sodium) - Tier 2; QL; AL</i></p> <p><i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL</i></p> <p><i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; QL; AL</i></p> <p><i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; QL</i></p> <p><i>EQUETRO - Tier 2; PA; QL</i></p> <p><i>lithium - Tier 1; QL</i></p> <p><i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i></p> <p><i>lithium carbonate oral - Tier 1; QL</i></p>	<p><i>DEPAKOTE (brand for divalproex sodium) - Tier 2; PA; QL</i></p> <p><i>DEPAKOTE ER (brand for divalproex sodium er) - Tier 2; PA; QL</i></p> <p><i>LITHOBID (brand for lithium carbonate er) - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Blood Glucose Regulators	
Antidiabetic Agents	
<p><i>acarbose oral - Tier 1; QL</i></p> <p>BYDUREON BCISE AUTOINJECTOR - Tier 2; QL</p> <p>BYETTA 10 MCG PEN - Tier 2; QL</p> <p>BYETTA 5 MCG PEN - Tier 2; QL</p> <p><i>DAPAGLIFLOZIN PRO-METFORMIN ER (brand for dapagliflozin pro-metformin er) - Tier 2; QL</i></p> <p><i>DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; QL</i></p> <p><i>FARXIGA (brand for dapagliflozin propanediol) - Tier 2; QL</i></p> <p><i>glimepiride - Tier 1; QL</i></p> <p><i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i></p> <p><i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i></p> <p><i>glipizide-metformin hcl - Tier 1; QL</i></p> <p><i>glyburide micronized - Tier 1; QL</i></p> <p><i>glyburide oral - Tier 1; QL</i></p> <p><i>glyburide-metformin - Tier 1; QL</i></p> <p>INVOKAMET - Tier 2; QL</p> <p>INVOKANA - Tier 2; QL</p> <p>JANUMET - Tier 2; QL</p> <p>JANUMET XR - Tier 2; QL</p> <p>JANUVIA - Tier 2; QL</p> <p>JARDIANCE - Tier 2; QL</p> <p>JENTADUETO - Tier 2; QL</p> <p>JENTADUETO XR - Tier 2; QL</p> <p><i>KOMBIGLYZE XR (brand for saxagliptin-metformin er) - Tier 2; ST; QL</i></p> <p><i>metformin hcl er - Tier 1; QL</i></p> <p><i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i></p>	<p><i>ACTOPLUS MET (brand for pioglitazone hcl-metformin hcl) - Tier 2; PA; QL</i></p> <p><i>ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL</i></p> <p>ALOGLIPTIN BENZOATE - Tier 2; PA*; QL</p> <p>ALOGLIPTIN-METFORMIN HCL - Tier 2; PA*; QL</p> <p>ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL</p> <p>CYCLOSET - Tier 2; PA; QL</p> <p><i>DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL</i></p> <p><i>glipizide oral tablet 2.5 mg - Tier 1; PA; QL</i></p> <p><i>GLUCOTROL XL (brand for glipizide er) - Tier 2; PA; QL</i></p> <p><i>GLUMETZA (brand for metformin hcl er (mod)) - Tier 2; PA; QL</i></p> <p>GLYXAMBI - Tier 2; PA; QL</p> <p>INVOKAMET XR - Tier 2; PA*; QL</p> <p><i>metformin hcl er (mod) (generic for GLUMETZA) - Tier 1; PA; QL</i></p> <p><i>metformin hcl er (osm) - Tier 1; PA; QL</i></p> <p><i>metformin hcl oral solution (generic for RIOMET) - Tier 1; PA*; QL</i></p> <p><i>metformin hcl oral tablet 625 mg - Tier 1; PA; QL</i></p> <p><i>miglitol - Tier 1; PA*; QL</i></p> <p>OZEMPIC - Tier 2; PA; QL</p> <p>OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL</p> <p><i>pioglitazone hcl-glimepiride (generic for DUETACT) - Tier 1; PA*; QL</i></p> <p><i>pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; PA*; QL</i></p> <p>QTERN - Tier 2; PA; QL</p> <p><i>RIOMET (brand for metformin hcl) - Tier 2; PA*; QL</i></p> <p>RYBELSUS - Tier 2; PA; QL</p> <p>SEGLUROMET - Tier 2; PA*; QL</p> <p>SOLIQUA - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>nateglinide - Tier 1; QL ONGLYZA (brand for saxagliptin hcl) - Tier 2; ST; QL pioglitazone hcl (generic for ACTOS) - Tier 1; QL repaglinide - Tier 1; QL saxagliptin hcl (generic for ONGLYZA) - Tier 1; ST; QL saxagliptin-metformin er (generic for KOMBIGLYZE XR) - Tier 1; ST; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL SYNJARDY - Tier 2; QL TRADJENTA - Tier 2; QL VICTOZA - Tier 2; QL XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; QL</p>	<p>STEGLATRO - Tier 2; PA*; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA*; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL</p>

Glycemic Agents

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

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

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

Preferred Agents	Non-Preferred Agents
Insulins	
<p><i>BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA; QL</i></p> <p><i>BASAGLAR TEMPO PEN - Tier 2; QL</i></p> <p><i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL</i></p> <p><i>HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (brand for insulin lispro (1 unit dial)) - Tier 2; QL</i></p> <p><i>HUMALOG MIX 50/50 - Tier 2; QL</i></p> <p><i>HUMALOG MIX 50/50 KWIKPEN - Tier 2; QL</i></p> <p><i>HUMALOG MIX 75/25 - Tier 2; QL</i></p> <p><i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; QL</i></p> <p><i>HUMALOG SOLUTION 100 UNIT/ML INJECTION (brand for insulin lispro) - Tier 2; Cartridges Preferred, vials Non-Preferred||Available for an extended day(s) supply; QL</i></p> <p><i>HUMALOG SUBCUTANEOUS - Tier 2; Cartridges Preferred, vials Non-Preferred||Available for an extended day(s) supply; QL</i></p> <p><i>HUMULIN 70/30 KWIKPEN - Tier 2; QL</i></p> <p><i>HUMULIN 70/30 VIAL - Tier 2; QL</i></p> <p><i>HUMULIN N KWIKPEN - Tier 2; QL</i></p> <p><i>HUMULIN N VIAL - Tier 2; QL</i></p> <p><i>HUMULIN R SOLUTION 100 UNIT/ML INJECTION - Tier 2; QL</i></p> <p><i>HUMULIN R U-500 KWIKPEN - Tier 2; QL</i></p> <p><i>HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; QL</i></p> <p><i>INSULIN ASP PROT & ASP FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; QL</i></p>	<p><i>ADMELOG (brand for insulin lispro) - Tier 2; PA*; Coverage requires trial and failure (or inability to try) with preferred drugs in the same class Prior authorization (PA) may be required to determine what drugs have been tried in the past||Cartridges Preferred, vials Non-Preferred||Available for an exte; QL</i></p> <p><i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA*; QL</i></p> <p><i>AFREZZA - Tier 2; PA*; QL</i></p> <p><i>APIDRA SOLOSTAR - Tier 2; PA*; QL</i></p> <p><i>APIDRA VIAL - Tier 2; PA*; QL</i></p> <p><i>FIASP - Tier 2; PA*; QL</i></p> <p><i>FIASP FLEXTOUCH - Tier 2; PA*; QL</i></p> <p><i>FIASP PENFILL - Tier 2; PA*; QL</i></p> <p><i>FIASP PUMPCART - Tier 2; PA*; QL</i></p> <p><i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL</i></p> <p><i>HUMALOG SOLUTION 100 UNIT/ML INJECTION (brand for insulin lispro) - Tier 2; PA; Cartridges Preferred, vials Non-Preferred||Available for an extended day(s) supply; QL</i></p> <p><i>HUMALOG TEMPO PEN - Tier 2; PA; QL</i></p> <p><i>HUMULIN R SOLUTION 100 UNIT/ML INJECTION - Tier 2; PA; QL</i></p> <p><i>INSULIN ASPART (brand for insulin aspart) - Tier 2; PA*; QL</i></p> <p><i>INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA*; QL</i></p> <p><i>INSULIN ASPART PENFILL (brand for insulin aspart penfill) - Tier 2; PA*; QL</i></p> <p><i>INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; PA; QL</i></p>

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

Preferred Agents

INSULIN LISPRO (brand for insulin lispro) - Tier 2; Cartridges Preferred, vials Non-Preferred | Available for an extended day(s) supply; QL
INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; QL
INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL
INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL
LEVEMIR FLEXPEN - Tier 2; QL
LEVEMIR U-100 VIAL - Tier 2; QL
NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL
NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; QL
NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL

Non-Preferred Agents

INSULIN DEGLUDEC (brand for insulin degludec) - Tier 2; PA; QL*
INSULIN DEGLUDEC FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*
INSULIN GLARGINE MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNITIML (brand for insulin glargine solostar) - Tier 2; PA; QL
INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL
LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL
LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; PA; QL
LYUMJEV - Tier 2; PA; QL*
LYUMJEV KWIKPEN - Tier 2; PA; QL*
LYUMJEV TEMPO PEN - Tier 2; PA; QL
NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL*
NOVOLIN 70/30 FLEXPEN RELION - Tier 2; PA; QL*
NOVOLIN 70/30 RELION - Tier 2; PA; QL*
NOVOLIN 70/30 VIAL - Tier 2; PA; QL*
NOVOLIN N FLEXPEN - Tier 2; PA; QL*
NOVOLIN N FLEXPEN RELION - Tier 2; PA; QL*
NOVOLIN N RELION - Tier 2; PA; QL*
NOVOLIN N VIAL - Tier 2; PA; QL*
NOVOLIN R FLEXPEN - Tier 2; PA; QL
NOVOLIN R FLEXPEN RELION - Tier 2; PA; QL
NOVOLIN R RELION - Tier 2; PA; QL*
NOVOLIN R VIAL - Tier 2; PA; QL*

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

Preferred Agents**Non-Preferred Agents**

NOVOLOG 70/30 FLEXPEN RELION (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL
NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; PA; QL*
NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL
NOVOLOG MIX 70/30 RELION (brand for insulin aspart prot & aspart) - Tier 2; PA; QL
NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL
NOVOLOG RELION (brand for insulin aspart) - Tier 2; PA; QL*
SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL
TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL*
TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL*
TRESIBA (brand for insulin degludec) - Tier 2; PA; QL*
TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*

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

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

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

Glycemic Agents - Diabetic Drugs

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

Insulins - Diabetic Drugs

BD BLUNT FILTER NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL
BD ECLIPSE NEEDLE 18G X 1-1/2" (brand for carepoint poly hub needle) - Tier 2; QL
BD ECLIPSE SHIELDED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL
BD NOKOR ADMIX NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" (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

REZVOGLAR KWIKPEN - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Blood Products and Modifiers

Anticoagulants

CEPROTIN - Tier 2; PA; QL
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 (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-% - Tier 1; PA
heparin sodium (porcine) - Tier 1; PA
heparin sodium (porcine) pf - Tier 1; PA
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL
jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1
PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; QL

warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL
warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1
 XARELTO ORAL TABLET - Tier 2; QL
 XARELTO STARTER PACK - Tier 2; QL

ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 7.5 MG/0.6ML
(brand for fondaparinux sodium) - Tier 2; PA; QL
 ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.4ML
(brand for fondaparinux sodium) - Tier 2; PA
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 7.5 mg/0.6ml (generic for ARIXTRA) - Tier 1; PA; QL*
*fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml, 5 mg/0.4ml (generic for ARIXTRA) - Tier 1; PA**
 FRAGMIN - Tier 2; PA*
 LOVENOX *(brand for enoxaparin sodium) - Tier 2; PA; QL*
 PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG - Tier 2; PA; QL; AL
 SAVAYSA - Tier 2; PA*; QL
 XARELTO ORAL SUSPENSION RECONSTITUTED - Tier 2; PA
 ZONTIVITY - Tier 2; PA*; QL

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

Preferred Agents

Non-Preferred Agents

Blood Products and Modifiers, Other

anagrelide hcl (generic for AGRYLIN) - Tier 1
 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL
 DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2
 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL
 GRANIX - Tier 2; PA; SP; QL
 NEUPOGEN - Tier 2; PA; SP; QL
 PANHEMATIN - Tier 2; PA; QL
plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL
 PROMACTA - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML,
 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 20000 UNIT/ML - Tier 2; PA; SP
 SIKLOS ORAL TABLET 100 MG - Tier 2; PA; QL; AL
 SIKLOS ORAL TABLET 1000 MG - Tier 2; PA; QL

AGRYLIN (brand for anagrelide hcl) - Tier 2; PA
 EPOGEN - Tier 2; PA*; SP; QL
 FULPHILA - Tier 2; PA*; SP; QL
 LEUKINE - Tier 2; PA; SP; QL
MOZOBIL (brand for plerixafor) - Tier 2; PA; SP; QL
 MULPLETA - Tier 2; PA; SP; QL
 NEULASTA - Tier 2; PA*; SP; QL
 NEULASTA ONPRO - Tier 2; PA*; SP; QL
 NIVESTYM INJECTION SOLUTION - Tier 2; PA*
 NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE - Tier 2; PA*;
 SP; QL
 NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG -
 Tier 2; PA

 NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG,
 500 MCG - Tier 2; PA; QL
 NYVEPRIA - Tier 2; PA*; SP
 OXBRYTA - Tier 2; PA; SP; QL
 PROCROT - Tier 2; PA*; SP; QL
 RELEUKO - Tier 2; PA*; SP
 UDENYCA ONBODY - Tier 2; PA; SP
 UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2;
 PA*; SP
 UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier
 2; PA*; SP; QL
 ZARXIO - Tier 2; PA*; SP; QL
 ZIEXTENZO - Tier 2; PA*; SP

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

Preferred Agents	Non-Preferred Agents
Hemostasis Agents	
<i>aminocaproic acid oral solution - Tier 1; PA; QL</i> <i>aminocaproic acid oral tablet - Tier 1; QL</i> <i>CYKLOKAPRON (brand for tranexamic acid) - Tier 2; PA</i> <i>tranexamic acid intravenous (generic for CYKLOKAPRON) - Tier 1; PA</i> <i>tranexamic acid oral - Tier 1; QL</i>	
Platelet Modifying Agents	
<i>aspirin-dipyridamole er - Tier 1; QL</i> <i>BRILINTA - Tier 2; QL</i> <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i> <i>prasugrel hcl (generic for EFFIENT) - Tier 1; QL</i>	<i>DOPTELET - Tier 2; PA; SP; QL</i> <i>EFFIENT (brand for prasugrel hcl) - Tier 2; PA; QL</i> <i>PLAVIX (brand for clopidogrel bisulfate) - Tier 2; PA; QL</i> <i>TAVALISSE - Tier 2; PA; SP; QL</i>
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Anticoagulants - Blood Thinners	
<i>ACTIVASE - Tier 2; PA; QL</i> <i>CATHFLO ACTIVASE - Tier 2; PA</i>	
Blood Formation Modifiers - Blood Formation Drugs	
	<i>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML - Tier 2; PA*; QL</i> <i>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML - Tier 2; PA*</i>

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

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

Hemostasis Agents - Drugs to Stop Bleeding

<p><i>tranexamic acid-nacl</i> - Tier 1; PA; QL</p>	<p>ASTRINGYN - Tier 2; PA RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT - Tier 2; PA RECOTHROM SPRAY KIT - Tier 2; PA</p>
---	---

Cardiovascular Agents

Alpha-adrenergic Agonists

<p>CATAPRES-TTS-1 (brand for clonidine) - Tier 2; QL; AL CATAPRES-TTS-2 (brand for clonidine) - Tier 2; QL; AL CATAPRES-TTS-3 (brand for clonidine) - Tier 2; QL; AL clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL; AL clonidine hcl oral - Tier 1; QL; AL guanfacine hcl - Tier 1; QL; AL METHYLDOPA - Tier 2; QL midodrine hcl - Tier 1; QL</p>	<p>CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for clonidine hcl er) - Tier 2; PA droxidopa capsule 100 mg oral (generic for NORTHERA) - Tier 1; PA*; SP; QL droxidopa capsule 100 mg oral (generic for NORTHERA) - Tier 1; PA; SP; QL droxidopa capsule 200 mg oral (generic for NORTHERA) - Tier 1; PA*; SP; QL droxidopa capsule 200 mg oral (generic for NORTHERA) - Tier 1; PA; SP; QL droxidopa capsule 300 mg oral (generic for NORTHERA) - Tier 1; PA*; SP; QL droxidopa capsule 300 mg oral (generic for NORTHERA) - Tier 1; PA; SP; QL NEXICLON XR (brand for clonidine hcl er) - Tier 2; PA NORTHERA (brand for droxidopa) - Tier 2; PA; SP; QL</p>
--	---

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

Preferred Agents	Non-Preferred Agents
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>phenoxybenzamine hcl oral (generic for DIBENZYLINE) - Tier 1; QL</i> <i>prazosin hcl oral (generic for MINIPRESS) - Tier 1; QL</i>	<i>CARDURA (brand for doxazosin mesylate) - Tier 2; PA; QL</i> <i>DIBENZYLINE (brand for phenoxybenzamine hcl) - Tier 2; PA; QL</i> <i>MINIPRESS (brand for prazosin hcl) - Tier 2; PA; QL</i>
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	<i>ATACAND (brand for candesartan cilexetil) - Tier 2; PA; QL</i> <i>AVAPRO (brand for irbesartan) - Tier 2; PA; QL</i> <i>BENICAR (brand for olmesartan medoxomil) - Tier 2; PA; QL</i> <i>candesartan cilexetil (generic for ATACAND) - Tier 1; PA*; QL</i> <i>COZAAR (brand for losartan potassium) - Tier 2; PA; QL</i> <i>DIOVAN (brand for valsartan) - Tier 2; PA; QL</i> <i>EDARBI - Tier 2; PA*; QL</i> <i>MICARDIS (brand for telmisartan) - Tier 2; PA; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; PA*; QL</i> <i>VALSARTAN ORAL SOLUTION - Tier 2; PA; QL</i>
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i>	<i>ACCUPRIL (brand for quinapril hcl) - Tier 2; PA; QL</i> <i>ALTACE (brand for ramipril) - Tier 2; PA; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1; PA*; QL; AL</i> <i>EPANED (brand for enalapril maleate) - Tier 2; PA; QL; AL</i> <i>LOTENSIN (brand for benazepril hcl) - Tier 2; PA; QL</i> <i>moexipril hcl - Tier 1; PA*; QL</i> <i>perindopril erbumine - Tier 1; PA*; QL</i> <i>QBRELIS - Tier 2; PA*; QL</i> <i>trandolapril - Tier 1; PA*; QL</i> <i>VASOTEC (brand for enalapril maleate) - Tier 2; PA; QL</i> <i>ZESTRIL (brand for lisinopril) - Tier 2; PA; QL</i>

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

Preferred Agents

Non-Preferred Agents

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
procainamide hcl injection - Tier 1; PA; QL
propafenone hcl - Tier 1; QL
propafenone hcl er - Tier 1; QL
quinidine gluconate er - Tier 1; QL
sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL
sotalol hcl oral (generic for BETAPACE) - Tier 1; QL

BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL
BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL
MULTAQ - Tier 2; PA; QL*
NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL
NORPACE CR - Tier 2; PA; QL*
PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL
quinidine sulfate - Tier 1; PA; QL*
SOTYLIZE - Tier 2; PA; QL
TIKOSYN (brand for dofetilide) - Tier 2; PA; QL

Beta-adrenergic Blocking Agents

acebutolol hcl oral - Tier 1; QL
atenolol oral (generic for TENORMIN) - Tier 1; QL
betaxolol hcl oral - Tier 1; QL
bisoprolol fumarate oral - Tier 1; QL
carvedilol (generic for COREG) - Tier 1; QL
labetalol hcl oral - Tier 1; QL
metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL
metoprolol tartrate oral (generic for LOPRESSOR) - Tier 1; QL
nadolol oral (generic for CORGARD) - Tier 1; QL
propranolol hcl er (generic for INDERAL LA) - Tier 1; QL
propranolol hcl oral - Tier 1; QL

BYSTOLIC (brand for nebivolol hcl) - Tier 2; PA; QL
carvedilol phosphate er (generic for COREG CR) - Tier 1; PA; QL
COREG (brand for carvedilol) - Tier 2; PA; QL
COREG CR (brand for carvedilol phosphate er) - Tier 2; PA; QL
CORGARD (brand for nadolol) - Tier 2; PA; QL
HEMANGEOL - Tier 2; PA; QL*
INDERAL LA (brand for propranolol hcl er) - Tier 2; PA; QL
INDERAL XL - Tier 2; PA; QL*
INNOPRAN XL - Tier 2; PA; QL*
KAPSPARGO SPRINKLE - Tier 2; PA; QL
LOPRESSOR (brand for metoprolol tartrate) - Tier 2; PA; QL
nebivolol hcl (generic for BYSTOLIC) - Tier 1; PA; QL*
pindolol - Tier 1; PA; QL*
TENORMIN (brand for atenolol) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

TOPROL XL (brand for metoprolol succinate er) - Tier 2; PA; QL

Calcium Channel Blocking Agents, Dihydropyridines

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

isradipine - Tier 1; PA; QL*
KATERZIA - Tier 2; PA; QL*
nicardipine hcl oral - Tier 1; PA; QL*
nimodipine oral - Tier 1; PA; QL*
nisoldipine er (generic for SULAR) - Tier 1; PA; QL*
NORLIQVA - Tier 2; PA
NORVASC (brand for amlodipine besylate) - Tier 2; PA; QL
NYMALIZE - Tier 2; PA; QL*
PROCARDIA XL (brand for nifedipine er osmotic release) - Tier 2; PA; QL
SULAR (brand for nisoldipine er) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Calcium Channel Blocking Agents, Nondihydropyridines

diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL
diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL
diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL
diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL
diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL
dilt-xr - Tier 1; QL
tiadyt er (generic for TAZTIA XT) - Tier 1; QL
verapamil hcl er oral tablet extended release - Tier 1; QL
verapamil hcl oral - Tier 1; QL

CARDIZEM (brand for diltiazem hcl) - Tier 2; PA; QL
CARDIZEM CD (brand for diltiazem hcl er coated beads) - Tier 2; PA; QL
CARDIZEM LA (brand for diltiazem hcl er) - Tier 2; PA; QL
cartia xt (generic for CARTIA XT) - Tier 1; PA; QL
diltiazem hcl er oral tablet extended release 24 hour (generic for CARDIZEM LA) - Tier 1; PA; QL*
matzim la (generic for MATZIM LA) - Tier 1; PA; QL*
taztia xt (generic for TAZTIA XT) - Tier 1; PA; QL
TIAZAC (brand for diltiazem hcl er beads) - Tier 2; PA; QL
verapamil hcl er oral capsule extended release 24 hour (generic for VERELAN) - Tier 1; PA; QL*
VERELAN (brand for verapamil hcl er) - Tier 2; PA; QL
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (brand for verapamil hcl er) - Tier 2; PA; QL*
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (brand for verapamil hcl er) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Cardiovascular Agents, Other

acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; PA; QL
amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1; PA; QL
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide - Tier 1; QL
digoxin oral solution - Tier 1; QL
digoxin oral tablet 125 mcg, 250 mcg (generic for LANOXIN) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL
 ENTRESTO - Tier 2; PA; QL
fosinopril sodium-hctz - Tier 1; QL
irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL
 KERENDIA - Tier 2; PA
lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL
losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL
metoprolol-hydrochlorothiazide - Tier 1; QL
olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL
pentoxifylline er - Tier 1; QL
quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL
ranolazine er - Tier 1; PA; QL
spironolactone-hctz - Tier 1; QL
triamterene-hctz (generic for MAXZIDE) - Tier 1; QL
valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL

ACCURETIC (brand for quinapril-hydrochlorothiazide) - Tier 2; PA; QL
aliskiren fumarate (generic for TEKTURNIA) - Tier 1; PA; QL
amlodipine-atorvastatin (generic for CADUET) - Tier 1; PA; QL
amlodipine-olmesartan (generic for AZOR) - Tier 1; PA; QL*
amlodipine-valsartan-hctz (generic for EXFORGE HCT) - Tier 1; PA; QL*
 ASPRUZYO SPRINKLE - Tier 2; PA
ATACAND HCT (brand for candesartan cilexetil-hctz) - Tier 2; PA; QL
AVALIDE (brand for irbesartan-hydrochlorothiazide) - Tier 2; PA; QL
AZOR (brand for amlodipine-olmesartan) - Tier 2; PA; QL
BENICAR HCT (brand for olmesartan medoxomil-hctz) - Tier 2; PA; QL
BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL
CADUET (brand for amlodipine-atorvastatin) - Tier 2; PA; QL
candesartan cilexetil-hctz (generic for ATACAND HCT) - Tier 1; PA; QL*
captopril-hydrochlorothiazide - Tier 1; PA; QL*
 CORLANOR - Tier 2; PA; QL
DEMSEER (brand for metyrosine) - Tier 2; PA; QL
digoxin oral tablet 62.5 mcg (generic for LANOXIN) - Tier 1; PA; QL*
DIOVAN HCT (brand for valsartan-hydrochlorothiazide) - Tier 2; PA; QL
 EDARBYCLOR - Tier 2; PA*; QL
EXFORGE (brand for amlodipine besylate-valsartan) - Tier 2; PA; QL
EXFORGE HCT (brand for amlodipine-valsartan-hctz) - Tier 2; PA; QL
HYZAAR (brand for losartan potassium-hctz) - Tier 2; PA; QL
isosorb dinitrate-hydralazine (generic for BIDIL) - Tier 1; PA; QL
LANOXIN ORAL (brand for digoxin) - Tier 2; PA; QL
LOTENSIN HCT (brand for benazepril-hydrochlorothiazide) - Tier 2; PA; QL
 LOTREL (brand for amlodipine besy-benazepril hcl) - Tier 2; PA; QL
MAXZIDE (brand for triamterene-hctz) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
	<p>MAXZIDE-25 (brand for triamterene-hctz) - Tier 2; PA; QL metyrosine (generic for DEMSER) - Tier 1; PA*; QL MICARDIS HCT (brand for telmisartan-hctz) - Tier 2; PA; QL olmesartan-amlodipine-hctz (generic for TRIBENZOR) - Tier 1; PA*; QL TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL telmisartan-amlodipine - Tier 1; PA*; QL telmisartan-hctz (generic for MICARDIS HCT) - Tier 1; PA*; QL TENORETIC 100 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL TENORETIC 50 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL trandolapril-verapamil hcl er - Tier 1; PA*; QL TRIBENZOR (brand for olmesartan-amlodipine-hctz) - Tier 2; PA; QL VASERETIC (brand for enalapril-hydrochlorothiazide) - Tier 2; PA; QL VECAMYL - Tier 2; PA*; QL ZESTORETIC (brand for lisinopril-hydrochlorothiazide) - Tier 2; PA; QL</p>
Diuretics, Loop	
<p>bumetanide injection - Tier 1; PA bumetanide oral (generic for BUMEX) - Tier 1; QL furosemide oral (generic for LASIX) - Tier 1; QL torsemide (generic for SOAANZ) - Tier 1; QL</p>	<p>BUMEX (brand for bumetanide) - Tier 2; PA; QL EDECRIN (brand for ethacrynic acid) - Tier 2; PA; QL ethacrynic acid (generic for EDECRIN) - Tier 1; PA*; QL FUROSCIX - Tier 2; PA; QL LASIX (brand for furosemide) - Tier 2; PA; QL SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; PA; QL</p>
Diuretics, Potassium-sparing	
<p>amiloride hcl oral - Tier 1; QL eplerenone (generic for INSPRA) - Tier 1; QL spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</p>	<p>ALDACTONE (brand for spironolactone) - Tier 2; PA; QL CAROSPIR (brand for spironolactone) - Tier 2; PA*; QL DYRENIUM (brand for triamterene) - Tier 2; PA*; QL INSPRA (brand for eplerenone) - Tier 2; PA; QL spironolactone oral suspension (generic for CAROSPIR) - Tier 1; PA; QL triamterene oral (generic for DYRENIUM) - Tier 1; PA*; QL</p>

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

Preferred Agents	Non-Preferred Agents
Diuretics, Thiazide	
<i>chlorthalidone - Tier 1; QL</i> <i>hydrochlorothiazide oral - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i> THALITONE - Tier 2; QL	DIURIL - Tier 2; PA*; QL
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate oral tablet (generic for FENOGLIDE) - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	<i>fenofibrate micronized - Tier 1; PA; QL</i> <i>fenofibrate oral capsule (generic for LIPOFEN) - Tier 1; PA; QL</i> <i>fenofibric acid oral capsule delayed release (generic for TRILIPIX) - Tier 1; PA*; QL</i> <i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i> <i>LIPOFEN (brand for fenofibrate) - Tier 2; PA; QL</i> <i>LOPID (brand for gemfibrozil) - Tier 2; PA; QL</i> <i>TRICOR (brand for fenofibrate) - Tier 2; PA; QL</i> <i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i>
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i>	ALTOPREV - Tier 2; PA*; QL ATORVALIQ - Tier 2; PA; QL <i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i> EZALLOR SPRINKLE - Tier 2; PA; QL <i>fluvastatin sodium - Tier 1; PA*; QL</i> <i>fluvastatin sodium er (generic for LESCOL XL) - Tier 1; PA*; QL</i> <i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA; QL</i> <i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA*; QL</i> <i>pitavastatin calcium (generic for LIVALO) - Tier 1; PA; QL</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i> ZYPITAMAG - Tier 2; PA*; QL

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

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

Dyslipidemics, Other

cholestyramine light (generic for PREVALITE) - Tier 1; QL
cholestyramine oral (generic for QUESTRAN) - Tier 1; QL
colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL
ezetimibe (generic for ZETIA) - Tier 1; QL
 JUXTAPID - Tier 2; PA; SP; QL; AL
 NEXLETOL - Tier 2; PA; QL
niacin er (antihyperlipidemic) - Tier 1; QL
prevalite (generic for PREVALITE) - Tier 1; QL
 REPATHA - Tier 2; PA; SP; QL

colesevelam hcl (generic for WELCHOL) - Tier 1; PA; QL*
COLESTID (brand for colestipol hcl) - Tier 2; PA; QL
COLESTID FLAVORED (brand for colestipol hcl) - Tier 2; PA; QL
COLESTID FLAVORED ORAL GRANULES 5 GM (brand for colestipol hcl) - Tier 2; PA; QL
colestipol hcl oral granules (generic for COLESTID) - Tier 1; PA; QL*
colestipol hcl oral packet (generic for COLESTID) - Tier 1; PA; QL*
ezetimibe-simvastatin (generic for VYTORIN) - Tier 1; PA; QL*
icosapent ethyl (generic for VASCEPA) - Tier 1; PA; QL
 LEQVIO - Tier 2; PA; SP
LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL
 NEXLIZET - Tier 2; PA; QL
omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL
 PRALUENT - Tier 2; PA; SP; QL
QUESTRAN (brand for cholestyramine) - Tier 2; PA; QL
QUESTRAN LIGHT (brand for cholestyramine light) - Tier 2; PA; QL
VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL
VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL
WELCHOL (brand for colesevelam hcl) - Tier 2; PA; QL
ZETIA (brand for ezetimibe) - Tier 2; PA; QL

Vasodilators, Direct-acting Arterial

hydralazine hcl oral - Tier 1; QL
minoxidil oral - Tier 1; QL

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

Preferred Agents	Non-Preferred Agents
Vasodilators, Direct-acting Arterial/Venous	
<p><i>ISORDIL TITRADOSE ORAL TABLET 5 MG (brand for isosorbide dinitrate) - Tier 2; QL</i> <i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR - Tier 2; QL <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> NITRO-TIME - Tier 2; QL <i>RECTIV (brand for nitroglycerin) - Tier 2; PA; QL</i></p>	<p><i>ISORDIL TITRADOSE ORAL TABLET 40 MG (brand for isosorbide dinitrate) - Tier 2; PA; QL</i> <i>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (brand for nitroglycerin) - Tier 2; PA; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; PA; QL</i> <i>NITROLINGUAL (brand for nitroglycerin) - Tier 2; PA; QL</i> <i>NITROSTAT (brand for nitroglycerin) - Tier 2; PA; QL</i></p>
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
Alpha-adrenergic Agonists - Blood Pressure Drugs	
	<p>PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% - Tier 2; PA</p>
Calcium Channel Blocking Agents - Blood Pressure Drugs	
	<p><i>CONJUPRI (brand for levamlodipine maleate) - Tier 2; PA*; QL</i> <i>LEVAMLODIPINE MALEATE (brand for levamlodipine maleate) - Tier 2; PA*; QL</i></p>
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
<p><i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml (generic for AKOVAZ) - Tier 1; PA</i></p>	<p><i>AKOVAZ INTRAVENOUS SOLUTION (brand for ephedrine sulfate (pressors)) - Tier 2; PA</i></p>

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

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

Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs

fenofibric acid oral tablet (generic for FIBRICOR) - Tier 1; PA; QL*
FIBRICOR (brand for fenofibric acid) - Tier 2; PA; QL*

Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

milrinone lactate - Tier 1; PA; QL
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-% - Tier 1; PA; QL
milrinone lactate in dextrose intravenous solution 40-5 mg/200ml-% - Tier 1; PA
 VERQUVO - Tier 2; PA; QL

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

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 oral tablet extended release 12 hour - Tier 1; QL; AL
CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; AL
dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; AL
dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; AL
FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; AL
guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL
METHYLIN (brand for methylphenidate hcl) - Tier 2; AL
methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg - Tier 1; QL; AL

methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; AL
methylphenidate hcl er oral tablet extended release - Tier 1; AL
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg - Tier 1; AL
methylphenidate hcl er oral tablet extended release 24 hour 54 mg - Tier 1; QL; AL
methylphenidate hcl oral solution (generic for METHYLIN) - Tier 1; AL
methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; AL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; AL

APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL
COTEMPLA XR-ODT - Tier 2; PA; QL; AL*
DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL
FOCALIN XR (brand for dexmethylphenidate hcl er) - Tier 2; PA; AL
INTUNIV (brand for guanfacine hcl er) - Tier 2; PA; QL; AL
JORNAY PM - Tier 2; PA; QL; AL*
methylphenidate (generic for DAYTRANA) - Tier 1; PA; QL; AL
*METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA**
methylphenidate hcl er (osm) oral tablet extended release 72 mg (generic for RELEXXII) - Tier 1; PA; AL*
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (generic for APTENSIO XR) - Tier 1; PA; QL; AL
methylphenidate hcl oral tablet chewable - Tier 1; PA; AL
QUILLICHEW ER - Tier 2; PA; QL; AL
QUILLIVANT XR - Tier 2; PA; QL; AL
*RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA**
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; AL*
RITALIN (brand for methylphenidate hcl) - Tier 2; PA; AL
RITALIN LA (brand for methylphenidate hcl er (la)) - Tier 2; PA; AL
STRATTERA (brand for atomoxetine hcl) - Tier 2; PA; QL; AL

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

Preferred Agents

Non-Preferred Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; QL; AL
amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL
amphetamine-dextroamphetamine oral tablet 10 mg, 15 mg, 30 mg, 5 mg (generic for ADDERALL) - Tier 1; AL
amphetamine-dextroamphetamine oral tablet 12.5 mg, 20 mg, 7.5 mg (generic for ADDERALL) - Tier 1; QL; AL
dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; AL
lisdexamfetamine dimesylate oral capsule 10 mg (generic for VYVANSE) - Tier 1; QL; AL
lisdexamfetamine dimesylate oral capsule 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (generic for VYVANSE) - Tier 1; AL
lisdexamfetamine dimesylate oral tablet chewable (generic for VYVANSE) - Tier 1; QL; AL
VYVANSE ORAL TABLET CHEWABLE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL

ADDERALL ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG (brand for amphetamine-dextroamphetamine) - Tier 2; PA; AL
ADDERALL ORAL TABLET 12.5 MG, 20 MG, 7.5 MG (brand for amphetamine-dextroamphetamine) - Tier 2; PA; QL; AL
ADZENYS XR-ODT - Tier 2; PA; QL; AL*
amphetamine sulfate (generic for EVEKEO) - Tier 1; PA; QL; AL*
amphet-dextroamphet 3-bead er (generic for MYDAYIS) - Tier 1; PA; QL; AL
AZSTARYS - Tier 2; PA; QL; AL*
DESOXYN (brand for methamphetamine hcl) - Tier 2; PA; QL; AL
DEXEDRINE (brand for dextroamphetamine sulfate er) - Tier 2; PA; AL
dextroamphetamine sulfate oral solution (generic for PROCENTRA) - Tier 1; PA; AL*
dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; PA; AL*
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg (generic for ZENZEDI) - Tier 1; PA; AL
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; PA; QL; AL*
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE - Tier 2; PA; AL*
EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; QL; AL*
EVEKEO ODT - Tier 2; PA; QL; AL
methamphetamine hcl (generic for DESOXYN) - Tier 1; PA; QL; AL
MYDAYIS (brand for amphet-dextroamphet 3-bead er) - Tier 2; PA; QL; AL*
PROCENTRA (brand for dextroamphetamine sulfate) - Tier 2; PA; AL*

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

Preferred Agents	Non-Preferred Agents
	<p>VYVANSE ORAL CAPSULE 10 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; QL; AL</p> <p>VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; AL</p> <p>ZENZEDI ORAL TABLET 10 MG, 5 MG (brand for dextroamphetamine sulfate) - Tier 2; PA*; AL</p> <p>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (brand for dextroamphetamine sulfate) - Tier 2; PA; AL</p>

Central Nervous System, Other

<p>AUSTEDO - Tier 2; PA; SP; QL; AL</p> <p>AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG - Tier 2; PA</p> <p>AUSTEDO XR - Tier 2; PA; SP; QL</p> <p>AUSTEDO XR PATIENT TITRATION - Tier 2; PA</p> <p>caffeine citrate oral - Tier 1; QL; AL</p> <p>riluzole (generic for RILUTEK) - Tier 1; QL</p> <p>tetrabenazine (generic for XENAZINE) - Tier 1; SP; QL; AL</p>	<p>EXSERVAN - Tier 2; PA</p> <p>gabapentin (once-daily) (generic for GRALISE) - Tier 1; PA; QL</p> <p>GRALISE ORAL - Tier 2; PA; QL</p> <p>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</p> <p>GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG - Tier 2; PA; QL; AL</p> <p>HORIZANT - Tier 2; PA; QL</p> <p>INGREZZA ORAL CAPSULE 40 MG, 80 MG - Tier 2; PA*; SP; QL; AL</p> <p>INGREZZA ORAL CAPSULE 60 MG - Tier 2; PA*</p> <p>INGREZZA ORAL CAPSULE THERAPY PACK - Tier 2; PA*; SP; QL</p> <p>NUEDEXTA - Tier 2; PA; QL</p> <p>RILUTEK (brand for riluzole) - Tier 2; PA; QL</p> <p>TEGLUTIK - Tier 2; PA; QL</p> <p>XENAZINE (brand for tetrabenazine) - Tier 2; PA; SP; QL; AL</p>
--	---

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

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

Fibromyalgia Agents

<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL</i> <i>pregabalin (generic for LYRICA) - Tier 1; QL</i></p>	<p><i>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL</i> <i>duloxetine hcl oral capsule delayed release particles 40 mg - Tier 1; PA; QL</i> <i>LYRICA (brand for pregabalin) - Tier 2; PA; QL</i> <i>LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</i> <i>pregabalin er (generic for LYRICA CR) - Tier 1; PA; QL</i> <i>SAVELLA - Tier 2; PA; QL</i> <i>SAVELLA TITRATION PACK - Tier 2; PA; QL</i></p>
--	---

Multiple Sclerosis Agents

<p><i>AVONEX PEN - Tier 2; SP; QL</i> <i>AVONEX PREFILLED - Tier 2; SP; QL</i> <i>BETASERON - Tier 2; SP; QL</i> <i>COPAXONE (brand for glatiramer acetate) - Tier 2; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; SP; QL</i> <i>KESIMPTA - Tier 2; PA; SP; QL</i> <i>TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK (brand for dimethyl fumarate starter pack) - Tier 2; SP; QL</i></p>	<p><i>AMPYRA (brand for dalfampridine er) - Tier 2; PA; SP; QL</i> <i>AUBAGIO (brand for teriflunomide) - Tier 2; PA; SP; QL</i> <i>BAFIERTAM - Tier 2; PA*; SP; QL</i> <i>dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL</i> <i>EXTAVIA - Tier 2; PA*; SP; QL</i> <i>fingolimod hcl capsule 0.5 mg oral (generic for GILENYA) - Tier 1; PA*; SP; QL</i> <i>fingolimod hcl capsule 0.5 mg oral (generic for GILENYA) - Tier 1; PA; SP; QL</i> <i>GILENYA ORAL CAPSULE 0.25 MG - Tier 2; PA*; SP; QL</i> <i>GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; PA; SP; QL</i> <i>glatiramer acetate (generic for GLATOPA) - Tier 1; PA*; SP; QL</i> <i>glatopa (generic for GLATOPA) - Tier 1; PA*; SP; QL</i></p>
---	---

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

Preferred Agents

Non-Preferred Agents

LEMTRADA - Tier 2; PA*; SP; QL
 MAVENCLAD (10 TABS) - Tier 2; PA*; SP; QL
 MAVENCLAD (4 TABS) - Tier 2; PA*; SP; QL
 MAVENCLAD (5 TABS) - Tier 2; PA*; SP; QL
 MAVENCLAD (6 TABS) - Tier 2; PA*; SP; QL
 MAVENCLAD (7 TABS) - Tier 2; PA*; SP; QL
 MAVENCLAD (8 TABS) - Tier 2; PA*; SP; QL
 MAVENCLAD (9 TABS) - Tier 2; PA*; SP; QL
 MAYZENT - Tier 2; PA*; SP; QL
 MAYZENT STARTER PACK - Tier 2; PA*; SP; QL
 OCREVUS - Tier 2; PA*; SP; QL
 PLEGRIDY - Tier 2; PA*; SP; QL
 PLEGRIDY STARTER PACK - Tier 2; PA*; SP; QL
 REBIF - Tier 2; PA*; SP; QL
 REBIF REBIDOSE - Tier 2; PA*; SP; QL
 REBIF REBIDOSE TITRATION PACK - Tier 2; PA*; SP; QL
 REBIF TITRATION PACK - Tier 2; PA*; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; PA; SP; QL
teriflunomide tablet 14 mg oral (generic for AUBAGIO) - Tier 1; PA; SP; QL*
teriflunomide tablet 14 mg oral (generic for AUBAGIO) - Tier 1; PA; SP; QL
teriflunomide tablet 7 mg oral (generic for AUBAGIO) - Tier 1; PA; SP; QL*
teriflunomide tablet 7 mg oral (generic for AUBAGIO) - Tier 1; PA; SP; QL
 TYSABRI - Tier 2; PA*; SP; QL
 VUMERITY - Tier 2; PA*; SP; QL

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

Preferred Agents	Non-Preferred Agents
	ZEPOSIA - Tier 2; PA*; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA*; SP; QL ZEPOSIA STARTER KIT - Tier 2; PA*; 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 BRONCHITOL TOLERANCE TEST - Tier 2; PA; QL	
Dental and Oral Agents	
<i>cevimeline hcl (generic for EVOXAC) - Tier 1; QL</i> <i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i> <i>oralone (generic for KOURZEQ) - Tier 1; QL</i> <i>periogard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL</i> <i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i>	<i>EVOXAC (brand for cevimeline hcl) - Tier 2; PA; QL</i> <i>PERIDEX (brand for chlorhexidine gluconate) - Tier 2; PA; QL</i> <i>SALAGEN (brand for pilocarpine hcl) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
	EPISIL - Tier 2; PA GELX - Tier 2; PA MUCOTROL - Tier 2; PA MUGARD - Tier 2; PA ORAMAGICRX - Tier 2; PA
Dermatological Agents	
Acne and Rosacea Agents	
<i>acutane (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>acitretin - Tier 1; QL</i> <i>adapalene external cream (generic for DIFFERIN) - Tier 1; QL; AL</i> <i>adapalene external gel (generic for DIFFERIN) - Tier 1; QL; AL</i> <i>adapalene-benzoyl peroxide external gel 0.1-2.5 % (generic for EPIDUO) - Tier 1; QL</i> <i>amnesteem (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i> <i>benzoyl peroxide-erythromycin (generic for BENZAMYCIN) - Tier 1; QL</i> <i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>clindamycin phos-benzoyl perox external gel 1.2-2.5 % (generic for ACANYA) - Tier 1; QL</i>	ABSORICA LD - Tier 2; PA; QL ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (brand for isotretinoin) - Tier 2; PA; QL ABSORICA ORAL CAPSULE 25 MG, 35 MG (brand for isotretinoin) - Tier 2; PA ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL adapalene-benzoyl peroxide external gel 0.3-2.5 % (generic for EPIDUO FORTE) - Tier 1; PA; QL ALTRENO - Tier 2; PA*; QL ARAZLO - Tier 2; PA*; QL ATRALIN (brand for tretinoin) - Tier 2; PA; QL BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL brimonidine tartrate external (generic for MIRVASO) - Tier 1; PA; QL

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

Preferred Agents

clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL
clindamycin phosphate-benzoyl peroxide external gel 1-5 % - Tier 1; QL
DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; QL; AL
DIFFERIN EXTERNAL GEL (brand for adapalene) - Tier 2; QL; AL
FINACEA EXTERNAL FOAM - Tier 2; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL
isotretinoin oral capsule 25 mg, 35 mg (generic for ABSORICA) - Tier 1; PA
neuac (generic for NEUAC) - Tier 1; QL
RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; QL
tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL
tretinoin external gel (generic for ATRALIN) - Tier 1; QL
zenatane (generic for ACCUTANE) - Tier 1; PA; QL

Non-Preferred Agents

clindamycin phos-benzoyl perox external gel 1.2-3.75 % (generic for ONEXTON) - Tier 1; PA; QL
clindamycin-tretinoin (generic for ZIANA) - Tier 1; PA; QL
EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
FABIOR (brand for tazarotene) - 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 EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL
RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL
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
RHOFADE - Tier 2; PA; QL*
tazarotene external cream (generic for TAZORAC) - Tier 1; PA; QL*
TAZAROTENE EXTERNAL FOAM (brand for tazarotene) - Tier 2; PA; QL*
tazarotene gel 0.05 % external (generic for TAZORAC) - Tier 1; PA; QL*
tazarotene gel 0.05 % external (generic for TAZORAC) - Tier 1; PA; QL
tazarotene gel 0.1 % external (generic for TAZORAC) - Tier 1; PA; QL*
tazarotene gel 0.1 % external (generic for TAZORAC) - Tier 1; PA; QL
TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL
TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

	<p><i>tretinoin microsphere external gel 0.04 %, 0.1 % (generic for RETIN-A MICRO) - Tier 1; PA; QL; AL</i></p> <p><i>tretinoin microsphere external gel 0.08 % (generic for RETIN-A MICRO PUMP) - Tier 1; PA; QL</i></p> <p><i>tretinoin microsphere pump external gel 0.04 %, 0.1 % (generic for RETIN-A MICRO) - Tier 1; PA; QL; AL</i></p> <p><i>tretinoin microsphere pump external gel 0.08 % (generic for RETIN-A MICRO PUMP) - Tier 1; PA; QL</i></p> <p><i>VELTIN EXTERNAL GEL 1.2-0.025 % (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p> <p><i>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p>
--	---

Dermatitis and Pruitus Agents

<p><i>ammonium lactate external (generic for AL12) - Tier 1; PA; QL</i></p> <p><i>betamethasone dipropionate external lotion - Tier 1</i></p> <p><i>betamethasone valerate external cream - Tier 1; QL</i></p> <p><i>betamethasone valerate external lotion - Tier 1</i></p> <p><i>betamethasone valerate external ointment - Tier 1; QL</i></p> <p><i>clobetasol prop emollient base - Tier 1; QL</i></p> <p><i>clobetasol propionate e - Tier 1; QL</i></p> <p><i>clobetasol propionate external cream - Tier 1; QL</i></p> <p><i>clobetasol propionate external gel - Tier 1; QL</i></p> <p><i>clobetasol propionate external ointment - Tier 1; QL</i></p> <p><i>clobetasol propionate external solution - Tier 1; QL</i></p> <p><i>desonide external cream (generic for DESOWEN) - Tier 1; QL</i></p> <p><i>desonide external ointment - Tier 1; QL</i></p> <p><i>doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL</i></p>	<p><i>alclometasone dipropionate - Tier 1; PA*; QL</i></p> <p><i>APEXICON E - Tier 2; PA*; QL</i></p> <p><i>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; PA*; QL</i></p> <p><i>betamethasone dipropionate external cream - Tier 1; PA*; QL</i></p> <p><i>betamethasone dipropionate external ointment - Tier 1; PA*; QL</i></p> <p><i>betamethasone valerate external foam - Tier 1; PA*; QL</i></p> <p><i>BRYHALI - Tier 2; PA*; QL</i></p> <p><i>clobetasol propionate emulsion (generic for TOVET) - Tier 1; PA*; QL</i></p> <p><i>clobetasol propionate external foam - Tier 1; PA*; QL</i></p> <p><i>clobetasol propionate external liquid (generic for CLOBEX SPRAY) - Tier 1; PA*; QL</i></p> <p><i>clobetasol propionate external lotion (generic for CLOBEX) - Tier 1; PA*; QL</i></p>
---	---

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

Preferred Agents	Non-Preferred Agents
<p>EUCRISA - Tier 2; QL; AL</p> <p>fluticasone propionate external cream - Tier 1; QL</p> <p>fluticasone propionate external ointment - Tier 1</p> <p>halobetasol propionate external cream - Tier 1; QL</p> <p>halobetasol propionate external ointment - Tier 1; QL</p> <p>hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL</p> <p>hydrocortisone external ointment 0.5 % - Tier 1</p> <p>hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL</p> <p>hydrocortisone external ointment 2.5 % - Tier 1; QL</p> <p>lactic acid external - Tier 1; PA</p> <p>mometasone furoate external cream - Tier 1; QL</p> <p>mometasone furoate external ointment - Tier 1; QL</p> <p>mometasone furoate external solution - Tier 1</p> <p>selenium sulfide external lotion - Tier 1; QL</p> <p>tacrolimus external ointment 0.03 %, 0.1 % - Tier 1; PA; QL; AL</p> <p>triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL</p> <p>triamcinolone acetonide external lotion 0.025 % - Tier 1</p> <p>triamcinolone acetonide external lotion 0.1 % - Tier 1; QL</p> <p>triamcinolone acetonide external ointment - Tier 1; QL</p> <p>triamcinolone in absorbbase - Tier 1; QL</p> <p>triderm (generic for TRIDERM) - Tier 1; QL</p>	<p>clobetasol propionate shampoo 0.05 % external (generic for CLODAN) - Tier 1; PA; QL</p> <p>clobetasol propionate shampoo 0.05 % external (generic for CLODAN) - Tier 1; PA*; QL</p> <p>CLOBEX (brand for clobetasol propionate) - Tier 2; PA*; QL</p> <p>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA*; QL</p> <p>clocortolone pivalate (generic for CLODERM) - Tier 1; PA; QL</p> <p>clodan (generic for CLODAN) - Tier 1; PA*; QL</p> <p>CLODERM (brand for clocortolone pivalate) - Tier 2; PA; QL</p> <p>CORDRAN EXTERNAL CREAM 0.05 % (brand for flurandrenolide) - Tier 2; PA*; QL</p> <p>CORDRAN EXTERNAL LOTION 0.05 % (brand for flurandrenolide) - Tier 2; PA*; QL</p> <p>DERMA-SMOOTHIE/FS BODY (brand for fluocinolone acetonide body) - Tier 2; PA*; QL</p> <p>DERMA-SMOOTHIE/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; PA*; QL</p> <p>desonide external lotion - Tier 1; PA; QL</p> <p>DESOWEN (brand for desonide) - Tier 2; PA; QL</p> <p>desoximetasone external (generic for TOPICORT) - Tier 1; PA*; QL</p> <p>diflorasone diacetate - Tier 1; PA*; QL</p> <p>DIPROLENE (brand for betamethasone dipropionate aug) - Tier 2; PA*; QL</p> <p>ELIDEL (brand for pimecrolimus) - Tier 2; PA; QL; AL</p> <p>fluocinolone acetonide body oil 0.01 % external (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; PA; QL</p>

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

Preferred Agents

Non-Preferred Agents

fluocinolone acetonide body oil 0.01 % external (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; PA; QL*
fluocinolone acetonide external cream (generic for SYNALAR) - Tier 1; PA; QL*
fluocinolone acetonide external solution - Tier 1; PA; QL*
fluocinolone acetonide ointment 0.025 % external (generic for SYNALAR) - Tier 1; PA; QL
fluocinolone acetonide ointment 0.025 % external (generic for SYNALAR) - Tier 1; PA; QL*
fluocinolone acetonide scalp oil 0.01 % external (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; PA; QL
fluocinolone acetonide scalp oil 0.01 % external (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; PA; QL*
fluocinonide emulsified base - Tier 1; PA; QL*
fluocinonide external cream (generic for VANOS) - Tier 1; PA; QL*
*fluocinonide external gel - Tier 1; PA**
fluocinonide external ointment - Tier 1; PA; QL*
fluocinonide external solution - Tier 1; PA; QL*
flurandrenolide - Tier 1; PA; QL*
fluticasone propionate external lotion - Tier 1; PA; QL*
halcinonide (generic for HALOG) - Tier 1; PA; QL*
halobetasol propionate foam 0.05 % external (generic for LEXETTE) - Tier 1; PA; QL*
halobetasol propionate foam 0.05 % external (generic for LEXETTE) - Tier 1; PA; QL
HALOG (brand for halcinonide) - Tier 2; PA; QL
hydrocortisone butyr lipo base external cream 0.1 % (generic for LOCOID LIPOCREAM) - Tier 1; PA; QL*

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

Preferred Agents

Non-Preferred Agents

hydrocortisone butyrate external cream - Tier 1; PA; QL*
hydrocortisone butyrate external ointment - Tier 1; PA; QL*
hydrocortisone butyrate external solution - Tier 1; PA; QL*
hydrocortisone butyrate lotion 0.1 % external (generic for LOCOID) - Tier 1; PA; QL*
hydrocortisone butyrate lotion 0.1 % external (generic for LOCOID) - Tier 1; PA; QL
hydrocortisone external lotion 2.5 % - Tier 1; PA; QL
hydrocortisone valerate - Tier 1; PA; QL*
KENALOG EXTERNAL (brand for triamcinolone acetonide) - Tier 2; PA; QL*
LEXETTE (brand for halobetasol propionate) - Tier 2; PA; QL
LOCOID (brand for hydrocortisone butyrate) - Tier 2; PA; QL*
LOCOID LIPOCREAM - Tier 2; PA; QL*
*PANDEL - Tier 2; PA**
pimecrolimus (generic for ELIDEL) - Tier 1; PA; QL; AL
PRUDOXIN (brand for doxepin hcl) - Tier 2; PA; QL
SERNIVO - Tier 2; PA; QL*
SYNALAR (brand for fluocinolone acetonide) - Tier 2; PA; QL*
TEXACORT - Tier 2; PA
TOPICORT (brand for desoximetasone) - Tier 2; PA; QL*
TOPICORT SPRAY (brand for desoximetasone) - Tier 2; PA; QL*
tovet (generic for TOVET) - Tier 1; PA; QL*
triamcinolone acetonide external aerosol solution (generic for KENALOG) - Tier 1; PA; QL*
ULTRAVATE - Tier 2; PA; QL*
VANOS (brand for fluocinonide) - Tier 2; PA; QL*
ZONALON (brand for doxepin hcl) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Dermatological Agents, Other

AMELUZ - Tier 2; PA
 ANALPRAM HC (brand for hydrocort-pramoxine (perianal)) - Tier 2
 ANALPRAM HC SINGLES (brand for hydrocort-pramoxine (perianal)) - Tier 2
 calcipotriene external (generic for CALCITRENE) - Tier 1; QL
 calcipotriene-betameth diprop external ointment - Tier 1; QL
 CALCITRENE (brand for calcipotriene) - Tier 2; QL
 clotrimazole-betamethasone external cream - Tier 1; QL
 diclofenac sodium external gel 3 % - Tier 1; PA; QL
 fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL
 fluorouracil external solution - Tier 1; PA
 hydrocortisone ace-pramoxine external cream 1-1 % (generic for ANALPRAM-HC) - Tier 1
 hydrocort-pramoxine (perianal) (generic for ANALPRAM HC) - Tier 1
 imiquimod external cream 5 % - Tier 1; QL
 LEVULAN KERASTICK - Tier 2; PA
 nystatin-triamcinolone - Tier 1; QL; AL
 podofilox external (generic for CONDYLOX) - Tier 1; QL
 silver sulfadiazine external (generic for SSD) - Tier 1; QL
 ssd (generic for SSD) - Tier 1; QL

ANALPRAM-HC (brand for hydrocortisone ace-pramoxine) - Tier 2; PA
 calcipotriene-betameth diprop external suspension (generic for TACLONEX) - Tier 1; PA*; QL
 calcitriol external (generic for VECTICAL) - Tier 1; PA*; QL
 CARAC (brand for fluorouracil) - Tier 2; PA; QL
 clotrimazole-betamethasone external lotion - Tier 1; PA; QL
 DUOBRII - Tier 2; PA*; QL
 EFUDEX (brand for fluorouracil) - Tier 2; PA; QL
 ENSTILAR - Tier 2; PA*; QL
 EPIFOAM - Tier 2; PA
 FLUOROURACIL EXTERNAL CREAM 0.5 % (brand for fluorouracil) - Tier 2; PA; QL
 hydrocortisone ace-pramoxine external cream 2.5-1 % (generic for PRAMOSONE) - Tier 1; PA
 imiquimod external cream 3.75 % (generic for ZYCLARA) - Tier 1; PA; QL
 imiquimod pump (generic for ZYCLARA) - Tier 1; PA; QL
 methoxsalen rapid - Tier 1; PA*
 NEO-SYNALAR - Tier 2; PA*
 PRAMOSONE (brand for hydrocortisone ace-pramoxine) - Tier 2; PA
 PROCORT - Tier 2; PA
 PROCTOFOAM HC - Tier 2; PA*
 QUTENZA - Tier 2; PA*
 QUTENZA (2 PATCH) - Tier 2; PA*
 QUTENZA (4 PATCH) - Tier 2; PA*
 SILVADENE (brand for silver sulfadiazine) - Tier 2; PA; QL
 SORILUX - Tier 2; PA; QL
 TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA*; QL
 VECTICAL (brand for calcitriol) - Tier 2; PA*; QL

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

Preferred Agents	Non-Preferred Agents
	VEREGEN - Tier 2; PA; QL XERESE - Tier 2; PA*; QL ZYCLARA (brand for imiquimod) - Tier 2; PA; QL ZYCLARA PUMP (brand for imiquimod) - Tier 2; PA; QL
Pediculicides/Scabicides	
<i>lice killing external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; QL</i> <i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; QL</i> <i>lice treatment external lotion 1 % - Tier 1; QL</i> <i>NATROBA (brand for spinosad) - Tier 2; QL</i> <i>permethrin external - Tier 1; QL</i> <i>spinosad (generic for NATROBA) - Tier 1; QL</i>	CROTAN - Tier 2; PA*; QL <i>ivermectin cream 1 % external (generic for SOOLANTRA) - Tier 1; PA*; QL</i> <i>ivermectin cream 1 % external (generic for SOOLANTRA) - Tier 1; PA; QL</i> <i>malathion (generic for OVIDE) - Tier 1; PA*; QL</i> <i>OVIDE (brand for malathion) - Tier 2; PA; QL</i> <i>SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL</i>
Topical Anti-infectives	
<i>ciclopirox external shampoo - Tier 1</i> <i>ciclopirox olamine external - Tier 1; QL</i> <i>clindamycin phosphate external solution - Tier 1; QL</i> <i>clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i> <i>clotrimazole external solution 1 % - Tier 1; QL</i> <i>erythromycin external solution - Tier 1; QL</i> <i>gentamicin sulfate external - Tier 1; QL</i> <i>ketoconazole external cream - Tier 1; QL</i> <i>ketoconazole external shampoo - Tier 1; QL</i> <i>klayesta (generic for KLAYESTA) - Tier 1; QL</i> <i>mafenide acetate external (generic for SULFAMYLON) - Tier 1; PA</i> <i>mupirocin external - Tier 1; QL</i> <i>nyamyc (generic for KLAYESTA) - Tier 1; QL</i> <i>nystatin external (generic for KLAYESTA) - Tier 1; QL</i>	<i>ACZONE (brand for dapsons) - Tier 2; PA; QL</i> <i>ciclodan (generic for CICLODAN) - Tier 1; PA; QL</i> <i>ciclopirox external gel - Tier 1; PA*</i> <i>ciclopirox external solution (generic for CICLODAN) - Tier 1; PA; QL</i> <i>ciclopirox treatment - Tier 1; PA</i> <i>CLEOCIN-T (brand for clindamycin phosphate) - Tier 2; PA; QL</i> <i>clindacin (generic for CLINDACIN) - Tier 1; PA; QL</i> <i>clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; PA; QL</i> <i>clindacin-p (generic for CLINDACIN ETZ) - Tier 1; PA; QL</i> <i>CLINDAGEL (brand for clindamycin phosphate) - Tier 2; PA; QL</i> <i>clindamycin phosphate external foam (generic for CLINDACIN) - Tier 1; PA; QL</i> <i>clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; PA; QL</i>

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

Preferred Agents

nystop (generic for KLAYESTA) - Tier 1; QL

Non-Preferred Agents

clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; PA; QL

clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; PA; QL

dapsone external gel 7.5 % (generic for ACZONE) - Tier 1; PA; QL

dapsone gel 5 % external (generic for ACZONE) - Tier 1; PA; QL*

dapsone gel 5 % external (generic for ACZONE) - Tier 1; PA; QL

econazole nitrate external - Tier 1; PA; QL*

ERTACZO - Tier 2; PA

ery - Tier 1; PA

ERYGEL (brand for erythromycin) - Tier 2; PA

*erythromycin external gel (generic for ERYGEL) - Tier 1; PA**

JUBLIA - Tier 2; PA; QL

ketoconazole external foam (generic for KETODAN) - Tier 1; PA

ketodan (generic for KETODAN) - Tier 1; PA

KLARON (brand for sulfacetamide sodium (acne)) - Tier 2; PA

LULICONAZOLE (brand for luliconazole) - Tier 2; PA; QL

LUZU (brand for luliconazole) - Tier 2; PA; QL

MICONAZOLE-ZINC OXIDE-PETROLAT (brand for miconazole-zinc oxide-petrolat) - Tier 2; PA

mupirocin calcium - Tier 1; PA; QL

*naftifine hcl (generic for NAFTIN) - Tier 1; PA**

*NAFTIN EXTERNAL GEL 1 % - Tier 2; PA**

NAFTIN EXTERNAL GEL 2 % (brand for naftifine hcl) - Tier 2; PA

oxiconazole nitrate (generic for OXISTAT) - Tier 1; PA; QL*

OXISTAT EXTERNAL CREAM (brand for oxiconazole nitrate) - Tier 2; PA; QL

*OXISTAT EXTERNAL LOTION - Tier 2; PA**

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

Preferred Agents	Non-Preferred Agents
	<i>sulfacetamide sodium (acne) (generic for KLARON) - Tier 1; PA*</i> <i>SULFAMYLON (brand for mafenide acetate) - Tier 2; PA</i> <i>taviorole - Tier 1; PA; QL</i> <i>VUSION (brand for miconazole-zinc oxide-petrolat) - Tier 2; PA</i> <i>XEPI - Tier 2; PA*; QL</i>

Dermatological Agents - Drugs to Treat Skin Conditions

<i>AVAR CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2</i> <i>hydrocortisone acetate external cream - Tier 1</i> <i>lidocaine-hydrocort (perianal) (generic for LIDOCORT) - Tier 1</i> <i>LIDOCORT (brand for lidocaine-hydrocort (perianal)) - Tier 2</i> <i>sulfacetamide sodium-sulfur external liquid 10-2 % (generic for AVAR LS CLEANSER) - Tier 1</i> <i>sulfacetamide sodium-sulfur external liquid 10-5 % (generic for AVAR CLEANSER) - Tier 1</i>	<i>ana-lex (generic for ANA-LEX) - Tier 1; PA*; QL</i> <i>AVAR LS CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; PA</i> <i>AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2; PA*</i> <i>AVAR-E GREEN (brand for sss 10-5) - Tier 2; PA*</i> <i>AVAR-E LS (brand for sulfacetamide sodium-sulfur) - Tier 2; PA bp 10-1 - Tier 1; PA*</i> <i>CABTREGO - Tier 2; PA</i> <i>hydrocortisone acetate external ointment - Tier 1; PA</i> <i>LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL - Tier 2; PA*</i> <i>lidocaine-hydrocortisone ace rectal kit 2-2 % (generic for ANA-LEX) - Tier 1; PA*; QL</i> <i>lidocaine-hydrocortisone ace rectal kit 3-0.5 % - Tier 1; PA*</i> <i>lidocaine-hydrocortisone ace rectal kit 3-1 %, 3-2.5 % - Tier 1; PA*; QL</i>
---	--

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

Preferred Agents

Non-Preferred Agents

PLEXION CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; PA
*sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1; PA**
SSS 10-5 EXTERNAL FOAM - Tier 2; PA
*sulfacetamide sodium-sulfur external cream 10-2 % (generic for AVAR-E LS) - Tier 1; PA**
*sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1; PA**
*sulfacetamide sodium-sulfur external liquid 9.8-4.8 % (generic for PLEXION CLEANSER) - Tier 1; PA**
*sulfacetamide sodium-sulfur external liquid 9-4 % - Tier 1; PA**
sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; PA; QL*
sulfacetamide sodium-sulfur external lotion 10-5 % - Tier 1; PA
*sulfacetamide sodium-sulfur external suspension 8-4 % (generic for SULFACLEANSE 8/4) - Tier 1; PA**
sulfacetamide sodium-sulfur suspension 10-5 % external - Tier 1; PA; QL
sulfacetamide sodium-sulfur suspension 10-5 % external - Tier 1; PA; QL*
*sulfacetamide sod-sulfur wash external liquid 9-4 % - Tier 1; PA**
sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; PA; QL*
sulfacetamide-sulfur in urea - Tier 1; PA
*SULFACLEANSE 8/4 (brand for sulfacetamide sodium-sulfur) - Tier 2; PA**
*sulfamez wash - Tier 1; PA**
SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; PA; QL
SUMAXIN - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
	ZMA CLEAR - Tier 2; PA*
Dermatological Agents - Skin Agents	
<i>cerovel (generic for CERVEL) - Tier 1; QL</i> CIBINQO - Tier 2; PA OPZELURA - Tier 2; PA; SP; QL urea external cream 40 % - Tier 1; PA; QL urea external lotion 40 % (generic for CERVEL) - Tier 1; QL XERAC AC - Tier 2	<i>NUTRIARX CREAMPAK (brand for sanadermr skin repair) - Tier 2; PA; QL</i> <i>SANADERMRX SKIN REPAIR (brand for sanadermr skin repair) - Tier 2; PA; QL</i> <i>TRIADIME (brand for sanadermr skin repair) - Tier 2; PA; QL</i> <i>TRIVIX (brand for sanadermr skin repair) - Tier 2; PA; QL</i> UREMEZ-40 - Tier 2; PA; QL
Diabetes - Glucose Monitoring	
<i>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</i> <i>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</i> <i>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL</i> <i>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL</i> CHEMSTRIP 10 MD - Tier 2 CHEMSTRIP 10/SG - Tier 2	<i>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL</i> <i>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i> <i>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL</i> <i>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i> ACCU-CHEK LINKASSIST - Tier 2; PA <i>ACCU-CHEK SMARTVIEW (brand for blood glucose test strips 333) - Tier 2; PA; QL</i> <i>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
<p>CHEMSTRIP 2 GP - Tier 2 CHEMSTRIP 5 OB - Tier 2 CHEMSTRIP 7 - Tier 2 CHEMSTRIP 9 - Tier 2 CHEMSTRIP K (brand for ketone test) - Tier 2; QL CHEMSTRIP UGK - Tier 2; QL DEXCOM G6 RECEIVER - Tier 2; PA; QL DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL DEXCOM G7 RECEIVER - Tier 2; PA; QL DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL 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; PA; QL FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL FREESTYLE LIBRE 2 READER - Tier 2; PA; QL FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL FREESTYLE LIBRE READER - Tier 2; PA; 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 advanced mobile lancet) - Tier 2; QL</p>	<p>ACCUTREND GLUCOSE (brand for blood glucose test strips 333) - Tier 2; PA; QL ADVANCED GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL AQINJECT PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL AUM MINI INSULIN PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL AUM MINI INSULIN PEN NEEDLE 32G X 5 MM , 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL AUM PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL AUM PEN NEEDLE 32G X 5 MM , 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL AUM READYGARD DUO PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL BD ULTRA-FINE PEN NEEDLES (brand for aqinject pen needle) - Tier 2; PA; QL BD ULTRA-FINE PEN NEEDLES (brand for aum mini insulin pen needle) - Tier 2; PA; QL BIOTEL CARE TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL BLOOD GLUCOSE MONITORING 333 (brand for blood glucose monitoring 333) - Tier 2; PA; QL BLOOD GLUCOSE TEST IN VITRO STRIP (brand for blood glucose test strips 333) - Tier 2; PA; QL BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL</p>

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

Preferred Agents

MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
 MEDISENSE HIIMIDILOW CONTROL (brand for element compact control 2) - Tier 2; QL
 NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL
 ONETOUCH DELICA PLUS LANCET30G (brand for advanced mobile lancet) - Tier 2; QL
 ONETOUCH DELICA PLUS LANCET33G (brand for advanced mobile lancet) - Tier 2; QL
 ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
 ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
 ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; QL
 ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
 ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
 ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
 ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; QL
 PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
 PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL

Non-Preferred Agents

BLOOD GLUCOSE TEST STRIPS 333 (brand for blood glucose test strips 333) - Tier 2; PA; QL
 CARESENS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL
 CARESENS N FELIZ (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 CARESENS N FELIZ BT (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 CARESENS N GLUCOSE SYSTEM (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 CARESENS N VOICE SYSTEM (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 CARETOUCH MONITOR SYSTEM (brand for blood glucose monitor system) - Tier 2; PA; QL
 CARETOUCH TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
 CARETOUCH TWIST MC LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL
 CHEMSTRIP MICRAL - Tier 2; PA
 COMFORT EZ PRO PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL
 COMFORT TOUCH LANCETS 31G (brand for advanced mobile lancet) - Tier 2; PA; QL
 COMFORT TOUCH PLUS LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL
 COMFORT TOUCH PLUS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL

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

Preferred Agents

QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL
 SAFE-T-LANCE (brand for advanced mobile lancet) - Tier 2; QL
 TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL
 TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL
 TRUEPLUS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; QL
 TRUEPLUS SAFETY LANCETS 28G (brand for advanced mobile lancet) - Tier 2; QL

Non-Preferred Agents

CONTOUR MONITOR (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR MONITOR (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR NEXT GEN MONITOR (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR NEXT LINK KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
 CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL
 CONTOUR TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL
 D-CARE BLOOD GLUCOSE (brand for blood glucose test strips 333) - Tier 2; PA; QL
 D-CARE GLUCOMETER (brand for blood glucose monitor system) - Tier 2; PA; QL
 DIASTIX - Tier 2; PA
 EASY TOUCH HEALTHPRO GLUCOSE (brand for blood glucose monitor system) - Tier 2; PA; QL
 EASY TOUCH TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
 EASYGLUCO - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

EASYMAX 15 TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

EASYMAX NG BLOOD GLUCOSE (brand for blood glucose monitor system) - Tier 2; PA; QL

BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL

EASYMAX V BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL

EMBRACE BLOOD GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

EMBRACE PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL

EMBRACE PEN NEEDLES 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL

EMBRACE WAVE BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL

EMBRACE WAVE GLUCOSE METER (brand for blood glucose monitoring 333) - Tier 2; PA; QL

ENLITE GLUCOSE SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL

EVERSENSE E3 SENSOR/HOLDER (brand for guardian sensor 3) - Tier 2; PA; QL

EVERSENSE SENSOR/HOLDER (brand for guardian sensor 3) - Tier 2; PA; QL

FORA 6 CONNECT/GTEL TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

FORTISCARE G1 TEST STRIP (brand for blood glucose test strips 333) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

FORTISCARE T1 GLUCOSE SYSTEM (brand for blood glucose monitoring 333) - Tier 2; PA; QL
FORTISCARE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
FREESTYLE LIBRE 3 READER - Tier 2; PA; QL
FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
FREESTYLE PRECISION NEO SYSTEM (brand for blood glucose monitor system) - Tier 2; PA; QL
FREESTYLE PRECISION NEO TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
FREESTYLE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
GLUCOCARD EXPRESSION TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
GLUCOCARD SHINE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
GLUCOCARD VITAL TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
GLUCOSE METER TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL
GUARDIAN 4 GLUCOSE SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
GUARDIAN REAL-TIME REPLACE PED - Tier 2; PA; QL
GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL
GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

HEALTHPRO BLOOD GLUCOSE MONITO (brand for blood glucose monitor system) - Tier 2; PA; QL

INSULIN PEN NEEDLES (brand for advanced mobile lancet) - Tier 2; PA; QL

INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL

INSULIN PEN NEEDLES 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL

INSULIN PEN NEEDLES (brand for aum mini insulin pen needle) - Tier 2; PA; QL

LANCETS (brand for advanced mobile lancet) - Tier 2; PA; QL

MICRODOT TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

MM BLOOD GLUCOSE SYSTEM (brand for blood glucose monitor system) - Tier 2; PA; QL

MM BLOOD GLUCOSE SYSTEM REFILL - Tier 2; PA; QL

MM BLULINK GLUCOSE MONIT SYS (brand for blood glucose monitoring 333) - Tier 2; PA; QL

MM BLULINK GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

MM EASY TOUCH GLUCOSE METER (brand for blood glucose monitor system) - Tier 2; PA; QL

NEUTEK 2TEK TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

ON CALL EXPRESS BLOOD GLUCOSE (brand for blood glucose test strips 333) - Tier 2; PA; QL

ON CALL EXPRESS MONITORING SYS (brand for blood glucose monitor system) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

ONETOUCH DELICA PLUS LANCET30G (brand for advanced mobile lancet) - Tier 2; PA; QL

ONETOUCH DELICA PLUS LANCET33G (brand for advanced mobile lancet) - Tier 2; PA; QL

ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL

ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; PA; QL

ONETOUCH ULTRASOFT 2 LANCETS (brand for advanced mobile lancet) - Tier 2; PA; QL

ONETOUCH VERIO FLEX SYSTEM DEVICE (brand for blood glucose monitoring 333) - Tier 2; PA; QL

ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL

ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL

ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; PA; QL

OPTIUMEZ TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

PIP BLOOD GLUCOSE MONITORING (brand for blood glucose monitoring 333) - Tier 2; PA; QL

PIP BLOOD GLUCOSE TEST STRIP (brand for blood glucose test strips 333) - Tier 2; PA; QL

PRECISION XTRA (brand for blood glucose monitor system) - Tier 2; PA; QL

PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test strips 333) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

PREMIUM BLOOD GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

PRO COMFORT SAFETY LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL

PTS PANELS EGLU TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL

QUINTET AC BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL

QUINTET AC BLOOD GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

QUINTET BLOOD GLUCOSE SYSTEM (brand for blood glucose monitoring 333) - Tier 2; PA; QL

QUINTET BLOOD GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

RELION TRUE MET AIR GLUC METER (brand for blood glucose monitor system) - Tier 2; PA; QL

RELION TRUE METRIX TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL

RELION ULTIMA GLUCOSE SYSTEM (brand for blood glucose monitor system) - Tier 2; PA; QL

RELION ULTIMA TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

RIGHTEST GT333 GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

SAFE-T-LANCE (brand for advanced mobile lancet) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

SAFETY LANCETS 23G (brand for advanced mobile lancet) - Tier 2; PA; QL
 SAFETY PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL
 TECHLITE LANCETS 26G (brand for advanced mobile lancet) - Tier 2; PA; QL
 TEMPO REFILL - Tier 2; PA; QL
 TEMPO WELCOME (brand for blood glucose monitor system) - Tier 2; PA; QL
 TRUE FOCUS BLOOD GLUCOSE STRIP (brand for blood glucose test strips 333) - Tier 2; PA; QL
 TRUE METRIX AIR GLUCOSE METER (brand for blood glucose monitor system) - Tier 2; PA; QL
 TRUE METRIX GO GLUCOSE METER (brand for blood glucose monitor system) - Tier 2; PA; QL
 TRUE METRIX METER KIT (brand for blood glucose monitor system) - Tier 2; PA; QL
 TRUEPLUS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL
 TRUEPLUS SAFETY LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL
 TRUETRACK BLOOD GLUCOSE DEVICE (brand for blood glucose monitoring 333) - Tier 2; PA; QL
 TRUETRACK TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL
 TWIST TOP LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

UNIFINE PROTECT PEN NEEDLE 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL

UNIFINE PROTECT PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL

UNISTRIP1 GENERIC (brand for blood glucose test strips 333) - Tier 2; PA; QL

VERIFINE INSULIN PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL

VERIFINE INSULIN PEN NEEDLE 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL

VERIFINE PLUS PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL

VERIFINE SAFE LANCET MINI 21G (brand for advanced mobile lancet) - Tier 2; PA; QL

VERIFINE SAFE LANCET MINI 23G (brand for advanced mobile lancet) - Tier 2; PA; QL

VERIFINE SAFE LANCET MINI 28G (brand for advanced mobile lancet) - Tier 2; PA; QL

VERIFINE SAFE LANCET MINI 30G (brand for advanced mobile lancet) - Tier 2; PA; QL

VERIFINE UNIVERSAL LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL

VERIFINE UNIVERSAL LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL

VERIFINE UNIVERSAL LANCETS 33G (brand for advanced mobile lancet) - Tier 2; PA; QL

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

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

Diabetic/Endocrine Blood: Glucose Monitoring	
--	--

GENTLE-LET PLATFORMS (brand for lancet transporter case) - Tier 2; PA; QL
LANCETS (brand for lancet transporter case) - Tier 2; PA; QL
PSS SELECT PLATFORMS (brand for lancet transporter case) - Tier 2; PA; QL

Electrolytes/Minerals/Metals/Vitamins	
---------------------------------------	--

Electrolyte/Mineral Replacement	
---------------------------------	--

DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
DENTAGEL (brand for sf) - Tier 2
ENDARI - Tier 2; PA; 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 m15 (generic for KLOR-CON M15) - Tier 1; QL
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL
klor-con oral tablet extended release (generic for KLOR-CON) - Tier 1; QL
potassium chloride crys er (generic for KLOR-CON M10) - Tier 1; QL
potassium chloride er oral capsule extended release - Tier 1; QL
potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL

CLINPRO 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; PA
FLUORIDEX (brand for sodium fluoride 5000 ppm) - Tier 2; PA
FLUORIDEX ENHANCED WHITENING (brand for sodium fluoride 5000 ppm) - Tier 2; PA
FLUORIMAX 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; PA
JUST RIGHT 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; PA
klor-con oral packet (generic for KLOR-CON) - Tier 1; PA; QL
K-TAB (brand for potassium chloride er) - Tier 2; PA; QL*
POKONZA - Tier 2; PA
potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; PA; QL*
potassium chloride oral packet (generic for KLOR-CON) - Tier 1; PA; QL
PREVIDENT 5000 BOOSTER PLUS (brand for sodium fluoride 5000 ppm) - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
<p>potassium chloride er oral tablet extended release 15 meq (generic for Klor-Con M15) - Tier 1; QL</p> <p>potassium chloride er oral tablet extended release 8 meq (generic for Klor-Con) - Tier 1; QL</p> <p>potassium chloride oral solution 10 %, 20 meq/15ml (10%) - Tier 1; QL</p> <p>potassium chloride oral solution 40 meq/15ml (20%) - Tier 1; PA; QL</p> <p>potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL</p> <p>potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1</p> <p>potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1</p> <p>PREVIDENT (brand for sf) - Tier 2</p> <p>PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2</p> <p>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</p> <p>sf (generic for DENTAGEL) - Tier 1</p> <p>sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride dental gel (generic for DENTAGEL) - Tier 1</p> <p>sodium fluoride oral solution - Tier 1; QL</p> <p>sodium fluoride oral tablet 1.1 (0.5 f) mg - Tier 1</p> <p>sodium fluoride oral tablet 2.2 (1 f) mg - Tier 1; QL</p> <p>sodium fluoride oral tablet chewable - Tier 1; QL</p>	<p>PREVIDENT 5000 ENAMEL PROTECT - Tier 2; PA</p> <p>PREVIDENT 5000 ORTHO DEFENSE (brand for sodium fluoride 5000 ppm) - Tier 2; PA</p> <p>PREVIDENT 5000 SENSITIVE - Tier 2; PA</p> <p>sodium fluoride 5000 ppm dental paste (generic for CLINPRO 5000) - Tier 1; PA</p> <p>UROCIT-K 10 (brand for potassium citrate er) - Tier 2; PA; QL</p> <p>UROCIT-K 15 (brand for potassium citrate er) - Tier 2; PA</p> <p>UROCIT-K 5 (brand for potassium citrate er) - Tier 2; PA</p>

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

Preferred Agents

Non-Preferred Agents

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

abatron af - Tier 1

BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL

calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL

calcium 500/vitamin d3 - Tier 1

calcium 600/vitamin d - Tier 1

calcium 600/vitamin d-3 - Tier 1

calcium 600+d oral tablet 600-10 mg-mcg - Tier 1

calcium carb-cholecalciferol oral tablet 600-10 mg-mcg - Tier 1

calcium carb-cholecalciferol oral tablet 600-5 mg-mcg - Tier 1; QL

calcium high potency/vitamin d - Tier 1; QL

calcium plus vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL

calcium plus vitamin d oral tablet 600-10 mg-mcg - Tier 1

calcium plus vitamin d oral tablet 600-5 mg-mcg - Tier 1; QL

calcium plus vitamin d3 - Tier 1

EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ - Tier 2; QL

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

ferocon (generic for TRICON) - Tier 1

ferosul (generic for FEROSUL) - Tier 1; QL

ferotrinsic (generic for TRICON) - Tier 1

ferrous sulfate (generic for FEROSUL) - Tier 1; QL

ferrous sulfate oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL

GALZIN ORAL CAPSULE 25 MG - Tier 2; PA

GALZIN ORAL CAPSULE 50 MG - Tier 2; PA; QL

K-PHOS-NEUTRAL (brand for phosphorous) - Tier 2; PA; QL

*ORACIT (brand for oral citrate) - Tier 2; PA**

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

Preferred Agents**Non-Preferred Agents**

ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg - Tier 1

ferrous sulfate oral tablet delayed release 325 (65 fe) mg - Tier 1; QL

fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

foltrin (generic for TRICON) - Tier 1

HEMATOGEN (brand for iron folate-f) - Tier 2

HEMAX - Tier 2

hi cal (generic for OYSCO 500+D) - Tier 1; QL

INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML - Tier 2; PA; QL

iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

IRON FOLATE-F (brand for iron folate-f) - Tier 2

iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL

iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

iron supplement oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL

K-PHOS - Tier 2; QL

K-PHOS NO 2 - Tier 2

k-tan plus (generic for K-TAN PLUS) - Tier 1

ONE VITE FERROUS SULFATE (brand for ferrous sulfate) - Tier 2; QL

OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL

oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL

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

Preferred Agents

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
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
potassium citrate-citric acid - Tier 1
purevit dualfe plus (generic for K-TAN PLUS) - Tier 1
se-tan plus (generic for K-TAN PLUS) - Tier 1
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
TANDEM PLUS (brand for purevit dualfe plus) - Tier 2
TRICON (brand for ferocon) - Tier 2
TRUE FERROUS SULFATE - Tier 2
ultra calcium + vitamin d3 - Tier 1
VENOFER - Tier 2; PA; QL
wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL

Non-Preferred Agents

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

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

Electrolyte/Mineral/Metal Modifiers

CHEMET - Tier 2; QL
deferasirox (generic for EXJADE) - Tier 1; SP; QL
deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; SP; QL
JYNARQUE (brand for tolvaptan) - Tier 2; PA; SP; QL
tolvaptan (generic for JYNARQUE) - Tier 1; PA; SP; QL
trientine hcl (generic for SYPRINE) - Tier 1; PA; SP; QL

deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL
EXJADE (brand for deferasirox) - Tier 2; PA; SP; QL
FERRIPROX (brand for deferiprone) - Tier 2; PA; SP; QL
FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL
JADENU (brand for deferasirox) - Tier 2; PA; SP; QL
JADENU SPRINKLE (brand for deferasirox) - Tier 2; PA; SP; QL
SAMSCA (brand for tolvaptan) - Tier 2; PA; SP; QL
SYPRINE (brand for trientine hcl) - Tier 2; PA; SP; QL

Phosphate Binders

calcium acetate (phos binder) oral capsule - Tier 1; QL
REVELA (brand for sevelamer carbonate) - Tier 2; PA; QL
sevelamer carbonate oral packet (generic for REVELA) - Tier 1; PA; QL
sevelamer carbonate oral tablet (generic for REVELA) - Tier 1; QL

AURYXIA - Tier 2; PA*; QL
calcium acetate (phos binder) oral tablet (generic for CALPHRON) - Tier 1; PA; QL
calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; PA; QL
 FOSRENOL ORAL PACKET - Tier 2; PA*; QL
FOSRENOL ORAL TABLET CHEWABLE (brand for lanthanum carbonate) - Tier 2; PA; QL
lanthanum carbonate (generic for FOSRENOL) - Tier 1; PA; QL
sevelamer hcl (generic for RENAGEL) - Tier 1; PA; QL
 VELPHORO - Tier 2; PA; QL

Potassium Binders

LOKELMA - Tier 2; QL
sodium polystyrene sulfonate - Tier 1
 SPS - Tier 2; QL

VELTASSA - Tier 2; PA*; QL

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

Preferred Agents

Non-Preferred Agents

Vitamins

ACTIVITE (brand for activite) - Tier 2; QL
airavite (generic for AIRAVITE) - Tier 1
aqueous vitamin d (generic for D-VI-SOL) - Tier 1
b-plex - Tier 1
classic prenatal - Tier 1; QL
COMPLETE NATAL DHA - Tier 2; QL
COMPLETENATE - Tier 2; QL
CO-NATAL FA (brand for neonatal complete) - Tier 2; QL
d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1
DIALYVITE (brand for activite) - Tier 2; QL

D-VI-SOL (brand for aqueous vitamin d) - Tier 2
folbee (generic for AIRAVITE) - Tier 1
GENICIN VITA-S (brand for activite) - Tier 2; QL
HYLAVITE - Tier 2
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) (generic for MULTI-VIT-FLOR) - Tier 1; QL
multivitamin/fluoride tablet chewable 0.5 mg oral (rx) (generic for MULTI-VIT-FLOR) - Tier 1; QL
multivitamin/fluoride tablet chewable 1 mg oral (rx) (generic for MULTI-VIT-FLOR) - Tier 1; QL
multi-vitamin/fluoride/iron - Tier 1; QL
mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1

FOLBIC RF - Tier 2; PA
FOLTANX (brand for l-methylfolate-b6-b12) - Tier 2; PA
FOLTANX RF (brand for l-methylfolate-algae-b12-b6) - Tier 2; PA; QL
FOLTIX - Tier 2; PA
l-methylfolate-algae-b12-b6 (generic for FOLTANX RF) - Tier 1; PA; QL
METAFOLBIC PLUS RF (brand for methylfol-algae-b12-acetylcyst) - Tier 2; PA; QL
methylfol-algae-b12-acetylcyst (generic for METAFOLBIC PLUS RF) - Tier 1; PA; QL
multivitamin w/fluoride (generic for MULTI-VIT-FLOR) - Tier 1; PA; QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) (generic for MULTI-VIT-FLOR) - Tier 1; PA; QL
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX) (brand for multivitamin w/fluoride) - Tier 2; PA; QL

multivitamin/fluoride tablet chewable 1 mg oral (rx) (generic for MULTI-VIT-FLOR) - Tier 1; PA; QL
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX) (brand for multivitamin w/fluoride) - Tier 2; PA; QL
MULTI-VIT-FLOR (brand for multivitamin w/fluoride) - Tier 2; PA; QL
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.5 MG (brand for multivitamin w/fluoride) - Tier 2; PA; QL
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL (brand for multivitamin w/fluoride) - Tier 2; PA; QL
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL (brand for multivitamin w/fluoride) - Tier 2; PA; QL
QUFLORA FE - Tier 2; PA

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

Preferred Agents**Non-Preferred Agents**

MYNEPHRON (brand for triphrocaps) - Tier 2
NATALVIT - Tier 2
NEONATAL COMPLETE (brand for neonatal complete) - 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
nephronex oral tablet (generic for NEPHRONEX) - Tier 1; QL
niacin er oral tablet extended release 500 mg (generic for ENDUR-
ACIN) - Tier 1
NIVA-PLUS (brand for prenatal) - Tier 2; QL
nufol (generic for AIRAVITE) - Tier 1
ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
phytonadione oral - Tier 1; QL
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL (brand for
multivitamin w/fluoride) - Tier 2; QL
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL (brand for
multivitamin w/fluoride) - Tier 2; QL
PRENATABS RX (brand for thrivite rx) - Tier 2; QL
prenatal 19 - Tier 1; QL
prenatal formula oral tablet 28-0.8 mg - 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

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

Preferred Agents**Non-Preferred Agents**

prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL

prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL

prenatalliron oral tablet 28-0.8 mg - Tier 1; QL

PRENATRYL (brand for prenatal) - Tier 2; QL

PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2

QUFLORA FE PEDIATRIC - Tier 2; QL

RENAL (brand for triphrocaps) - Tier 2

SE-NATAL 19 - Tier 2; QL

THRIVITE RX (brand for thrive rx) - Tier 2; QL

TM-VITE RX (brand for activite) - Tier 2; QL

TRINATAL RX 1 (brand for trinatal rx 1) - Tier 2; QL

triphrocaps (generic for MYNEPHRON) - Tier 1

TRONVITE (brand for activite) - Tier 2; QL

TRUE VITAMIN D3 ORAL CAPSULE 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 25 MCG (1000 UT) - Tier 2

VINATE ONE (brand for trinatal rx 1) - Tier 2; QL

virt-caps (generic for MYNEPHRON) - Tier 1

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 d3 oral capsule 1000 unit, 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

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

Preferred Agents	Non-Preferred Agents
<p>vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1</p> <p>vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1</p> <p>VITASURE (brand for activite) - Tier 2; QL</p> <p>VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL</p> <p>wescaps (generic for MYNEPHRON) - Tier 1</p> <p>WESNATAL DHA COMPLETE - Tier 2; QL</p> <p>westab one (generic for AIRAVITE) - Tier 1</p> <p>WESTAB PLUS (brand for prenatal) - Tier 2; QL</p>	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<p>MYFEMBREE - Tier 2; PA</p> <p>NEXTSTELLIS - Tier 2; QL</p>	
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA*
Anti-Constipation Agents	
<p>constulose - Tier 1; QL</p> <p>enulose - Tier 1; QL</p> <p>generlac - Tier 1; QL</p> <p>lactulose encephalopathy - Tier 1; QL</p> <p>lactulose oral solution - Tier 1; QL</p> <p>LINZESS - Tier 2; PA; QL; AL</p> <p>lubiprostone (generic for AMITIZA) - Tier 1; PA; QL; AL</p> <p>MOVANTIK - Tier 2; PA; QL</p>	<p>KRISTALOSE (brand for lactulose) - Tier 2; PA*; QL</p> <p>lactulose oral packet (generic for KRISTALOSE) - Tier 1; PA*; QL</p> <p>MOTTEGRITY - Tier 2; PA; QL</p> <p>RELISTOR - Tier 2; PA; QL; AL</p> <p>SYMPROIC - Tier 2; PA; QL; AL</p> <p>TRULANCE - Tier 2; PA; QL; AL</p>

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

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

Anti-Constipation Agents
Other

IBSRELA - Tier 2; PA

Anti-Diarrheal Agents

anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1
diamode (generic for IMODIUM A-D) - Tier 1
ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1
loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1
meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1
 XERMELO - Tier 2; PA; SP; QL

alosetron hcl (generic for LOTRONEX) - Tier 1; PA; QL; AL
diphenoxylate-atropine oral liquid - Tier 1; PA
diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; PA; QL*
LOMOTIL (brand for diphenoxylate-atropine) - Tier 2; PA; QL
loperamide hcl capsule 2 mg oral (generic for IMODIUM A-D) - Tier 1; PA; QL
loperamide hcl capsule 2 mg oral (generic for IMODIUM A-D) - Tier 1; PA; QL*
LOTRONEX (brand for alosetron hcl) - Tier 2; PA; QL; AL
 MOTOFEN - Tier 2; PA*; QL
 MYTESI - Tier 2; PA*; QL
opium - Tier 1; PA; QL
 VIBERZI - Tier 2; PA; QL; AL

Antispasmodics, Gastrointestinal

dicyclomine hcl oral capsule - Tier 1; QL
dicyclomine hcl oral solution - Tier 1
dicyclomine hcl oral tablet - Tier 1; QL
glycopyrrolate oral solution (generic for CUVPOSA) - Tier 1; PA; QL
glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1
glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1
methscopolamine bromide oral tablet 2.5 mg - Tier 1
methscopolamine bromide oral tablet 5 mg - Tier 1; QL

chlordiazepoxide-clidinium capsule 5-2.5 mg oral (generic for LIBRAX) - Tier 1; PA; QL*
chlordiazepoxide-clidinium capsule 5-2.5 mg oral (generic for LIBRAX) - Tier 1; PA; QL
CUVPOSA (brand for glycopyrrolate) - Tier 2; PA; QL
GLYCATE (brand for glycopyrrolate) - Tier 2; PA; QL
GLYCOPYRROLATE ORAL TABLET 1.5 MG (brand for glycopyrrolate) - Tier 2; PA; QL
LIBRAX (brand for chlordiazepoxide-clidinium) - Tier 2; PA; QL
ROBINUL (brand for glycopyrrolate) - Tier 2; PA
ROBINUL-FORTE (brand for glycopyrrolate) - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

Gastrointestinal Agents, Other

bis subcit-metronid-tetracyc (generic for PYLERA) - Tier 1
bismuth/metronidaz/tetracyclin (generic for PYLERA) - Tier 1
gavilyte-c - Tier 1; QL
gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL
 HELIDAC THERAPY - Tier 2
peg 3350-kcl-na bicarb-nacl - Tier 1; QL
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL
ursodiol oral capsule 300 mg - Tier 1; QL
ursodiol oral tablet (generic for URSO 250) - Tier 1

amoxicill-clarithro-lansopraz - Tier 1; PA; QL
 CHENODAL - Tier 2; PA*; SP; QL
 CLENPIQ - Tier 2; PA*
GOLYTELY (brand for peg-3350/electrolytes) - Tier 2; PA; QL*
MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL
na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral (generic for SUPREP BOWEL PREP KIT) - Tier 1; PA; QL*
na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral (generic for SUPREP BOWEL PREP KIT) - Tier 1; PA; QL
 OCALIVA - Tier 2; PA*; SP; QL
 OMECLAMOX-PAK - Tier 2; PA
peg-3350/electrolytes/ascorbat (generic for MOVIPREP) - Tier 1; PA; QL*
peg-kcl-nacl-nasulf-na asc-c (generic for MOVIPREP) - Tier 1; PA; QL*
 PLENVU - Tier 2; PA*; QL
PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA
RELTONE (brand for ursodiol) - Tier 2; PA; QL
SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL*
 TALICIA - Tier 2; PA; QL
URSO 250 (brand for ursodiol) - Tier 2; PA
URSO FORTE (brand for ursodiol) - Tier 2; PA
URSODIOL ORAL CAPSULE 200 MG, 400 MG (brand for ursodiol) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Histamine2 (H2) Receptor Antagonists

acid controller (generic for PEPCID AC) - Tier 1; QL
acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
famotidine oral (generic for PEPCID) - 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 (generic for PEPCID AC) - Tier 1; QL

cimetidine tablet 200 mg oral (rx) (generic for TAGAMET HB 200) - Tier 1; PA; QL
cimetidine tablet 200 mg oral (rx) (generic for TAGAMET HB 200) - Tier 1; PA; QL*
cimetidine tablet 300 mg oral - Tier 1; PA; QL
cimetidine tablet 300 mg oral - Tier 1; PA; QL*
cimetidine tablet 400 mg oral - Tier 1; PA; QL
cimetidine tablet 400 mg oral - Tier 1; PA; QL*
cimetidine tablet 800 mg oral - Tier 1; PA; QL
cimetidine tablet 800 mg oral - Tier 1; PA; QL*
nizatidine - Tier 1; PA; QL*
PEPCID (brand for famotidine) - Tier 2; PA; QL
TAGAMET HB 200 (brand for cimetidine) - Tier 2; PA; QL

Protectants

CARAFATE ORAL SUSPENSION (brand for sucralfate) - Tier 2; QL
misoprostol oral (generic for CYTOTEC) - Tier 1; QL
sucralfate oral (generic for CARAFATE) - Tier 1; QL

CARAFATE ORAL TABLET (brand for sucralfate) - Tier 2; PA; QL
CYTOTEC (brand for misoprostol) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Proton Pump Inhibitors

esomeprazole magnesium capsule delayed release 20 mg oral (rx) (generic for NEXIUM) - Tier 1; QL

esomeprazole magnesium capsule delayed release 20 mg oral (rx) (generic for NEXIUM) - Tier 1; ST; QL

ft omeprazole - Tier 1; QL

omeprazole oral capsule delayed release 20 mg, 40 mg - Tier 1; QL

omeprazole oral tablet delayed release 20 mg - Tier 1; QL

pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL

PROTONIX ORAL PACKET (brand for pantoprazole sodium) - Tier 2; QL

acid reducer oral tablet delayed release 20 mg (generic for PRILOSEC OTC) - Tier 1; PA; QL

ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL

DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL

dexlansoprazole capsule delayed release 30 mg oral (generic for DEXILANT) - Tier 1; PA; QL*

dexlansoprazole capsule delayed release 30 mg oral (generic for DEXILANT) - Tier 1; PA; QL

dexlansoprazole capsule delayed release 60 mg oral (generic for DEXILANT) - Tier 1; PA; QL*

dexlansoprazole capsule delayed release 60 mg oral (generic for DEXILANT) - Tier 1; PA; QL

esomeprazole magnesium capsule delayed release 20 mg oral (rx) (generic for NEXIUM) - Tier 1; PA; QL

esomeprazole magnesium oral capsule delayed release 40 mg (generic for NEXIUM) - Tier 1; PA; QL

esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; PA; QL; AL

ft acid reducer capsule delayed release 15 mg oral (generic for PREVACID 24HR) - Tier 1; PA; QL*

ft acid reducer capsule delayed release 15 mg oral (generic for PREVACID 24HR) - Tier 1; PA; QL

KONVOMEF - Tier 2; PA

lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; PA; QL*

lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; PA; QL

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

Preferred Agents**Non-Preferred Agents**

lansoprazole capsule delayed release 15 mg oral (rx) (generic for PREVACID 24HR) - Tier 1; PA; QL*

lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; PA; QL*

lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; PA; QL*

lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL

lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL*

NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL

NEXIUM ORAL PACKET (brand for esomeprazole magnesium) - Tier 2; PA; QL; AL

omep/sod bicarb (generic for ZEGERID) - Tier 1; PA; QL

omeprazole capsule delayed release 10 mg oral - Tier 1; PA; QL*

omeprazole capsule delayed release 10 mg oral - Tier 1; PA; QL

omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; PA; QL

omeprazole-sod bicarbonate (generic for ZEGERID) - Tier 1; PA; QL

omeprazole-sodium bicarb oral capsule 20-1100 mg (generic for ZEGERID) - Tier 1; PA; QL

omeprazole-sodium bicarbonate oral capsule (generic for ZEGERID) - Tier 1; PA; QL*

omeprazole-sodium bicarbonate oral packet (generic for ZEGERID) - Tier 1; PA; QL

pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL

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

Preferred Agents	Non-Preferred Agents
	<p><i>PREVACID (brand for lansoprazole) - Tier 2; PA*; QL</i> <i>PREVACID 24HR (brand for eq lansoprazole) - Tier 2; PA*; QL</i> <i>PREVACID SOLUTAB (brand for cvs lansoprazole) - Tier 2; PA*; QL; AL</i> <i>PRILOSEC - Tier 2; PA; QL</i> <i>PRILOSEC OTC (brand for acid reducer) - Tier 2; PA; QL</i> <i>PROTONIX ORAL TABLET DELAYED RELEASE (brand for pantoprazole sodium) - Tier 2; PA; QL</i> <i>RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE - Tier 2; PA*; QL</i> <i>rabeprazole sodium oral tablet delayed release (generic for ACIPHEX) - Tier 1; PA*; QL</i> <i>ZEGERID (brand for cvs omeprazole-sod bicarbonate) - Tier 2; PA; QL</i></p>
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs	
	<p><i>DONNATAL (brand for pb-hyoscy-atropine-scopolamine) - Tier 2; PA</i> <i>pb-hyoscy-atropine-scopolamine (generic for DONNATAL) - Tier 1; PA</i> <i>PHENOHYTRO (brand for pb-hyoscy-atropine-scopolamine) - Tier 2; PA</i></p>
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
	<p><i>belladonna alkaloids-opium - Tier 1; PA*; QL</i></p>

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

Preferred Agents

Non-Preferred Agents

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

antacid calcium (generic for CAL-GEST ANTACID) - Tier 1
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1
antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid maximum (generic for TUMS ULTRA 1000) - Tier 1
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1
antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1
antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
bismuth (generic for SOOTHE) - Tier 1
bismuth subsalicylate oral (generic for SOOTHE) - Tier 1
calcium antacid (generic for CAL-GEST ANTACID) - Tier 1
calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

alvimopan (generic for ENTEREG) - Tier 1; PA
BILAC (brand for cvs daily probiotic) - Tier 2; PA
daily probiotic oral capsule (generic for FLORASTOR SELECT IMMUNITY BOOS) - Tier 1; PA
ENTEREG (brand for alvimopan) - Tier 2; PA
FLORASTOR SELECT IMMUNITY BOOS (brand for cvs daily probiotic) - Tier 2; PA
ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
GENORAVANCE (brand for cvs daily probiotic) - Tier 2; PA
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
MICROFLOR 33 (brand for cvs daily probiotic) - Tier 2; PA
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2; PA
PROBIONEXX (brand for cvs daily probiotic) - Tier 2; PA
probiotic 10 ultra strength (generic for FLORASTOR SELECT IMMUNITY BOOS) - Tier 1; PA
PROBIZEN (brand for cvs daily probiotic) - Tier 2; PA

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

Preferred Agents

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
diarrhea (generic for SOOTHE) - Tier 1
diarrhea relief (generic for SOOTHE) - Tier 1
diotame instydose (generic for SOOTHE) - Tier 1
enema (generic for FLEET ENEMA) - Tier 1
enema disposable (generic for FLEET ENEMA) - Tier 1
enema ready-to-use (generic for FLEET ENEMA) - Tier 1
enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
ft gas relief - Tier 1
ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1
ft milk of magnesia (generic for DULCOLAX) - Tier 1
ft stomach relief (generic for SOOTHE) - Tier 1
gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1

Non-Preferred Agents

simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
simethicone oral suspension (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA
SUPERIOR PROBIOTIC (brand for cvs daily probiotic) - Tier 2; PA
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2; PA
XYBIOTIC (brand for cvs daily probiotic) - Tier 2; PA
ZELAC (brand for cvs daily probiotic) - Tier 2; PA*

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

Preferred Agents**Non-Preferred Agents**

gas relief extra strength oral tablet chewable 125 mg (generic for PHAZYME) - Tier 1
gas relief extstrength (generic for PHAZYME) - Tier 1
gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief oral tablet chewable 125 mg (generic for PHAZYME) - Tier 1
gas relief oral tablet chewable 80 mg - Tier 1
GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2
heartland gas relief - Tier 1
KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1
milk of magnesia (generic for DULCOLAX) - Tier 1
milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - 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
pink-bismuth (generic for SOOTHE) - Tier 1
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
simethicone oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

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

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

simethicone oral tablet chewable (generic for PHAZYME) - Tier 1
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
soothe oral (generic for SOOTHE) - 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
TUMS SMOOTHIES (brand for antacid) - Tier 2

Laxatives - Bowel Treatment Drugs

clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; QL
fiber oral powder (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
ft clearlax (generic for CLEARLAX) - Tier 1; QL
gavilax oral powder (generic for CLEARLAX) - Tier 1; QL
gentlelax (generic for CLEARLAX) - Tier 1; QL
glycolax (generic for CLEARLAX) - Tier 1; QL
konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
laxaclear (generic for CLEARLAX) - Tier 1; QL
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; QL
mm clearlax (generic for CLEARLAX) - Tier 1; QL

ft mineral oil - Tier 1; PA
*mineral oil heavy oral - Tier 1; PA**

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

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

natural daily fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural vegetable (generic for HYDROCIL) - Tier 1
natura-lax (generic for CLEARLAX) - Tier 1; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; QL
psyldex - Tier 1
purelax oral powder (generic for CLEARLAX) - Tier 1; QL
smooth lax oral powder (generic for CLEARLAX) - Tier 1; QL

Laxatives - Drugs to treat Constipation	
---	--

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
citroma (generic for CITROMA) - Tier 1
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate sodium oral capsule (generic for COLACE) - Tier 1; QL
docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL
docusate sodium oral syrup - Tier 1
dok oral tablet (generic for DOK) - Tier 1
dss (generic for COLACE) - Tier 1; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2

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

Preferred Agents

ft magnesium citrate (generic for CITROMA) - Tier 1
ft senna laxatives (generic for SENOKOT) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 100 mg (generic for DOK) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1
glycerin childrens - Tier 1
glycerin pediatric rectal suppository 1.2 gm - Tier 1
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1
mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for SENOKOT) - Tier 1
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ONELAX SENNA (brand for senna) - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2
senna lax (generic for SENOKOT) - Tier 1
senna laxative (generic for SENOKOT) - Tier 1
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-extra (generic for SENOKOT EXTRA STRENGTH) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1
senna-time (generic for SENOKOT) - Tier 1
sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2
SENOKOT EXTRA STRENGTH (brand for cvs senna-extra) - Tier 2
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 tablet 100 mg (generic for DOK) - Tier 1
vegetable laxative (generic for SENOKOT) - Tier 1

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

Preferred Agents	Non-Preferred Agents
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<p>ARALAST NP - Tier 2; PA; QL <i>betaine (generic for CYSTADANE) - Tier 1; PA; SP; QL</i> CREON - Tier 2; QL GLASSIA - Tier 2; PA; QL <i>levocarnitine oral solution (generic for CARNITOR) - Tier 1; QL</i> <i>levocarnitine sf (generic for CARNITOR) - Tier 1; QL</i> <i>nitisinone oral capsule 20 mg (generic for ORFADIN) - Tier 1</i> <i>ORFADIN ORAL CAPSULE 20 MG (brand for nitisinone) - Tier 2</i> PROLASTIN-C INTRAVENOUS SOLUTION - Tier 2; PA PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED - Tier 2; PA; QL ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG - Tier 2; PA; QL</p> <p>ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG - Tier 2; PA; SP ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2; QL</p>	<p>CARNITOR ORAL SOLUTION (brand for levocarnitine) - Tier 2; PA; QL CARNITOR ORAL TABLET (brand for levocarnitine) - Tier 2; PA CARNITOR SF (brand for levocarnitine) - Tier 2; PA; QL CHOLBAM - Tier 2; PA*; SP; QL <i>cromolyn sodium oral (generic for GASTROCROM) - Tier 1; PA; QL</i> CYSTADANE (brand for betaine) - Tier 2; PA; SP; QL <i>dichlorphenamide (generic for KEVEYIS) - Tier 1; PA*; SP; QL</i> GASTROCROM (brand for cromolyn sodium) - Tier 2; PA; QL KEVEYIS (brand for dichlorphenamide) - Tier 2; PA; SP; QL OLPRUVA (2 GM DOSE) - Tier 2; PA OLPRUVA (3 GM DOSE) - Tier 2; PA OLPRUVA (4 GM DOSE) - Tier 2; PA OLPRUVA (5 GM DOSE) - Tier 2; PA OLPRUVA (6 GM DOSE) - Tier 2; PA OLPRUVA (6.67 GM DOSE) - Tier 2; PA PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL - Tier 2; PA*; QL PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL - Tier 2; PA; QL PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL - Tier 2; PA*; QL PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL - Tier 2; PA; QL PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT - Tier 2; PA*; QL VIOKACE - Tier 2; PA*; QL ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT - Tier 2; PA</p>

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

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

Genitourinary Agents

Antispasmodics, Urinary

<p><i>fesoterodine fumarate er (generic for TOVIAZ) - Tier 1; QL</i></p> <p><i>oxybutynin chloride er - Tier 1; QL</i></p> <p><i>oxybutynin chloride oral tablet 2.5 mg - Tier 1</i></p> <p><i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i></p> <p><i>solifenacin succinate (generic for VESICARE) - Tier 1; QL</i></p> <p><i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; QL</i></p>	<p><i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral - Tier 1; PA*; QL</i></p> <p><i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral - Tier 1; PA; QL</i></p> <p><i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral - Tier 1; PA*; QL</i></p> <p><i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral - Tier 1; PA; QL</i></p> <p><i>DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL</i></p> <p><i>DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; QL</i></p> <p><i>flavoxate hcl - Tier 1; PA*; QL</i></p> <p><i>GELNIQUE - Tier 2; PA; QL</i></p> <p><i>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA</i></p> <p><i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA*; QL</i></p> <p><i>oxybutynin chloride oral solution - Tier 1; PA</i></p> <p><i>OXYTROL - Tier 2; PA; QL</i></p> <p><i>OXYTROL FOR WOMEN - Tier 2; PA; QL</i></p> <p><i>tolterodine tartrate (generic for DETROL) - Tier 1; PA*; ST; QL</i></p> <p><i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral (generic for DETROL LA) - Tier 1; PA; QL</i></p> <p><i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral (generic for DETROL LA) - Tier 1; PA*; QL</i></p> <p><i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral (generic for DETROL LA) - Tier 1; PA; QL</i></p> <p><i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral (generic for DETROL LA) - Tier 1; PA*; QL</i></p>
---	---

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

Preferred Agents	Non-Preferred Agents
	<i>trospium chloride</i> - Tier 1; PA*; ST; QL <i>trospium chloride er</i> - Tier 1; PA*; QL VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL VESICARE LS - Tier 2; PA; QL

Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er</i> (generic for UROXATRAL) - Tier 1; QL <i>dutasteride oral</i> (generic for AVODART) - Tier 1; QL <i>finasteride oral tablet 5 mg</i> (generic for PROSCAR) - Tier 1; QL <i>tamsulosin hcl</i> (generic for FLOMAX) - Tier 1; QL <i>terazosin hcl</i> - Tier 1; QL	AVODART (brand for dutasteride) - Tier 2; PA; QL CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG - Tier 2; PA*; QL CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG - Tier 2; PA; QL CIALIS ORAL TABLET 5 MG (brand for tadalafil) - Tier 2; PA; QL; GE <i>dutasteride-tamsulosin hcl</i> (generic for JALYN) - Tier 1; PA; QL FLOMAX (brand for tamsulosin hcl) - Tier 2; PA; QL JALYN (brand for dutasteride-tamsulosin hcl) - Tier 2; PA; QL PROSCAR (brand for finasteride) - Tier 2; PA; QL RAPAFLO (brand for silodosin) - Tier 2; PA*; QL <i>silodosin</i> (generic for RAPAFLO) - Tier 1; PA*; QL <i>tadalafil tablet 5 mg oral</i> (generic for CIALIS) - Tier 1; PA*; QL; GE <i>tadalafil tablet 5 mg oral</i> (generic for CIALIS) - Tier 1; PA; QL; GE UROXATRAL (brand for alfuzosin hcl er) - Tier 2; PA; QL

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

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

Genitourinary Agents, Other

bethanechol chloride oral - Tier 1
DEPEN TITRATABS (brand for penicillamine) - Tier 2; PA; SP; QL
ELMIRON - Tier 2; PA; QL
LITHOSTAT - Tier 2; PA
penicillamine oral (generic for CUPRIMINE) - Tier 1; PA; SP; QL
RIMSO-50 - Tier 2; PA; QL
THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL
tiopronin oral tablet (generic for THIOLA) - Tier 1; PA; SP; QL

CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP; QL
THIOLA (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

phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL
phenazopyridine hcl oral (generic for PHENAZO) - Tier 1; QL
PHEXXI - Tier 2; QL

*me/naphos/mb/hyo1 (generic for UROGESIC-BLUE) - Tier 1; PA**
PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; PA; QL
URELLE - Tier 2; PA
uretron d/s (generic for URETRON D/S) - Tier 1; PA; QL*
*URIBEL ORAL CAPSULE (brand for uro-mp) - Tier 2; PA**
URIBEL ORAL TABLET - Tier 2; PA
*URIMAR-T (brand for urneva) - Tier 2; PA**
urin ds (generic for URETRON D/S) - Tier 1; PA; QL*
*URNEVA (brand for urneva) - Tier 2; PA**
UROGESIC-BLUE (brand for me/naphos/mb/hyo1) - Tier 2; PA
*URO-MP (brand for uro-mp) - Tier 2; PA**
*VILAMIT MB (brand for uro-mp) - Tier 2; PA**
*VILEVEV MB - Tier 2; PA**

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p>ACTHAR - Tier 2; PA; SP; QL BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION (brand for betamethasone sod phos & acet) - Tier 2; PA; QL betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection (generic for CELESTONE SOLUSPAN) - Tier 1; PA; QL CORTISONE ACETATE ORAL - Tier 2; QL CORTROPHIN - Tier 2; PA; SP; QL dexamethasone intensol - Tier 1 dexamethasone oral elixir - Tier 1; QL dexamethasone oral solution - Tier 1; PA; 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 sod phosphate pf injection solution - Tier 1; PA dexamethasone sod phosphate pf injection solution prefilled syringe - Tier 1; PA; QL dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml - Tier 1; PA DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION - Tier 2; PA dexamethasone sodium phosphate solution 10 mg/ml injection - Tier 1; PA fludrocortisone acetate oral - Tier 1; QL hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL KENALOG-80 - Tier 2; PA; QL methylprednisolone acetate suspension 40 mg/ml injection (generic for DEPO-MEDROL) - Tier 1; PA</p>	<p>ALKINDI SPRINKLE - Tier 2; PA; QL BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML (brand for betamethasone sod phos & acet) - Tier 2; PA; QL CELESTONE SOLUSPAN (brand for betamethasone sod phos & acet) - Tier 2; PA; QL CORTEF (brand for hydrocortisone) - Tier 2; PA; QL deflazacort (generic for EMFLAZA) - Tier 1; PA; SP; QL DEPO-MEDROL (brand for methylprednisolone acetate) - Tier 2; PA dexamethasone oral tablet therapy pack (generic for HIDEX 6-DAY) - Tier 1; PA EMFLAZA (brand for deflazacort) - Tier 2; PA*; SP; QL HEMADY - Tier 2; PA; QL HIDEX 6-DAY (brand for dexamethasone) - Tier 2; PA KENALOG INJECTION (brand for triamcinolone acetonide) - Tier 2; PA; QL MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (brand for methylprednisolone) - Tier 2; PA; QL MEDROL ORAL TABLET 2 MG - Tier 2; PA MEDROL ORAL TABLET THERAPY PACK (brand for methylprednisolone) - Tier 2; PA; QL ORAPRED ODT (brand for prednisolone sodium phosphate) - Tier 2; PA; QL PEDIAPRED (brand for prednisolone sodium phosphate) - Tier 2; PA; QL prednisolone oral tablet - Tier 1; PA; QL prednisone oral solution - Tier 1; PA; QL RAYOS - Tier 2; PA*; QL TAPERDEX 12-DAY - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
<p>METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION (brand for methylprednisolone acetate) - Tier 2; PA methylprednisolone acetate suspension 80 mg/ml injection (generic for DEPO-MEDROL) - Tier 1; PA METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION (brand for methylprednisolone acetate) - Tier 2; PA methylprednisolone oral (generic for MEDROL) - Tier 1; QL prednisolone oral solution - Tier 1; QL prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml - 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 prednisolone sodium phosphate oral tablet dispersible (generic for ORAPRED ODT) - Tier 1; QL prednisone intensol - 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 SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG - Tier 2; PA triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG) - Tier 1; QL TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION (brand for triamcinolone acetonide) - Tier 2; QL</p>	<p>TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA TAPERDEX 7-DAY - Tier 2; PA; QL ZILRETTA - Tier 2; PA; QL</p>

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p> <i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate injection (generic for DDAVP) - Tier 1; PA</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i> <i>desmopressin acetate pf (generic for DDAVP PF) - Tier 1; PA</i> <i>desmopressin acetate spray - Tier 1; QL</i> EGRIFTA SV - Tier 2; PA; SP; QL GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUICK - Tier 2; PA; SP; QL INCRELEX - Tier 2; PA; SP; QL; AL NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL </p>	<p> <i>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; PA</i> <i>DDAVP INJECTION (brand for desmopressin acetate) - Tier 2; PA</i> <i>DDAVP ORAL (brand for desmopressin acetate) - Tier 2; PA; QL</i> <i>DDAVP PF (brand for desmopressin acetate pf) - Tier 2; PA</i> DESMOPRESSIN ACETATE NASAL - Tier 2; PA; QL HUMATROPE - Tier 2; PA*; SP; QL NOCDURNA - Tier 2; PA; QL <i>NOVAREL (brand for chorionic gonadotropin) - Tier 2; PA</i> NUTROPIN AQ NUSPIN 10 - Tier 2; PA*; SP; QL NUTROPIN AQ NUSPIN 20 - Tier 2; PA*; SP; QL NUTROPIN AQ NUSPIN 5 - Tier 2; PA*; SP; QL OMNITROPE - Tier 2; PA*; SP; QL <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA</i> SAIZEN - Tier 2; PA*; SP; QL SEROSTIM - Tier 2; PA*; SP; QL ZOMACTON - Tier 2; PA*; SP; QL </p>
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

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i>	CERVIDIL - Tier 2; PA PREPIDIL - Tier 2; PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1</i>	<i>MIFEPREX (brand for mifepristone) - Tier 2; PA</i>
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
ANDRODERM - Tier 2; PA; QL <i>danazol oral - Tier 1; QL</i> <i>DEPO-TESTOSTERONE (brand for testosterone cypionate) - Tier 2; PA; QL</i> <i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i> <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL</i> <i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i>	<i>ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL</i> AVEED - Tier 2; PA*; QL <i>FORTESTA (brand for testosterone) - Tier 2; PA; QL</i> JATENZO - Tier 2; PA*; QL METHITEST - Tier 2; PA*; QL <i>methyltestosterone oral - Tier 1; PA*; QL</i> NATESTO - Tier 2; PA* TESTOPEL - Tier 2; PA*; QL <i>testosterone enanthate intramuscular - Tier 1; PA*; QL</i> <i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA*; QL</i> <i>testosterone transdermal gel 10 mg/lact (2%) (generic for FORTESTA) - Tier 1; PA*; QL</i>

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

Preferred Agents

Non-Preferred Agents

	<p><i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%) - Tier 1; PA*; QL</i> <i>testosterone transdermal solution - Tier 1; PA*</i> TLANDO - Tier 2; PA* VOGELXO (brand for testosterone) - Tier 2; PA; QL VOGELXO PUMP (brand for testosterone) - Tier 2; PA; QL XYOSTED - Tier 2; PA*; QL</p>
--	---

Estrogens

<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; QL; AL</i> <i>altavera (generic for ALTAVERA) - Tier 1; QL; AL</i> <i>alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL; AL</i> <i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; AL</i> <i>amabelz (generic for AMABELZ) - Tier 1; QL</i> <i>amethia oral tablet 0.15-0.03 & 0.01 mg (generic for ASHLYNA) - Tier 1; QL; AL</i> <i>amethyst (generic for AMETHYST) - Tier 1; QL; AL</i> ANGELIQ - Tier 2; QL ANNOVERA - Tier 2; QL <i>apri - Tier 1; QL; AL</i> <i>aranelle - Tier 1; QL; AL</i> <i>ashlyna (generic for ASHLYNA) - Tier 1; QL; AL</i> <i>aubra eq (generic for AFIRMELLE) - Tier 1; QL; AL</i></p>	<p><i>ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL</i> <i>ALORA (brand for estradiol) - Tier 2; PA; QL</i> <i>BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL; AL</i> BIJUVA CAPSULE 1-100 MG ORAL - Tier 2; PA*; QL BIJUVA CAPSULE 1-100 MG ORAL - Tier 2; PA; QL BIJUVA ORAL CAPSULE 0.5-100 MG - Tier 2; PA; QL; AL <i>CLIMARA (brand for estradiol) - Tier 2; PA; QL</i> <i>DELESTROGEN (brand for estradiol valerate) - Tier 2; PA</i> <i>DIVIGEL (brand for estradiol) - Tier 2; PA; QL</i> ELESTRIN - Tier 2; PA* <i>ESTRACE (brand for estradiol) - Tier 2; PA; QL</i> <i>estradiol gel 0.25 mg/0.25gm transdermal (generic for DIVIGEL) - Tier 1; PA*; QL</i></p>
--	--

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

Preferred Agents

aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; AL
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; AL
aurovela 24 fe - Tier 1; QL; AL
aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; AL
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; AL
aviane (generic for AFIRMELLE) - Tier 1; QL; AL
ayuna (generic for ALTAVERA) - Tier 1; QL; AL
azurette (generic for AZURETTE) - Tier 1; QL; AL
balziva (generic for BALZIVA) - Tier 1; QL; AL
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; QL; AL
blisovi 24 fe - Tier 1; QL; AL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; AL
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; AL
briellyn (generic for BALZIVA) - Tier 1; QL; AL

camrese (generic for ASHLYNA) - Tier 1; QL; AL
camrese lo (generic for CAMRESE LO) - Tier 1; QL; AL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; AL
chateal eq (generic for ALTAVERA) - Tier 1; QL; AL
CLIMARA PRO - Tier 2; QL
COMBIPATCH - Tier 2; QL
cryselle-28 - Tier 1; QL; AL
cyred eq - Tier 1; QL; AL
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; AL
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; AL
daysee (generic for ASHLYNA) - Tier 1; QL; AL
delyla (generic for AFIRMELLE) - Tier 1; QL; AL
DEPO-ESTRADIOL - Tier 2

Non-Preferred Agents

estradiol gel 0.25 mg/0.25gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL
estradiol gel 0.5 mg/0.5gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL*
estradiol gel 0.5 mg/0.5gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL
estradiol gel 0.75 mg/0.75gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL*
estradiol gel 0.75 mg/0.75gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL
estradiol gel 1 mg/gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL*
estradiol gel 1 mg/gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL
estradiol gel 1.25 mg/1.25gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL*

estradiol gel 1.25 mg/1.25gm transdermal (generic for DIVIGEL) - Tier 1; PA; QL
EVAMIST - Tier 2; PA*; QL
FEMRING - Tier 2; PA*; QL
MENOSTAR - Tier 2; PA*; QL
MINIVELLE (brand for estradiol) - Tier 2; PA; QL
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) (generic for AZURETTE) - Tier 1; QL; AL
dolishale (generic for AMETHYST) - Tier 1; QL; AL
dotti (generic for DOTTI) - Tier 1; QL
drospiren-eth estrad-levomefol (generic for BEYAZ) - Tier 1; QL; AL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL; AL
DUAVEE - Tier 2; PA; QL
elinet - Tier 1; QL; AL
eluryng (generic for ELURYNG) - Tier 1; QL; AL
enilloring (generic for ELURYNG) - Tier 1; QL; AL
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; AL
enskyce - Tier 1; QL; AL
estarylla (generic for ESTARYLLA) - Tier 1; QL; AL
estradiol oral (generic for ESTRACE) - Tier 1; QL
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; QL
estradiol valerate intramuscular (generic for DELESTROGEN) - Tier 1
estradiol-norethindrone acet (generic for AMABELZ) - Tier 1; QL
ESTRING - Tier 2; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL; AL
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; AL
falmina (generic for AFIRMELLE) - Tier 1; QL; AL
finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; AL
fyavolv (generic for FYAVOLV) - Tier 1; QL
gemmily (generic for GEMMILY) - Tier 1; QL; AL

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

Preferred Agents**Non-Preferred Agents**

hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; AL
hailey 24 fe - Tier 1; QL; AL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; AL
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; AL
haloette (generic for ELURYNG) - Tier 1; QL; AL
iclevia (generic for ICLEVIA) - Tier 1; QL; AL
introvale (generic for ICLEVIA) - Tier 1; QL; AL
isibloom - Tier 1; QL; AL
jaimiess (generic for ASHLYNA) - Tier 1; QL; AL
jasmiel (generic for JASMIEL) - Tier 1; QL; AL
jinteli (generic for FYAVOLV) - Tier 1; QL
jolessa (generic for ICLEVIA) - Tier 1; QL; AL
joyeaux (generic for JOYEAUX) - Tier 1; QL; AL
juleber - Tier 1; QL; AL
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; AL
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; AL
junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL; AL
kaitlib fe (generic for KAITLIB FE) - Tier 1; QL; AL
kalliga - Tier 1; QL; AL
kariva (generic for AZURETTE) - Tier 1; QL; AL
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; AL
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; AL
kurvelo (generic for ALTAVERA) - Tier 1; QL; AL
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; AL
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; AL
larin 24 fe - Tier 1; QL; AL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; AL
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; AL

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

Preferred Agents**Non-Preferred Agents**

layolis fe (generic for KAITLIB FE) - Tier 1; QL; AL
leena - Tier 1; QL; AL
lessina (generic for AFIRMELLE) - Tier 1; QL; AL
levonest (generic for ENPRESSE-28) - Tier 1; QL; AL
levonorgest-eth est & eth est (generic for RIVELSA) - Tier 1; QL; AL
levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; QL; AL
levonorgest-eth estradiol-iron (generic for JOYEAUX) - Tier 1; QL; AL
levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1; QL; AL
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; AL
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; AL
LO LOESTRIN FE - Tier 2; QL; AL
LOESTRIN 1.5/30 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; QL; AL
LOESTRIN 1/20 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; QL; AL
LOESTRIN FE 1.5/30 (brand for norethin ace-eth estrad-fe) - Tier 2; QL; AL
LOESTRIN FE 1/20 (brand for norethin ace-eth estrad-fe) - Tier 2; QL; AL
lojaimiess (generic for CAMRESE LO) - Tier 1; QL; AL
loryna (generic for JASMIEL) - Tier 1; QL; AL
low-ogestrel - Tier 1; QL; AL
lo-zumandimine (generic for JASMIEL) - Tier 1; QL; AL
luteru (generic for AFIRMELLE) - Tier 1; QL; AL
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL; AL
MENEST - Tier 2; QL

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

Preferred Agents**Non-Preferred Agents**

merzee (generic for GEMMILY) - Tier 1; QL; AL
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; AL
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; AL
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; AL
microgestin 24 fe - Tier 1; QL; AL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; AL
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; AL
mili (generic for ESTARYLLA) - Tier 1; QL; AL
mimvey (generic for MIMVEY) - Tier 1; QL
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)
(brand for norethin ace-eth estrad-fe) - Tier 2; QL; AL
mono-lynyah (generic for ESTARYLLA) - Tier 1; QL; AL
NATAZIA - Tier 2; QL; AL
necon 0.5/35 (28) - Tier 1; QL; AL
nikki (generic for JASMIEL) - Tier 1; QL; AL
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; AL
norethin ace-eth estrad-fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL; AL
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; AL
norethindrone-eth estradiol (generic for FYAVOLV) - Tier 1; QL
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL; AL
norethin-eth estradiol-fe (generic for KAITLIB FE) - Tier 1; QL; AL
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL; AL
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; AL
nortrel 0.5/35 (28) - Tier 1; QL; AL

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

Preferred Agents**Non-Preferred Agents**

nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL; AL
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL; AL
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; AL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; QL; AL
nylia 1/35 (generic for DASETTA 1/35) - Tier 1; QL; AL
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; AL
nymyo (generic for ESTARYLLA) - Tier 1; QL; AL
ocella (generic for OCELLA) - Tier 1; QL; AL
philith (generic for BALZIVA) - Tier 1; QL; AL
pimtrea (generic for AZURETTE) - Tier 1; QL; AL
portia-28 (generic for ALTAVERA) - Tier 1; QL; AL
PREMARIN ORAL - Tier 2; QL
PREMARIN VAGINAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL; AL
rivelsa (generic for RIVELSA) - Tier 1; QL; AL
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; QL; AL
setlakin (generic for ICLEVIA) - Tier 1; QL; AL
simliya (generic for AZURETTE) - Tier 1; QL; AL
simpesse (generic for ASHLYNA) - Tier 1; QL; AL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; AL
sronyx (generic for AFIRMELLE) - Tier 1; QL; AL
syeda (generic for OCELLA) - Tier 1; QL; AL
tarina 24 fe - Tier 1; QL; AL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; AL
taysofy (generic for GEMMILY) - Tier 1; QL; AL
TAYTULLA (brand for norethin ace-eth estrad-fe) - Tier 2; QL; AL

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

Preferred Agents

tilia fe (generic for TILIA FE) - Tier 1; QL; AL
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; AL
tri-legest fe (generic for TILIA FE) - Tier 1; QL; AL
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL; AL
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; AL
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; AL
tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; AL
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; AL
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL; AL
tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; QL; AL
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; AL
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL; AL
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL; AL
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; AL
turqoz - Tier 1; QL; AL
TYBLUME - Tier 2; QL; AL
tydemy (generic for TYDEMY) - Tier 1; QL; AL
velivet - Tier 1; QL; AL
vestura (generic for JASMIEL) - Tier 1; QL; AL
vienva (generic for AFIRMELLE) - Tier 1; QL; AL
viorele (generic for AZURETTE) - Tier 1; QL; AL
volnea (generic for AZURETTE) - Tier 1; QL; AL
vyfemla (generic for BALZIVA) - Tier 1; QL; AL
vylibra (generic for ESTARYLLA) - Tier 1; QL; AL
wera - Tier 1; QL; AL
wymzya fe (generic for WYMZYA FE) - Tier 1; QL; AL
xulane (generic for XULANE) - Tier 1; QL; AL
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; QL; AL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; QL; AL yuvafem (generic for YUVAFEM) - Tier 1; QL zafemy (generic for XULANE) - Tier 1; QL; AL zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; AL zumandimine (generic for OCELLA) - Tier 1; QL; AL</p>	

Progestins

<p>camila (generic for CAMILA) - Tier 1; QL; AL debilitane (generic for CAMILA) - Tier 1; QL; AL DEPO-PROVERA (brand for medroxyprogesterone acetate) - Tier 2; QL; AL DEPO-SUBQ PROVERA 104 - Tier 2; QL; AL ELLA - Tier 2; QL; AL errin (generic for CAMILA) - Tier 1; QL; AL heather (generic for CAMILA) - Tier 1; QL; AL incassia (generic for CAMILA) - Tier 1; QL; AL jencycla (generic for CAMILA) - Tier 1; QL; AL KYLEENA - Tier 2; QL; AL LILETTA (52 MG) - Tier 2; QL; AL lyleq (generic for CAMILA) - Tier 1; QL; AL lyza (generic for CAMILA) - Tier 1; QL; AL</p>	<p>CRINONE - Tier 2; PA PROMETRIUM (brand for progesterone) - Tier 2; PA; QL PROVERA (brand for medroxyprogesterone acetate) - Tier 2; PA; QL</p>
--	---

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

Preferred Agents	Non-Preferred Agents
<p><i>medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; AL</i></p> <p><i>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i></p> <p><i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml - Tier 1; QL</i></p> <p><i>megestrol acetate oral tablet 20 mg - Tier 1</i></p> <p><i>megestrol acetate oral tablet 40 mg - Tier 1; QL</i></p> <p>MIRENA (52 MG) - Tier 2; QL; AL</p> <p>NEXPLANON - Tier 2; QL; AL</p> <p><i>nora-be (generic for CAMILA) - Tier 1; QL; AL</i></p> <p><i>norethindrone acetate oral - Tier 1; QL</i></p> <p><i>norethindrone oral (generic for CAMILA) - Tier 1; QL; AL</i></p> <p><i>norlyroc (generic for CAMILA) - Tier 1; QL; AL</i></p> <p><i>progesterone intramuscular - Tier 1</i></p> <p><i>progesterone oral (generic for PROMETRIUM) - Tier 1; QL</i></p> <p><i>sharobel (generic for CAMILA) - Tier 1; QL; AL</i></p> <p>SKYLA - Tier 2; QL; AL</p> <p>SLYND - Tier 2; QL</p>	
<p>Selective Estrogen Receptor Modifying Agents</p>	
<p><i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i></p>	<p><i>EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL</i></p> <p><i>OSPHENA - Tier 2; PA; QL; GE</i></p>

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Estrogens - Hormone Replacement/Modifying Drugs	
COVARYX (brand for est estrogens-methyltest) - Tier 2; QL COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; QL EEMT (brand for est estrogens-methyltest) - Tier 2; QL est estrogens-methyltest (generic for COVARYX) - Tier 1; QL est estrogens-methyltest ds (generic for COVARYX) - Tier 1; QL est estrogens-methyltest hs (generic for COVARYX HS) - Tier 1; QL TWIRLA - Tier 2; QL	
Progestins - Hormone Replacement/Modifying Drugs	
aftera (generic for AFTERA) - Tier 1; QL; AL curae (generic for AFTERA) - Tier 1; QL; AL econtra one-step (generic for AFTERA) - Tier 1; QL; AL her style (generic for AFTERA) - Tier 1; QL; AL levonorgestrel (generic for AFTERA) - Tier 1; QL; AL my choice (generic for AFTERA) - Tier 1; QL; AL my way (generic for AFTERA) - Tier 1; QL; AL new day (generic for AFTERA) - Tier 1; QL; AL opcicon one-step (generic for AFTERA) - Tier 1; QL; AL option 2 (generic for AFTERA) - Tier 1; QL; AL PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; AL react (generic for AFTERA) - Tier 1; QL; AL take action (generic for AFTERA) - Tier 1; QL; AL	

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	<i>CYTOMEL (brand for liothyronine sodium) - Tier 2; PA*; QL</i> <i>ERMEZA - Tier 2; PA*; QL</i> <i>LEVOTHYROXINE SODIUM ORAL CAPSULE (brand for levothyroxine sodium) - Tier 2; PA*; QL</i> <i>SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>THYQUIDITY - Tier 2; PA*; QL</i> <i>TIROSINT (brand for levothyroxine sodium) - Tier 2; PA*; QL</i> <i>TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML - Tier 2; PA*; QL</i> <i>TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML - Tier 2; PA*</i>
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
<i>ADTHYZA (brand for thyroid) - Tier 2; QL</i> <i>ARMOUR THYROID (brand for thyroid) - Tier 2; QL</i> <i>NIVA THYROID (brand for thyroid) - Tier 2; QL</i> <i>np thyroid (generic for NP THYROID) - Tier 1; QL</i> <i>thyroid oral (generic for NP THYROID) - Tier 1; QL</i>	
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; PA; QL	

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary)	
<p> <i>cabergoline</i> - Tier 1; QL ELIGARD - Tier 2; PA; SP; QL FENSOLVI (6 MONTH) - Tier 2; PA; SP LEUPROLIDE ACETATE (3 MONTH) - Tier 2; PA; SP; QL <i>leuprolide acetate injection</i> - Tier 1; PA; SP; QL LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL MYCAPSSA - Tier 2; PA; SP; QL <i>octreotide acetate (generic for SANDOSTATIN)</i> - Tier 1; PA; SP; QL ORIAHNN - Tier 2; PA; QL ORLISSA - Tier 2; PA SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL SUPPRELIN LA - Tier 2; PA SYNAREL - Tier 2; PA TRELSTAR MIXJECT - Tier 2; PA </p>	<p> <i>SANDOSTATIN (brand for octreotide acetate)</i> - Tier 2; PA; SP; QL TRIPTODUR - Tier 2; PA; SP; QL </p>
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<p> <i>methimazole oral</i> - Tier 1; QL <i>propylthiouracil oral</i> - Tier 1; QL </p>	

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

Preferred Agents	Non-Preferred Agents
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; SP; QL
Immunological Agents	
Immunoglobulins	
	GAMUNEX-C INJECTION SOLUTION 40 GM/400ML - Tier 2; PA HYPERRAB INJECTION SOLUTION 900 UNIT/3ML - Tier 2; PA
Immunological Agents, Other	
BENLYSTA INTRAVENOUS - Tier 2; PA; QL BENLYSTA SUBCUTANEOUS - Tier 2; PA; SP; QL DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR - Tier 2; PA; SP; QL DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML - Tier 2; PA; SP; QL DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL; AL GRASTEK - Tier 2; PA; QL ODACTRA - Tier 2; PA; QL ORALAIR - Tier 2; PA; QL; AL ORALAIR ADULT STARTER PACK - Tier 2; PA; QL; AL ORALAIR CHILDRENS STARTER PACK - Tier 2; PA; QL; AL RAGWITEK - Tier 2; PA; QL	ACTEMRA - Tier 2; PA*; SP; QL ACTEMRA ACTPEN - Tier 2; PA*; SP; QL ADBRY - Tier 2; PA; SP; QL ARCALYST - Tier 2; PA*; SP; QL COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML - Tier 2; PA COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA*; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA*; SP; QL COSENTYX UNOREADY - Tier 2; PA*; QL ENTYVIO INTRAVENOUS - Tier 2; PA*; SP; QL ENTYVIO SUBCUTANEOUS - Tier 2; PA* ILARIS - Tier 2; PA*; SP; QL ILUMYA - Tier 2; PA*; SP; QL

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

Preferred Agents	Non-Preferred Agents
RIDAURA - Tier 2; QL SYNAGIS - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL	KEVZARA - Tier 2; PA*; SP; QL KINERET - Tier 2; PA*; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA*; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA* ORENCIA - Tier 2; PA*; SP; QL ORENCIA CLICKJECT - Tier 2; PA*; SP; QL OTEZLA - Tier 2; PA*; SP; QL RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 45 MG - Tier 2; PA*; SP; QL RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG - Tier 2; PA*; SP SILIQ - Tier 2; PA*; SP; QL SKYRIZI PEN - Tier 2; PA*; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA*; SP; QL STELARA - Tier 2; PA*; SP; QL TALTZ - Tier 2; PA*; SP; QL TREMFYA - Tier 2; PA*; SP; QL XELJANZ - Tier 2; PA*; SP; QL XELJANZ XR - Tier 2; PA*; SP; QL XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA
Immunostimulants	PEGASYS - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

Immunosuppressants

azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL
CELLCEPT ORAL SUSPENSION RECONSTITUTED (brand for mycophenolate mofetil) - Tier 2; QL
cyclosporine modified oral capsule 100 mg, 25 mg (generic for GENGRAF) - Tier 1; QL
cyclosporine modified oral solution (generic for GENGRAF) - Tier 1; QL
cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL
 ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML - Tier 2; PA; SP; QL
 ENBREL SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; Sureclick Preferred, Mini Non-Preferred; SP; QL
 ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL

gengraf (generic for GENGRAF) - Tier 1; QL
 HUMIRA (2 PEN) - Tier 2; PA; SP; QL
 HUMIRA (2 SYRINGE) - Tier 2; PA; SP; QL
 HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML - Tier 2; PA; SP; QL
 HUMIRA-PED<40KG CROHNS STARTER - Tier 2; PA; SP; QL
 HUMIRA-PED>=40KG CROHNS START - Tier 2; PA; SP; QL
 HUMIRA-PED>=40KG UC STARTER - Tier 2; PA; SP; QL
 HUMIRA-PSORIASIS/UEIT STARTER - 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
 PROGRAF INTRAVENOUS - Tier 2; PA

ARAVA (brand for leflunomide) - Tier 2; PA; QL
 ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG - Tier 2; PA; QL
 ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG - Tier 2; PA
 AVSOLA - Tier 2; PA*
 AZASAN (brand for azathioprine) - Tier 2; PA
azathioprine oral tablet 100 mg, 75 mg (generic for AZASAN) - Tier 1; PA
CELLCEPT ORAL CAPSULE (brand for mycophenolate mofetil) - Tier 2; PA; QL
CELLCEPT ORAL TABLET (brand for mycophenolate mofetil) - Tier 2; PA; QL
 CIMZIA VIAL KIT - Tier 2; PA*; SP; QL

 CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA*; SP; QL
cyclosporine modified oral capsule 50 mg - Tier 1; PA
 ENBREL SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; Sureclick Preferred, Mini Non-Preferred; SP; QL
 ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG - Tier 2; PA; QL
 ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG - Tier 2; PA
*everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; PA**
IMURAN (brand for azathioprine) - Tier 2; PA; QL
 INFLECTRA - Tier 2; PA*; SP; QL
INFLIXIMAB (brand for infliximab) - Tier 2; PA; SP; QL*

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

Preferred Agents

RAPAMUNE ORAL SOLUTION (brand for sirolimus) - Tier 2; PA
 RAPAMUNE ORAL TABLET 0.5 MG (brand for sirolimus) - Tier 2; QL
 RAPAMUNE ORAL TABLET 1 MG, 2 MG (brand for sirolimus) - Tier 2
 RASUVO - Tier 2; PA; QL
 sirolimus oral solution (generic for RAPAMUNE) - Tier 1; PA
 sirolimus oral tablet 0.5 mg (generic for RAPAMUNE) - Tier 1; QL
 sirolimus oral tablet 1 mg, 2 mg (generic for RAPAMUNE) - Tier 1
 tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1
 tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL
 TREXALL - Tier 2
 XATMEP - Tier 2; QL

Non-Preferred Agents

JYLAMVO - Tier 2; PA
 mycophenolate sodium (generic for MYFORTIC) - Tier 1; PA; QL
 mycophenolic acid (generic for MYFORTIC) - Tier 1; PA; QL
 MYFORTIC (brand for mycophenolate sodium) - Tier 2; PA; QL
 NEORAL (brand for cyclosporine modified) - Tier 2; PA; QL
 OTREXUP - Tier 2; PA; QL
 PROGRAF ORAL CAPSULE 0.5 MG, 5 MG (brand for tacrolimus) - Tier 2; PA
 PROGRAF ORAL CAPSULE 1 MG (brand for tacrolimus) - Tier 2; PA; QL
 PROGRAF ORAL PACKET - Tier 2; PA
 REMICADE (brand for infliximab) - Tier 2; PA*; SP; QL
 RENFLEXIS - Tier 2; PA*; SP; QL
 SANDIMMUNE ORAL (brand for cyclosporine) - Tier 2; PA; QL
 SIMPONI - Tier 2; PA*; SP; QL
 SIMPONI ARIA - Tier 2; PA*; SP; QL
 ZORTRESS (brand for everolimus) - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

Vaccines

ACTHIB - Tier 2; QL
 ADACEL - Tier 2; QL
 BEXSERO - Tier 2; QL
 BOOSTRIX - Tier 2; QL
 DAPTACEL - Tier 2; QL
 ENGERIX-B - Tier 2; QL
 GARDASIL 9 - Tier 2; QL
 HAVRIX - Tier 2; QL
 HIBERIX - Tier 2; QL
 INFANRIX - Tier 2; QL
 IPOL - Tier 2; QL
 IXIARO - Tier 2
 MENQUADFI - Tier 2; QL
 MENVEO - Tier 2; QL
 M-M-R II - Tier 2; QL
 PEDIARIX - Tier 2; QL
 PEDVAX HIB - Tier 2; QL
 PENTACEL - Tier 2; QL
 PREHEVBRIO - Tier 2; QL
 PRIORIX - Tier 2; QL
 PROQUAD - Tier 2; QL
 QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL
 RECOMBIVAX HB - Tier 2; QL
 ROTATEQ - Tier 2; QL
 SHINGRIX - Tier 2; QL; AL
 STAMARIL - Tier 2
TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TENIVAC - Tier 2; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL</i> TRUMENBA - Tier 2; QL TWINRIX - Tier 2; QL TYPHIM VI - Tier 2 VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXNEUVANCE - Tier 2; QL YF-VAX - Tier 2</p>	
<p>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</p>	
<p>Vaccines</p>	
<p>AFLURIA QUADRIVALENT - Tier 2; QL BIOTHRAX - Tier 2 DENG VAXIA - Tier 2; QL FLUAD QUADRIVALENT - Tier 2; QL FLUARIX QUADRIVALENT - Tier 2; QL FLUBLOK QUADRIVALENT - Tier 2; QL FLUCELVAX QUADRIVALENT - Tier 2; QL FLULAVAL QUADRIVALENT - Tier 2; QL FLUMIST QUADRIVALENT - Tier 2; QL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL FLUZONE QUADRIVALENT - Tier 2; QL HEPLISAV-B - Tier 2; AL HYPERTET - Tier 2; QL NOVAVAX COVID-19 VACCINE - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 13 - Tier 2; QL PREVNAR 20 - Tier 2; QL VAXCHORA - Tier 2 VIVOTIF - Tier 2</p>	

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

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

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

Aminosalicylates	
<p><i>APRISO (brand for mesalamine er) - Tier 2; QL</i> <i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; QL</i> <i>LIALDA (brand for mesalamine) - Tier 2; QL</i> <i>mesalamine er (generic for APRISO) - Tier 1; QL</i> <i>mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL</i> <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; QL</i> <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i></p>	<p><i>AZULFIDINE (brand for sulfasalazine) - Tier 2; PA; QL</i> <i>AZULFIDINE EN-TABS (brand for sulfasalazine) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> <i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> <i>DIPENTUM - Tier 2; PA*; QL</i> <i>mesalamine oral tablet delayed release 800 mg - Tier 1; PA*; QL</i> <i>mesalamine-cleanser (generic for ROWASA) - Tier 1; PA; QL</i> <i>ROWASA (brand for mesalamine-cleanser) - Tier 2; PA; QL</i> <i>SFROWASA - Tier 2; PA*; QL</i></p>

Glucocorticoids	
<p><i>budesonide er (generic for UCERIS) - Tier 1; QL</i> <i>budesonide oral - Tier 1; QL</i> <i>hydrocortisone (perianal) (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>TARPEYO - Tier 2; PA</i> <i>UCERIS ORAL (brand for budesonide er) - Tier 2; QL</i></p>	<p><i>ANUSOL-HC EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; PA; QL</i> <i>budesonide rectal (generic for UCERIS) - Tier 1; PA*; QL</i> <i>CORTENEMA (brand for hydrocortisone) - Tier 2; PA</i> <i>CORTIFOAM - Tier 2; PA*; QL</i> <i>EOHILIA - Tier 2; PA</i> <i>PROCTOCORT EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; PA; QL</i> <i>UCERIS RECTAL (brand for budesonide) - Tier 2; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents	
<p><i>alendronate sodium (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) injection (generic for MIACALCIN) - Tier 1; PA; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; QL; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; QL</i> <i>ibandronate sodium oral - Tier 1; QL</i> <i>teriparatide (generic for FORTEO) - Tier 1; PA; SP; QL; AL</i> <i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml (generic for FORTEO) - Tier 1; PA; SP; QL; AL</i> TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL; AL XGEVA - Tier 2; PA <i>zoledronic acid intravenous concentrate - Tier 1; PA; QL</i> <i>zoledronic acid intravenous solution (generic for RECLAST) - Tier 1; PA</i></p>	<p><i>ACTONEL (brand for risedronate sodium) - Tier 2; PA; QL</i> <i>ATELVIA (brand for risedronate sodium) - Tier 2; PA; QL</i> BINOSTO - Tier 2; PA; QL <i>doxercalciferol oral - Tier 1; PA</i> EVENITY - Tier 2; PA; QL <i>FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL; AL</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i> FOSAMAX PLUS D - Tier 2; PA; QL <i>MIACALCIN (brand for calcitonin (salmon)) - Tier 2; PA; QL</i> <i>paricalcitol oral (generic for ZEMPLAR) - Tier 1; PA</i> RAYALDEE - Tier 2; PA; QL <i>RECLAST (brand for zoledronic acid) - Tier 2; PA</i> <i>risedronate sodium (generic for ACTONEL) - Tier 1; PA*; QL</i> <i>ROCALTROL ORAL CAPSULE (brand for calcitriol) - Tier 2; PA; QL</i> <i>ROCALTROL ORAL SOLUTION (brand for calcitriol) - Tier 2; PA; QL; AL</i> <i>SENSIPAR (brand for cinacalcet hcl) - Tier 2; PA; QL</i> TYMLOS - Tier 2; PA; SP; QL <i>ZEMPLAR ORAL (brand for paricalcitol) - Tier 2; PA</i></p>

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

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; AL</p> <p>AKEEGA - Tier 2; PA; SP; QL; AL</p> <p>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</p> <p>ALCOHOL PREP PADS SHEET 70 % - Tier 2; QL</p> <p>ALCOH-WIPE - Tier 2; QL</p> <p>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</p> <p>antibiotic external ointment 500 unit/gm - Tier 1</p> <p>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL</p> <p>antifungal tolnaftate (generic for TINACTIN) - Tier 1; QL</p> <p>APHEXDA - Tier 2; PA</p> <p>AREXVY - Tier 2; AL</p> <p>aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</p> <p>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</p> <p>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p> <p>aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</p> <p>aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</p> <p>aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p>	<p>ABILIFY MYCITE MAINTENANCE KIT - Tier 2; PA</p> <p>ABILIFY MYCITE STARTER KIT - Tier 2; PA</p> <p>ABRILADA (1 PEN) - Tier 2; PA; SP; QL</p> <p>ABRILADA (2 PEN) - Tier 2; PA; SP; QL</p> <p>ABRILADA (2 SYRINGE) - Tier 2; PA; SP; QL</p> <p>ACCU-CHEK TENDER 1 INFUSION - Tier 2; PA</p> <p>ACE AEROSOL CLOUD ENHANCER (brand for adult aerosol mask) - Tier 2; PA; QL</p> <p>ACTIFOAM COLLAGEN SPONGE - Tier 2; PA</p> <p>ADALIMUMAB-AACF (2 PEN) (brand for adalimumab-aacf (2 pen)) - Tier 2; PA</p> <p>ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (brand for adalimumab-adaz) - Tier 2; PA; SP</p> <p>ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for adalimumab-adaz) - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-ADBIM (2 PEN) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP</p> <p>ADALIMUMAB-ADBIM (2 SYRINGE) (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-ADBIM(CDI/UC/HS STRT) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP</p> <p>ADALIMUMAB-ADBIM(PS/UV STARTER) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP</p> <p>ADALIMUMAB-FKJP (brand for adalimumab-fkjp) - Tier 2; PA</p> <p>ADULT AEROSOL MASK (brand for adult aerosol mask) - Tier 2; PA; QL</p> <p>AEROCHAMBER HOLDING CHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL</p>

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

Preferred Agents

ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL
AUGTYRO - Tier 2; PA; SP; QL
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin external ointment 500 unit/gm - Tier 1
bacitracin zinc external - Tier 1
bacitracin zinc first aid - Tier 1
bacitracin zinc-aloe - Tier 1
BAYER ASPIRIN (brand for aspirin) - Tier 2; QL

BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
BD ECLIPSE LUER-LOK NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL
BD ECLIPSE NEEDLE 21G X 1" , 21G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2" (brand for carepoint poly hub needle) - Tier 2; QL
BD ECLIPSE NEEDLE 25G X 1-1/2" (brand for carepoint safety 1st needle) - Tier 2; QL
BD SAFETYGLIDE NEEDLE 21G X 1" (brand for carepoint poly hub needle) - Tier 2; QL
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" (brand for carepoint poly hub needle) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; QL

Non-Preferred Agents

AEROCHAMBER PLS FLOVU MTHPIECE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
AEROCHAMBER PLUS FLO-VU INTERM (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
AEROECLIPSE EZ TWIST TUBING (brand for adult aerosol mask) - Tier 2; PA; QL
AEROECLIPSE MASK LARGE (brand for adult aerosol mask) - Tier 2; PA; QL
AEROECLIPSE MASK MEDIUM (brand for adult aerosol mask) - Tier 2; PA; QL
AEROECLIPSE MASK SMALL (brand for adult aerosol mask) - Tier 2; PA; QL
AGAMREE - Tier 2; PA
AIRDUO DIGIHALER - Tier 2; PA; QL
AIRSUPRA - Tier 2; PA*; QL
ALVAIZ - Tier 2; PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; SP; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML - Tier 2; PA; SP

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

Preferred Agents	Non-Preferred Agents
<p><i>BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; QL</i></p>	<p>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP; QL</p>
<p><i>BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL</i></p>	<p>AMJEVITA-PED 10KG TO <15KG - Tier 2; PA; SP; QL</p>
<p><i>bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL</i></p>	<p>AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML - Tier 2; PA; SP</p>
<p><i>bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i></p>	<p>AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML - Tier 2; PA; SP; QL</p>
<p><i>bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL</i></p>	<p>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; PA; QL</p>
<p><i>bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL</i></p>	<p>AQ INSULIN SYRINGE (brand for aq insulin syringe) - Tier 2; PA; QL</p>
<p><i>BREATHE COMFORT HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL</i></p>	<p>AQINJECT PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL</p>
<p><i>BREATHE EASE HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL</i></p>	<p>ARMONAIR DIGIHALER - Tier 2; PA; QL</p>
<p>CALQUENCE - Tier 2; PA; SP</p>	<p>ASPARTAME (FOR COMPOUNDING) (brand for aspartame (for compounding)) - Tier 2; PA</p>
<p>CAMCEVI - Tier 2; PA</p>	<p>ASPARTAME (NUTRASWEET) (brand for aspartame (for compounding)) - Tier 2; PA</p>
<p>CAMZYOS - Tier 2; PA</p>	<p>ASSURE ID DUO PRO PEN NEEDLES (brand for aqinject pen needle) - Tier 2; PA; QL</p>
<p><i>CANTHARIDIN EXTERNAL (brand for cantharidin) - Tier 2; PA; QL</i></p>	<p>ASSURE ID PRO PEN NEEDLES (brand for pen needles) - Tier 2; PA</p>
<p><i>CAREPOINT POLY HUB NEEDLE 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</i></p>	<p>AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA</p>
<p><i>CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" - Tier 2; QL</i></p>	<p>AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL</p>
<p><i>CAREPOINT SAFETY 1ST NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL</i></p>	<p>AUM MINI INSULIN PEN NEEDLE 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA</p>
<p><i>CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL</i></p>	<p>AUM PEN NEEDLE 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA</p>
<p><i>CARETOUCH HYPODERMIC NEEDLE 20G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" , 25G X 1-1/2"	AUM SAFETY PEN NEEDLE 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA
(brand for carepoint safety 1st needle) - Tier 2; QL	AUM SAFETY PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle)
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" (brand for hypodermic needle) - Tier 2; QL	- Tier 2; PA; QL
CAYA - Tier 2; QL	AUVELITY - Tier 2; PA; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL	AVITENE - Tier 2; PA
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL	AVITENE FLOUR - Tier 2; PA
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL	BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2	BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; PA; QL
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL	BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL
COMIRNATY - Tier 2; QL	BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (brand for insulin syringe-needle u-100) - Tier 2; PA; QL
COOL MIST HUMIDIFER (brand for breathe ease humidifier) - Tier 2; 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
COOL MIST HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL	BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL
COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2	BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL
COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2	BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2	BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL	BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for gnp ulticare pen needles) - Tier 2; PA; QL
COVID-19 SPECIMEN COLLECTION - Tier 2; QL	BENZOYL PEROXIDE EXTERNAL GEL 8 % - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
<p>darunavir (generic for PREZISTA) - Tier 1; QL DEXCOM G6 TRANSMITTER - Tier 2; PA; QL DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2 double antibiotic external ointment 500-10000 unit/gm (generic for NEOSPORIN) - Tier 1 DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2 FC2 FEMALE CONDOM - Tier 2; QL FLOW-EZE VENTED NEEDLE - Tier 2; QL FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL folic acid injection solution 5 mg/ml - Tier 1; PA; QL folic acid oral tablet 1 mg - Tier 1; QL folic acid oral tablet 800 mcg - Tier 1</p>	<p>BIGFOOT UNITY PROGRAM (brand for diabetes monitor digit add-on) - Tier 2; PA BILAYER MATRIX WOUND DRESSING - Tier 2; PA BIMZELX - Tier 2; PA BLUESTAR - Tier 2; PA BREATHE COMFORT CHAMBER/ADULT (brand for breathe comfort chamber/adult) - Tier 2; PA; QL BREATHE COMFORT CHAMBER/CHILD (brand for breathe comfort chamber/adult) - Tier 2; PA; QL BREATHE EASE NEB MASK/CHILD (brand for adult aerosol mask) - Tier 2; PA; QL BREATHE EASE NEB MASK/INFANT (brand for adult aerosol mask) - Tier 2; PA; QL BREXAFEMME - Tier 2; PA; QL BRIUMVI - Tier 2; PA BUBBLES THE FISH II PEDI MASK (brand for adult aerosol mask) - Tier 2; PA; QL CARETOUCH 2 CPAP HOSE HANGER (brand for adult aerosol mask) - Tier 2; PA; QL CARETOUCH CPAP & BIPAP HOSE (brand for adult aerosol mask) - Tier 2; PA; QL CARETOUCH CPAP MASK WIPES (brand for adult aerosol mask) - Tier 2; PA; QL CARETOUCH CPAP PRE-WASH SOLN (brand for adult aerosol mask) - Tier 2; PA; QL CARETOUCH CPAP TUBE BRUSH (brand for adult aerosol mask) - Tier 2; PA; QL</p>

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

Preferred Agents

FRUZAQLA - Tier 2; PA
 ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
 ft aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
 ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
 ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
 ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
 ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
 fungi-guard (generic for TINACTIN) - Tier 1; QL
 gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
 gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
 genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
 h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
 heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml (generic for BD HEPARIN POSIFLUSH) - Tier 1; PA
 heparin sod (pork) lock flush - Tier 1; PA
 HEPMED - Tier 2; PA; QL
 HYFTOR - Tier 2; PA; QL
 hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
 hyoscyamine sulfate oral elixir - Tier 1; QL
 hyoscyamine sulfate oral solution - Tier 1; QL
 hyoscyamine sulfate oral tablet (generic for LEVSIN) - Tier 1; QL
 hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL
 hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
 hyoscyamine sulfate tablet dispersible 0.125 mg oral (generic for ANASPAZ) - Tier 1; QL
 hyosyne - Tier 1; QL

Non-Preferred Agents

CARETOUCH UNIVERSL CPAP FILTER (brand for adult aerosol mask) - Tier 2; PA; QL
 CEQUR SIMPLICITY 2U 10PK (brand for autopen) - Tier 2; PA
 COMFORT EZ PRO PEN NEEDLES 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA
 COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL
 CONDOMS - Tier 2; PA
 CONTOUR CONTROL SOLUTION (brand for control) - Tier 2; PA; QL
 CUVRIOR - Tier 2; PA; SP; QL
 CYLTEZO (2 PEN) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP
 CYLTEZO (2 SYRINGE) (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL
 CYLTEZO-CDI/UC/HS STARTER (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP
 CYLTEZO-PSORIASIS/UV STARTER (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP
 DEPLIN 15 (brand for l-methylfolate forte) - Tier 2; PA
 DEPLIN 7.5 (brand for l-methylfolate forte) - Tier 2; PA
 DIABETES MONITOR DIGIT ADD-ON (brand for diabetes monitor digit add-on) - Tier 2; PA
 DIABETES MONITOR DIGIT SOLN (brand for diabetes monitor digit add-on) - Tier 2; PA
 DROPSAFE SAFETY SYRINGE/NEEDLE (brand for aq insulin syringe) - Tier 2; PA; QL
 DUREX EXTRA SENSITIVE THIN (brand for aimsco lubricated) - Tier 2; PA

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

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
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
IWILFIN - Tier 2; PA; SP; QL
JAYPIRCA - Tier 2; PA; SP; QL
JESDUVROQ - Tier 2; PA; SP; QL
KRAZATI - Tier 2; PA; SP; 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
LYTGOBI (12 MG DAILY DOSE) - Tier 2; PA; SP; QL
LYTGOBI (16 MG DAILY DOSE) - Tier 2; PA; SP; QL
LYTGOBI (20 MG DAILY DOSE) - Tier 2; PA; SP; QL
MASK VORTEX/CHILD/FROG - Tier 2; QL
MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL
NEODOT THERMOMETER - Tier 2; QL
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OGSIVEO - Tier 2; PA; SP; QL

Non-Preferred Agents

DUROLANE - Tier 2; PA
EASYMAX CONTROL (brand for control) - Tier 2; PA; QL
EBASE CONTROLLER KIT (brand for adult aerosol mask) - Tier 2; PA; QL
ELFABRIO - Tier 2; PA; SP
EMBRACE PEN NEEDLES 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL
EMBRACE PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; PA
EMBRACE PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL
EMBRACE PEN NEEDLES 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL

EMBRACE PEN NEEDLES 31G X 8 MM (brand for gnp ulticare pen needles) - Tier 2; PA; QL
ENDO AVITENE - Tier 2; PA
ENTADFI - Tier 2; PA; QL; GE; AL
EVERSENSE E3 SMART TRANSMITTER - Tier 2; PA; QL
EVERSENSE SMART TRANSMITTER - Tier 2; PA; QL
FEMCAP - Tier 2; PA
FILTER AIR PP (brand for adult aerosol mask) - Tier 2; PA; QL
FLEXICHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
FLEXICHAMBER ADULT MASK/SMALL - Tier 2; PA; QL
FLEXICHAMBER CHILD MASK/LARGE - Tier 2; PA; QL
FLEXICHAMBER CHILD MASK/SMALL - Tier 2; PA; QL
FORTISCARE CONTROL (brand for control) - Tier 2; PA; QL

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

Preferred Agents

OMNIFLEX DIAPHRAGM - Tier 2
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
ONELAX (brand for bisacodyl) - Tier 2; QL
OPVEE - Tier 2; QL
ORSERDU - Tier 2; PA; SP; QL
OSCIMIN (brand for hyoscyamine sulfate) - Tier 2; QL
PALFORZIA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (120 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (160 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (200 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (240 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (3 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (300 MG MAINTENANCE) - Tier 2; PA; SP; QL
PALFORZIA (300 MG TITRATION) - Tier 2; PA; SP; QL
PALFORZIA (40 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (6 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (80 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA INITIAL ESCALATION - Tier 2; PA; SP; QL
PARAGARD INTRAUTERINE COPPER - Tier 2; QL; AL
PENBRAYA - Tier 2
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2

Non-Preferred Agents

FYLNETRA - Tier 2; PA*; SP
GELFILM EXTERNAL - Tier 2; PA
GELFOAM - Tier 2; PA
GELFOAM COMPRESSED SIZE 100 - Tier 2; PA
GELFOAM DENTAL PACK SIZE 4 - Tier 2; PA
GELFOAM SPONGE SIZE 200 - Tier 2; PA
GELFOAM SPONGE SIZE 50 - Tier 2; PA
GELSYN-3 - Tier 2; PA
GENADUR COMBINATION - Tier 2; PA
GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION HIGH (brand for diatruce control level 3) - Tier 2; PA; QL
GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION LOW (brand for diatruce control level 1) - Tier 2; PA; QL
GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION NORMAL (brand for control) - Tier 2; PA; QL
GUARDIAN 4 TRANSMITTER - Tier 2; PA; QL
GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL
GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL
GUARDIAN REAL-TIME CHARGER (brand for oval tape) - Tier 2; PA; QL
GUARDIAN REAL-TIME TEST PLUG (brand for oval tape) - Tier 2; PA; QL
HADLIMA - Tier 2; PA; SP; QL
HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL
HULIO (2 PEN) (brand for adalimumab-fkjp) - Tier 2; PA
HULIO (2 SYRINGE) (brand for adalimumab-fkjp) - Tier 2; PA
HUMATROPEN FOR 12MG (brand for inject-ease) - Tier 2; PA; QL
HUMATROPEN FOR 24MG (brand for inject-ease) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>poly bacitracin (generic for NEOSPORIN) - Tier 1</i> PREZISTA ORAL SUSPENSION - Tier 2; QL PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL REZLIDHIA - Tier 2; PA; SP; QL REZZAYO - Tier 2; PA <i>salicylic acid external foam (generic for SALVAX) - Tier 1</i> SALIMEZ (brand for salimez) - Tier 2 SALY CIM (brand for salimez) - Tier 2 <i>sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1</i> SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2 SPEVIGO - Tier 2; PA; SP SPIKEVAX - Tier 2; QL ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL <i>sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1</i> SUNLENCA ORAL - Tier 2; QL <i>the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL</i> <i>tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL</i> <i>tolnaftate external cream (generic for TINACTIN) - Tier 1; QL</i> TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL TRUQAP - Tier 2; PA</p>	<p><i>HUMATROPEN FOR 6MG (brand for inject-ease) - Tier 2; PA; QL</i> HYMOVIS - Tier 2; PA <i>hyoscyamine sulfate tablet dispersible 0.125 mg oral (generic for ANASPAZ) - Tier 1; PA; QL</i> HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML - Tier 2; PA; SP HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML - Tier 2; PA; SP; QL HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL HYRIMOZ-CROHNS/UC STARTER - Tier 2; PA; SP HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; SP; QL HYRIMOZ-PED>=40KG CROHN START - Tier 2; PA; SP; QL HYRIMOZ-PLAQUE PSORIASIS START - Tier 2; PA; SP; QL IDACIO (2 PEN) (brand for adalimumab-aacf (2 pen)) - Tier 2; PA IDACIO (2 SYRINGE) - Tier 2; PA IDACIO-CROHNS/UC STARTER (brand for adalimumab-aacf (2 pen)) - Tier 2; PA IDACIO-PSORIASIS STARTER (brand for adalimumab-aacf (2 pen)) - Tier 2; PA INPEFA ORAL TABLET 400 MG - Tier 2; PA INPEFA TABLET 200 MG ORAL - Tier 2; PA*; QL; AL INPEFA TABLET 200 MG ORAL - Tier 2; PA; QL; AL INPEN 100-BLUE-LILLY-HUMALOG (brand for autopen) - Tier 2; PA INPEN 100-BLUE-NOVOLOG-FIASP (brand for autopen) - Tier 2; PA INPEN 100-GREY-LILLY-HUMALOG (brand for autopen) - Tier 2; PA</p>

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

Preferred Agents

VAPORIZER WARM STEAM - Tier 2; QL
 VAXELIS - Tier 2; QL
 VEOZAH - Tier 2; PA; QL
 VERSAPENN (AL) ANHYD LIPID - Tier 2; PA
 VIVJOA - Tier 2; PA; QL
 VOWST - Tier 2; QL
 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

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
 XDEMYY - Tier 2; QL
 XPHOZAH - Tier 2; PA; SP; QL; AL
 YCANTH (brand for cantharidin) - Tier 2; PA; QL
 ZURZUVAE - Tier 2; PA; QL; AL

Non-Preferred Agents

INPEN 100-GREY-NOVOLOG-FIASP (brand for autopen) - Tier 2; PA
 INPEN 100-PINK-LILLY-HUMALOG (brand for autopen) - Tier 2; PA
 INPEN 100-PINK-NOVOLOG-FIASP (brand for autopen) - Tier 2; PA
 INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 29G X 5MM , 29G X 8MM - Tier 2; PA; QL
 INSULIN PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; PA
 INSULIN PEN NEEDLES 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA
 INSULIN PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 31G X 8 MM (brand for gnp ulticare pen needles) - Tier 2; PA; QL
 INSULIN PEN NEEDLES 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA
 INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (brand for insulin syringe-needle u-100) - Tier 2; PA; QL
 INSULIN SYRINGES 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 32G X 5/16" 1 ML - Tier 2; PA; QL
 INSULIN SYRINGES 29G X 1/2" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 30G X 1/2" 0.3 ML (brand for careone insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 30G X 5/16" 0.3 ML (brand for mm insulin syringe/needle) - Tier 2; PA; QL
 INSULIN SYRINGES 30G X 5/16" 1 ML (brand for ra insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 31G X 15/64" 0.5 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL
 INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL
 KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; PA; QL
 LATANOPROST - Tier 2; PA
 L-CYSTINE - Tier 2; PA
 LEVBID (brand for hyoscyamine sulfate er) - Tier 2; PA; QL
 LEVSIN (brand for hyoscyamine sulfate) - Tier 2; PA; QL
 LEVSIN/SL (brand for hyoscyamine sulfate) - Tier 2; PA; QL
 LITFULO - Tier 2; PA
 l-methylfolate forte (generic for DEPLIN 15) - Tier 1; PA
 l-methylfolate-algae (generic for DEPLIN 15) - Tier 1; PA
 LOQTORZI - Tier 2; PA
 LUCIRA COVID-19 & FLU TEST - Tier 2; PA
 METOPIRONE - Tier 2; PA
 MICROCHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

MIEBO - Tier 2; PA*
 MINILINK REAL-TIME TRANSMITTER - Tier 2; PA; QL
 MINIMED 630G GUARDIAN PRESS - Tier 2; PA; QL
 MIRO3D WOUND MATRIX - Tier 2; PA
 MOUNJARO - Tier 2; PA; QL
 NEBULIZER MASK ADULT (brand for adult aerosol mask) - Tier 2; PA; QL
 NEBULIZER MASK CHILD (brand for adult aerosol mask) - Tier 2; PA; QL
 NGENLA - Tier 2; PA*; AL
 NORDIPEN 5 INJECTION DEVICE (brand for inject-ease) - Tier 2; PA; QL
 NORDIPEN DELIVERY SYSTEM (brand for inject-ease) - Tier 2; PA; QL
 NOVOPEN ECHO (brand for autopen) - Tier 2; PA
 OJJAARA - Tier 2; PA; SP; QL
 OMBRA COMPRESSOR AIR FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL
 OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL
 OMNIPOD 5 G6 PODS (GEN 5) - Tier 2; PA; QL
 OMVOH SUBCUTANEOUS - Tier 2; PA; SP
 ONETOUCH VERIO IN VITRO LIQUID HIGH (brand for diatrue control level 3) - Tier 2; PA; QL
 OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2; PA
 OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2; PA
 PARADIGM REAL-TIME TRANSMITTER - Tier 2; PA; QL
 PARI ALTERA NEBULIZER HANDSET (brand for adult aerosol mask) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

PARI BABY CONVERSION KIT (brand for adult aerosol mask) - Tier 2; PA; QL
PARI ERAPID NEBULIZER HANDSET (brand for adult aerosol mask) - Tier 2; PA; QL
PARI SMARTMASK BABY/ELBOW (brand for adult aerosol mask) - Tier 2; PA; QL
PARI TREK S COMBO PACK (brand for adult mask) - Tier 2; PA
PARI VORTEX ADULT MASK - Tier 2; PA; QL
PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; PA; QL
PROAIR DIGIHALER - Tier 2; PA; QL*
PROCHAMBER VHC (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
PRONEB ULTRA FILTER SET (brand for adult aerosol mask) - Tier 2; PA; QL
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL
QALSODY - Tier 2; PA
QUVIVIQ - Tier 2; PA
RAYA SURE PEN NEEDLE 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL
RAYA SURE PEN NEEDLE 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA
RAYA SURE PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

RAYA SURE PEN NEEDLE 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL
RAYA SURE PEN NEEDLE 31G X 8 MM (brand for gnp ulticare pen needles) - Tier 2; PA; QL
REPLACEMENT FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL
REUSABLE COMFORTSEAL MASK-LRG (brand for adult aerosol mask) - Tier 2; PA; QL
REUSABLE COMFORTSEAL MASK-MED (brand for adult aerosol mask) - Tier 2; PA; QL
REUSABLE COMFORTSEAL MASK-SML (brand for adult aerosol mask) - Tier 2; PA; QL
 REZUROCK - Tier 2; PA
 ROLVEDON - Tier 2; PA*; SP
 RYALTRIS - Tier 2; PA*
SAFETY PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; PA
salicylic acid external gel (generic for KERALYT) - Tier 1; PA; QL
SALVAX (brand for salicylic acid) - Tier 2; PA
 SKYRIZI INTRAVENOUS - Tier 2; PA*; SP; QL
 SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA*; SP; QL
 SOGROYA - Tier 2; PA*; SP; QL
 SOTYKTU - Tier 2; PA*; SP; QL
 STIMUFEND - Tier 2; PA*; SP
 SUFLAVE - Tier 2; PA*
 SYRINGE AVITENE - Tier 2; PA
 TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG - Tier 2; PA*; QL

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

Preferred Agents

Non-Preferred Agents

TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG - Tier 2; PA*; SP; QL
 THROMBI-GEL 10 - Tier 2; PA
 THROMBI-GEL 100 - Tier 2; PA
 THROMBI-GEL 40 - Tier 2; PA
 THROMBI-PAD - Tier 2; PA
 TUBING/WING TIP (brand for adult aerosol mask) - Tier 2; PA; QL
 UDSX MEDICATED SYSTEM - Tier 2; PA
 UDSXMP MEDICATED SYSTEM - Tier 2; PA
 ULTRA NEB ACCESSORIES KIT (brand for adult aerosol mask) - Tier 2; PA; QL
 ULTRAFOAM SPONGE 2X6.25X7CM - Tier 2; PA
 ULTRAFOAM SPONGE 8X12.5X1CM - Tier 2; PA
 ULTRAFOAM SPONGE 8X12.5X3CM - Tier 2; PA
 ULTRAFOAM SPONGE 8X25X1CM - Tier 2; PA
 ULTRAFOAM SPONGE 8X6.25X1CM - Tier 2; PA
 UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (brand for pen needles) - Tier 2; PA
 UNISTRIP CONTROL (brand for diatrue control level 1) - Tier 2; PA; QL
 VELSIPITY - Tier 2; PA; SP; QL
 VENLAFAXINE BESYLATE ER - Tier 2; PA
 VERIFINE INSULIN PEN NEEDLE 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL
 VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL
 VERIFINE INSULIN PEN NEEDLE 31G X 8 MM (brand for gnp ulticare pen needles) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

VERIFINE INSULIN SYRINGE (brand for aq insulin syringe) - Tier 2; PA; QL
VERIFINE PLUS PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL
VERIFINE PLUS PEN NEEDLE 31G X 8 MM (brand for gnp ulticare pen needles) - Tier 2; PA; QL
VERSAPAP (brand for adult mask) - Tier 2; PA
VERSAPAP W/UNIVERSAL TUBING (brand for adult mask) - Tier 2; PA
 VOQUEZNA - Tier 2; PA; QL; AL
 VOQUEZNA DUAL PAK - Tier 2; PA*
VORTEX HOLD CHMBRIMASK/CHILD (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
VORTEX HOLD CHMBRIMASK/TODDLER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
VORTEX VALVED HOLDING CHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL
 VTAMA - Tier 2; PA*
 WINLEVI - Tier 2; PA*; QL
 XELSTRYM - Tier 2; PA; AL
 YONSA - Tier 2; PA; SP; QL
 YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP
 YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA
 YUFLYMA (2 PEN) - Tier 2; PA; SP
 YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML - Tier 2; PA; SP; QL
 YUFLYMA-CD/UC/HS STARTER - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
	YUSIMRY - Tier 2; PA; SP; QL ZAVZPRET - Tier 2; PA; QL; AL ZITUVIO - Tier 2; PA ZORYVE - Tier 2; PA; QL

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG - Tier 2; PA; SP; QL AYVAKIT ORAL TABLET 25 MG, 50 MG - Tier 2; PA; SP BOSULIF ORAL CAPSULE - Tier 2; PA BOSULIF ORAL TABLET - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP; QL CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL	GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL
---	---

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

Preferred Agents**Non-Preferred Agents**

FOTIVDA - Tier 2; PA; SP
GAVRETO - Tier 2; PA; SP; QL
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL
GILOTRIF - Tier 2; PA; SP; QL
ICLUSIG ORAL TABLET 10 MG, 30 MG - Tier 2; PA
ICLUSIG ORAL TABLET 15 MG, 45 MG - 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
LORBRENA - Tier 2; PA; SP; QL
NERLYNX - Tier 2; PA; SP; QL
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL
QINLOCK - Tier 2; PA; SP; QL
RETEVMO - Tier 2; PA; SP; QL
SPRYCEL - Tier 2; PA; SP; QL
TABRECTA - Tier 2; PA; SP; QL
TAGRISSO - Tier 2; PA; SP; QL
TASIGNA - Tier 2; PA; SP; QL
TUKYSA - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
TURALIO - Tier 2; SP; QL TYKERB (brand for lapatinib ditosylate) - Tier 2; PA; SP; QL VIZIMPRO - Tier 2; PA; SP; QL VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL XALKORI ORAL CAPSULE SPRINKLE - Tier 2; PA XOSPATA - Tier 2; PA; SP; QL	
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	HERZUMA - Tier 2; PA MARGENZA - Tier 2; PA SARCLISA - Tier 2; PA TRAZIMERA - Tier 2; PA
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA*; SP; QL PONVORY STARTER PACK - Tier 2; PA*; SP; QL

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

Preferred Agents	Non-Preferred Agents
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	<i>bimatoprost solution 0.03 % ophthalmic - Tier 1; PA*; QL</i> <i>bimatoprost solution 0.03 % ophthalmic - Tier 1; PA; QL</i> IYUZEH - Tier 2; PA LUMIGAN - Tier 2; PA*; QL <i>tafluprost (pf) (generic for ZIOPTAN) - Tier 1; PA*; QL</i> <i>TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL</i> <i>travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA*; QL</i> VYZULTA - Tier 2; PA*; QL <i>XALATAN (brand for latanoprost) - Tier 2; PA; QL</i> XELPROS - Tier 2; PA; QL <i>ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL</i>
Ophthalmic Agents, Other	
<i>ALTACAINA (brand for tetracaine hcl) - Tier 2; QL</i> <i>altafrin (generic for ALTAFRIN) - Tier 1; PA</i> <i>atropine sulfate ophthalmic ointment - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>brimonidine tartrate-timolol (generic for COMBIGAN) - Tier 1; QL</i> <i>COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; QL</i> CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2 <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> <i>cyclosporine ophthalmic (generic for RESTASIS) - Tier 1; QL</i> CYSTARAN - Tier 2; PA; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1; QL</i> LACRISERT - Tier 2	AKTEN - Tier 2; PA*; QL <i>ALCAINE (brand for proparacaine hcl) - Tier 2; PA</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYICIN HC) - Tier 1; PA*; QL</i> CEQUA - Tier 2; PA*; QL <i>COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL</i> <i>COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL</i> <i>CYCLOGYL OPHTHALMIC SOLUTION 1 % (brand for cyclopentolate hcl) - Tier 2; PA; QL</i> CYCLOSPORINE IN KLARITY - Tier 2; PA*; QL CYSTADROPS - Tier 2; PA; SP; QL <i>MAXITROL OPHTHALMIC OINTMENT (brand for neomycin-polymyxin-dexameth) - Tier 2; PA; QL</i>

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

Preferred Agents

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
phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1; PA
proparacaine hcl ophthalmic (generic for ALCaine) - Tier 1; PA
RESTASIS (brand for cyclosporine) - Tier 2; QL
RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; QL
ROCKLATAN - Tier 2; QL
sulfacetamide-prednisolone - Tier 1
tetracaine hcl ophthalmic (generic for ALTACaine) - Tier 1; QL
TOBRADEX - Tier 2; QL
tobramycin-dexamethasone - Tier 1; QL
TYRVAYA - Tier 2; PA
XIIDRA - Tier 2; QL

Non-Preferred Agents

MAXITROL OPHTHALMIC SUSPENSION 0.1 % (brand for neomycin-polymyxin-dexameth) - Tier 2; PA; QL
neomycin-polymyxin-hc ophthalmic - Tier 1; PA; QL*
neo-polycin hc (generic for NEO-POLYCYN HC) - Tier 1; PA; QL*
TOBRADEX ST - Tier 2; PA; QL
VERKAZIA - Tier 2; PA; QL*
VEVYE - Tier 2; PA
ZYLET - Tier 2; PA; QL*

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

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

Ophthalmic Anti-allergy Agents

<p><i>cromolyn sodium ophthalmic - Tier 1; QL</i></p>	<p>ALOCRIAL - Tier 2; PA* ALOMIDE - Tier 2; PA* azelastine hcl ophthalmic - Tier 1; PA* bepotastine besilate (generic for BEPREVE) - Tier 1; PA*; QL BEPREVE (brand for bepotastine besilate) - Tier 2; PA; QL epinastine hcl - Tier 1; PA* olopatadine hcl ophthalmic solution 0.1 % (generic for PATADAY) - Tier 1; PA; QL olopatadine hcl solution 0.2 % ophthalmic (otc) (generic for PATADAY) - Tier 1; PA; QL olopatadine hcl solution 0.2 % ophthalmic (rx) (generic for PATADAY) - Tier 1; PA*; QL PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; PA; QL ZERVIAE - Tier 2; PA*; QL</p>
---	--

Ophthalmic Anti-Infectives

<p><i>ciprofloxacin hcl ophthalmic - Tier 1; QL</i> <i>erythromycin ophthalmic - Tier 1; QL</i> <i>gentamicin sulfate ophthalmic - Tier 1; QL</i> <i>moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL</i> NATACYN - Tier 2 <i>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</i> <i>polymyxin b-trimethoprim - Tier 1; QL</i> <i>sulfacetamide sodium ophthalmic solution - Tier 1; QL</i> <i>tobramycin ophthalmic - Tier 1; QL</i> <i>trifluridine - Tier 1; QL</i></p>	<p>AZASITE - Tier 2; PA* <i>bacitracin ophthalmic - Tier 1; PA*; QL</i> <i>bacitracin-polymyxin b (generic for POLYCYCIN) - Tier 1; PA*</i> BESIVANCE - Tier 2; PA*; QL CILOXAN - Tier 2; PA* <i>gatifloxacin ophthalmic - Tier 1; PA*; QL</i> KLARITY-A - Tier 2; PA* <i>moxifloxacin hcl (2x day) - Tier 1; PA; QL</i> <i>neomycin-bacitracin zn-polymyx (generic for NEO-POLYCYCIN) - Tier 1; PA*</i> <i>neomycin-polymyxin-gramicidin - Tier 1; PA*; QL</i> <i>neo-polycin (generic for NEO-POLYCYCIN) - Tier 1; PA*</i> OCUFLOX (brand for ofloxacin) - Tier 2; PA; QL <i>polycin (generic for POLYCYCIN) - Tier 1; PA*</i> <i>sulfacetamide sodium ophthalmic ointment - Tier 1; PA; QL</i></p>
---	--

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

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

TOBREX - Tier 2; PA*; QL
 VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL

Ophthalmic Anti-inflammatories

dexamethasone sodium phosphate ophthalmic - Tier 1
diclofenac sodium ophthalmic - Tier 1; QL
difluprednate (generic for DUREZOL) - Tier 1; QL
fluorometholone (generic for FML LIQUIFILM) - Tier 1
flurbiprofen sodium - Tier 1; QL
 ILEVRO - Tier 2; 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
prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL
 PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL

ACULAR (brand for ketorolac tromethamine) - Tier 2; PA; QL
ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA
 ACUVAIL - Tier 2; PA*; QL
ALREX (brand for loteprednol etabonate) - Tier 2; PA; QL
*bromfenac sodium (once-daily) solution 0.09 % ophthalmic - Tier 1; PA**
bromfenac sodium (once-daily) solution 0.09 % ophthalmic - Tier 1; PA
bromfenac sodium ophthalmic (generic for BROMSITE) - Tier 1; PA; QL
BROMSITE (brand for bromfenac sodium) - Tier 2; PA; QL*
 DEXTENZA - Tier 2; PA
DUREZOL (brand for difluprednate) - Tier 2; PA; QL
 EYSUVIS - Tier 2; PA; QL
 FLAREX - Tier 2; PA*; QL
 FML FORTE - Tier 2; PA*; QL
FML LIQUIFILM (brand for fluorometholone) - Tier 2; PA

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

Preferred Agents

Non-Preferred Agents

ILUVIEN - Tier 2; PA
INVELTYS - Tier 2; PA*; QL
LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL
LOTEMAX SM - Tier 2; PA
loteprednol etabonate ophthalmic gel (generic for LOTE MAX) - Tier 1; PA; QL
loteprednol etabonate ophthalmic suspension 0.2 % (generic for ALREX) - Tier 1; PA; QL
loteprednol etabonate ophthalmic suspension 0.5 % (generic for LOTE MAX) - Tier 1; PA*; QL
MAXIDEX - Tier 2; PA*
NEVANAC - Tier 2; PA*; QL
PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL
PRED MILD - Tier 2; PA*
prednisolone sodium phosphate ophthalmic - Tier 1; PA*
PROLENSA (brand for bromfenac sodium) - Tier 2; PA*; QL

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

Preferred Agents

Non-Preferred Agents

Ophthalmic Beta-Adrenergic Blocking Agents

levobunolol hcl - Tier 1; QL
timolol maleate ophthalmic - Tier 1; QL
timolol maleate pf ophthalmic solution 0.5 % (generic for TIMOPTIC OCUDOSE) - Tier 1; QL
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (brand for timolol maleate pf) - Tier 2; QL

betaxolol hcl ophthalmic - Tier 1; PA; QL*
 BETIMOL - Tier 2; PA; QL
 BETOPTIC-S - Tier 2; PA*; QL
carteolol hcl - Tier 1; PA; QL*
ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL
timolol maleate (once-daily) (generic for ISTALOL) - Tier 1; PA; QL
timolol maleate pf ophthalmic solution 0.25 % (generic for TIMOPTIC OCUDOSE) - Tier 1; PA; QL*
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (brand for timolol maleate pf) - Tier 2; PA; QL

Ophthalmic Intraocular Pressure Lowering Agents, Other

ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; QL
brimonidine tartrate ophthalmic (generic for ALPHAGAN P) - Tier 1; QL
brinzolamide (generic for AZOPT) - Tier 1; QL
 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
 RHOPRESSA - Tier 2; QL
 SIMBRINZA - Tier 2; QL
 VUITY - Tier 2; PA

apraclonidine hcl - Tier 1; PA; QL*
AZOPT (brand for brinzolamide) - Tier 2; PA; QL
 IOPIDINE - Tier 2; PA*; QL
pilocarpine hcl ophthalmic - Tier 1; PA; QL*

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

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

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

Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
--	--

altalube (generic for ALTALUBE) - Tier 1; QL
BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2
carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL
for sty relief (generic for ALTALUBE) - Tier 1; QL
ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; QL
lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL
lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1
lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL
lubricant pm (generic for ALTALUBE) - Tier 1; QL
lubricating eye drop (generic for BIOLLE TEARS) - Tier 1
lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL
lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1
lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricating plus pf (generic for BIOLLE TEARS) - Tier 1
lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL

BIO GLO - Tier 2; PA
FLUORESCHEIN SODIUM/BENOXINATE - Tier 2; PA
fluor-i-strips a.t. - Tier 1; PA
GELFILM OPHTHALMIC - Tier 2; PA
GLOSTRIPS OPHTHALMIC STRIP 1 MG - Tier 2; PA
MYDRIACYL (brand for tropicamide) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<p> <i>nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL</i> <i>nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL</i> <i>polyvinyl alcohol ophthalmic - Tier 1</i> <i>REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL</i> <i>REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2</i> <i>REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL</i> <i>restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1</i> <i>restore pm (generic for ALTALUBE) - Tier 1; QL</i> <i>SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL</i> <i>tropicamide ophthalmic (generic for MYDRIACYL) - Tier 1; PA; QL</i> <i>ultra fresh (generic for ULTRA FRESH) - Tier 1; QL</i> <i>ultra fresh pm (generic for ALTALUBE) - Tier 1; QL</i> <i>VENTIVA TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL</i> </p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p>CYCLOMYDRIL - Tier 2</p>	
<p>Ophthalmic Antibiotics - Drugs to treat Eye Infections</p>	
	<p> <i>BETADINE OPHTHALMIC PREP (brand for povidone-iodine) - Tier 2; PA</i> <i>POVIDONE-IODINE OPHTHALMIC (brand for povidone-iodine) - Tier 2; PA</i> </p>

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

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

Otic Agents

acetic acid otic - Tier 1
CIPRO HC - Tier 2; QL
ciprofloxacin-dexamethasone - Tier 1; QL
DERMOTIC (brand for fluocinolone acetonide) - Tier 2; QL
flac (generic for FLAC) - Tier 1; QL
fluocinolone acetonide otic (generic for FLAC) - Tier 1; QL
hydrocortisone-acetic acid - Tier 1
neomycin-polymyxin-hc otic - Tier 1; QL
ofloxacin otic - Tier 1; QL

CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL*
ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; PA; QL*
CIPROFLOXACIN-FLUOCINOLONE PF (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL*
CORTISPORIN-TC - Tier 2; PA; QL*
OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL*

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

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

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

Preferred Agents	Non-Preferred Agents
Respiratory Tract/Pulmonary Agents	
Antihistamines	
<p><i>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</i></p> <p><i>allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL</i></p> <p><i>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL</i></p> <p><i>allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i></p> <p><i>allergy medication (generic for BANOPHEN) - Tier 1; QL</i></p> <p><i>allergy medicine (generic for BANOPHEN) - Tier 1; QL</i></p> <p><i>allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL</i></p> <p><i>allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i></p> <p><i>allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL</i></p> <p><i>allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</i></p> <p><i>allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i></p> <p><i>allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL</i></p> <p><i>allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i></p> <p><i>allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i></p> <p><i>allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL</i></p> <p><i>allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i></p> <p><i>allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL</i></p> <p><i>allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL</i></p>	<p><i>azelastine-fluticasone (generic for DYMISTA) - Tier 1; PA*; QL</i></p> <p><i>carbinoxamine maleate (generic for RYVENT) - Tier 1; PA*; QL</i></p> <p><i>CLARINEX (brand for desloratadine) - Tier 2; PA; QL</i></p> <p><i>clemastine fumarate oral - Tier 1; PA*; QL</i></p> <p><i>desloratadine oral tablet dispersible 5 mg - Tier 1; PA; QL</i></p> <p><i>desloratadine tablet 5 mg oral (generic for CLARINEX) - Tier 1; PA; QL</i></p> <p><i>desloratadine tablet 5 mg oral (generic for CLARINEX) - Tier 1; PA*; QL</i></p> <p><i>DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA*; QL</i></p> <p><i>KARBINAL ER - Tier 2; PA*; QL</i></p> <p><i>levocetirizine dihydrochloride oral solution (generic for XYZAL ALLERGY 24HR CHILDRENS) - Tier 1; PA*</i></p> <p><i>levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; PA*; QL</i></p> <p><i>olopatadine hcl nasal - Tier 1; PA*; QL</i></p> <p><i>RYCLORA - Tier 2; PA*; QL</i></p> <p><i>ryvent (generic for RYVENT) - Tier 1; PA*; QL</i></p>

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

Preferred Agents**Non-Preferred Agents**

allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL

aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL

anti-hist allergy (generic for BANOPHEN) - Tier 1; QL

ASTEPRO (brand for azelastine hcl) - Tier 2

ASTEPRO CHILDRENS (brand for azelastine hcl) - Tier 2

azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL

azelastine hcl nasal solution 0.15 % (generic for ASTEPRO) - Tier 1

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 ULTRATABS (brand for allergy relief) - Tier 2; QL

cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL

cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL

cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - 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

cyproheptadine hcl oral - Tier 1; QL

diphenhydyl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

diphen (generic for BANOPHEN) - Tier 1; QL

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

Preferred Agents**Non-Preferred Agents**

diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl injection - Tier 1; PA; QL
diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; QL
diphenhydramine hcl oral elixir - Tier 1; QL
diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
geri-dryl (generic for BANOPHEN) - Tier 1; QL
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
MM ALLER-BEN (brand for allergy relief) - Tier 2; QL
NARAMIN (brand for allergy childrens) - Tier 2; QL
pharbedryl (generic for BANOPHEN) - Tier 1; QL
siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
total allergy (generic for BANOPHEN) - Tier 1; QL
total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

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

Preferred Agents

Non-Preferred Agents

Anti-inflammatories, Inhaled Corticosteroids

budesonide inhalation (generic for PULMICORT) - Tier 1; QL
 FLUTICASON E PROPIONATE DISKUS - Tier 2; QL
 FLUTICASON E PROPIONATE HFA - Tier 2; QL
fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL
 PULMICORT FLEXHALER - Tier 2; QL

ALVESCO - Tier 2; PA*; QL
 ARNUITY ELLIPTA - Tier 2; PA*; QL
 ASMANEX (120 METERED DOSES) - Tier 2; PA*; QL
 ASMANEX (14 METERED DOSES) - Tier 2; PA*; QL
 ASMANEX (30 METERED DOSES) - Tier 2; PA*; QL
 ASMANEX (60 METERED DOSES) - Tier 2; PA*; QL
 ASMANEX HFA - Tier 2; PA*; QL
flunisolide nasal - Tier 1; PA; QL*
mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; PA; QL*
 OMNARIS - Tier 2; PA*; QL
 PROPEL - Tier 2; PA
 PROPEL MINI - Tier 2; PA
 PROPEL MINI SDS - Tier 2; PA
PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; QL
 QNASL - Tier 2; PA*; QL
 QNASL CHILDRENS - Tier 2; PA*; QL
 QVAR REDHALER - Tier 2; PA*; QL
 XHANCE - Tier 2; PA*; QL
 ZETONNA - Tier 2; PA*; QL

Antileukotrienes

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

ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL
SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL
zileuton er - Tier 1; PA; QL*
 ZYFLO - Tier 2; PA*; QL

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

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

Bronchodilators, Anticholinergic

<p>ATROVENT HFA - Tier 2; QL <i>ipratropium bromide inhalation</i> - Tier 1; QL <i>ipratropium bromide nasal</i> - Tier 1; QL <i>tiotropium bromide monohydrate (generic for SPIRIVA HANDIHALER)</i> - Tier 1; QL</p>	<p>INCRUSE ELLIPTA - Tier 2; PA*; QL <i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate)</i> - Tier 2; PA; QL SPIRIVA RESPIMAT - Tier 2; PA; QL TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION - Tier 2; PA*; QL TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION - Tier 2; PA; QL YUPELRI - Tier 2; PA*; QL</p>
---	--

Bronchodilators, Sympathomimetic

<p><i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA)</i> - Tier 1; QL <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i> - Tier 1; QL <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i> - Tier 1; QL; AL <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> - Tier 1; QL ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL <i>albuterol sulfate oral syrup</i> - Tier 1; QL <i>albuterol sulfate oral tablet 2 mg</i> - Tier 1 <i>albuterol sulfate oral tablet 4 mg</i> - Tier 1; QL</p>	<p>ADRENALIN INJECTION SOLUTION 1 MG/ML (brand for epinephrine (anaphylaxis)) - Tier 2; PA; QL <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA)</i> - Tier 1; PA; QL ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; PA*; QL <i>arformoterol tartrate (generic for BROVANA)</i> - Tier 1; PA*; QL AUVI-Q (brand for epinephrine) - Tier 2; PA; QL BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL <i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation (generic for PERFOROMIST)</i> - Tier 1; PA*; QL</p>
--	--

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

Preferred Agents	Non-Preferred Agents
<p>epinephrine (anaphylaxis) injection solution 1 mg/ml (generic for ADRENALIN) - Tier 1; QL</p> <p>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</p> <p>SEREVENT DISKUS - Tier 2; QL</p>	<p>formoterol fumarate nebulization solution 20 mcg/2ml inhalation (generic for PERFOROMIST) - Tier 1; PA; QL</p> <p>levalbuterol hcl inhalation - Tier 1; PA*; QL</p> <p>LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT (brand for levalbuterol tartrate) - Tier 2; PA*; QL</p> <p>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</p> <p>PROAIR RESPICLICK - Tier 2; PA*; QL</p> <p>PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA*; QL</p> <p>STRIVERDI RESPIMAT - Tier 2; PA*; QL</p> <p>terbutaline sulfate injection - Tier 1; PA*</p> <p>terbutaline sulfate oral - Tier 1; PA*; QL</p> <p>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA*; QL</p> <p>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA*; QL</p>

Cystic Fibrosis Agents

<p>CAYSTON - Tier 2; PA; SP; QL; AL</p> <p>KALYDECO ORAL PACKET 13.4 MG, 5.8 MG - Tier 2; PA; SP; QL</p> <p>KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL; AL</p> <p>KALYDECO ORAL TABLET - Tier 2; PA; SP; QL; AL</p> <p>KITABIS PAK (brand for tobramycin) - Tier 2; PA; SP; QL; AL</p> <p>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG - Tier 2; PA; SP; QL</p> <p>ORKAMBI ORAL PACKET 75-94 MG - Tier 2; PA; SP</p> <p>ORKAMBI ORAL TABLET - Tier 2; PA; SP; QL; AL</p> <p>PULMOZYME - Tier 2; PA; SP; QL</p> <p>SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG - Tier 2; PA; SP; QL; AL</p>	<p>BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL; AL</p> <p>TOBI NEBULIZER (brand for tobramycin) - Tier 2; PA; SP; QL; AL</p> <p>TOBI PODHALER - Tier 2; PA; SP; QL; AL</p> <p>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; PA; SP; QL; AL</p>
---	---

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

Preferred Agents	Non-Preferred Agents
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG - Tier 2; PA; SP; QL <i>tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK) - Tier 1; PA; SP; QL; AL</i> TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION (brand for tobramycin) - Tier 2; PA; SP; QL; AL TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL	
Mast Cell Stabilizers	
<i>cromolyn sodium inhalation - Tier 1; QL</i>	
Phosphodiesterase Inhibitors, Airways Disease	
<i>roflumilast (generic for DALIRESP) - Tier 1; PA; QL</i> <i>theophylline er - Tier 1; QL</i> <i>theophylline oral solution - Tier 1; QL</i>	<i>DALIRESP (brand for roflumilast) - Tier 2; PA; QL</i> <i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; PA*; QL</i> THEO-24 - Tier 2; PA*; QL <i>theophylline oral elixir (generic for ELIXOPHYLLIN) - Tier 1; PA; QL</i>

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

Preferred Agents

Non-Preferred Agents

Pulmonary Antihypertensives

ADEMPAS - Tier 2; PA; SP; QL
 alyq (generic for ALYQ) - Tier 1; PA; SP; QL
 ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL
 bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL
 sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; PA; SP; QL
 tadalafil (pah) (generic for ALYQ) - Tier 1; PA; SP; QL
 TRACLEER 32 MG - Tier 2; PA; SP; QL; AL
 TYVASO - Tier 2; PA; SP; QL
 TYVASO DPI MAINTENANCE KIT - Tier 2; PA
 TYVASO DPI TITRATION KIT - Tier 2; PA
 TYVASO REFILL - Tier 2; PA; SP; QL
 TYVASO STARTER - Tier 2; PA; SP; QL
 VENTAVIS - Tier 2; PA; SP; QL

ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL
 LETAIRIS (brand for ambrisentan) - Tier 2; PA; SP; QL
 LIQREV - Tier 2; PA; SP; QL
 OPSUMIT - Tier 2; PA*; SP; QL
 ORENITRAM - Tier 2; PA; SP; QL
 ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL
 REVATIO ORAL (brand for sildenafil citrate) - Tier 2; PA; SP; QL
 sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; PA; SP; QL
 TADLIQ - Tier 2; PA; SP; QL
 TRACLEER 62.5 MG, 125 MG (brand for bosentan) - Tier 2; PA; SP; QL
 UPTRAVI INTRAVENOUS - Tier 2; PA
 UPTRAVI ORAL - Tier 2; PA; SP; QL
 UPTRAVI TITRATION - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Pulmonary Fibrosis Agents	
OFEV - Tier 2; PA; SP; QL <i>pirfenidone oral capsule (generic for ESBRIET) - Tier 1; SP; QL</i> <i>pirfenidone oral tablet (generic for ESBRIET) - Tier 1; PA; SP; QL</i>	<i>ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL</i>
Respiratory Tract Agents, Other	
<i>acetylcysteine inhalation - Tier 1</i> CINQAIR - Tier 2; PA; SP; QL; AL FASENRA - Tier 2; PA; SP; QL; AL FASENRA PEN - Tier 2; PA; SP; QL <i>ribavirin inhalation (generic for VIRAZOLE) - Tier 1; PA</i>	CLARINEX-D 12 HOUR - Tier 2; PA* NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML - Tier 2; PA NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL; AL TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA <i>VIRAZOLE (brand for ribavirin) - Tier 2; PA</i>

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

Preferred Agents

Non-Preferred Agents

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

AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2
altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL
AYR (brand for altamist spray) - Tier 2
BABY AYR SALINE (brand for altamist spray) - Tier 2
BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL
chest congestion relief child (generic for TUSNEL-EX) - Tier 1; QL; AL
chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
ft nasal decongestant pe (generic for SUDAFED PE MAXIMUM STRENGTH) - Tier 1
ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL; AL
geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL
medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL
MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL; AL
mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL

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

Preferred Agents

nasal decongestant pe max st (generic for SUDAFED PE MAXIMUM STRENGTH) - Tier 1

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

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

nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1

nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1

non-pseudo sinus decongestant (generic for SUDAFED PE MAXIMUM STRENGTH) - Tier 1

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

phenylephrine hcl oral (generic for SUDAFED PE MAXIMUM STRENGTH) - Tier 1

saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1

saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1

siltussin sa (generic for TUSNEL-EX) - Tier 1; QL; AL

sinus pe decongestant (generic for SUDAFED PE MAXIMUM STRENGTH) - Tier 1

sinus/congestion relief pe (generic for SUDAFED PE MAXIMUM STRENGTH) - Tier 1

tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL; AL

tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL

tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL

tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL

tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL</p> <p>tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL</p>	

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

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

Preferred Agents	Non-Preferred Agents
<p><i>cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>ft all day allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL</i></p>	

Antihistamines - Drugs to Treat Allergies

<p><i>all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>aller-chlor (generic for WAL-FINATE) - Tier 1; QL</i></p> <p><i>allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>allerg rel child (lorat) (generic for CLARITIN) - Tier 1; QL</i></p> <p><i>allerg relief child (lorat) (generic for CLARITIN) - Tier 1; QL</i></p> <p><i>allergy childrens oral solution (generic for CLARITIN) - Tier 1; QL</i></p> <p><i>allergy oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL</i></p> <p><i>allergy rel child (loratadine) (generic for CLARITIN) - Tier 1; QL</i></p> <p><i>allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>allergy relief child (generic for CLARITIN) - Tier 1; QL</i></p> <p><i>allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN) - Tier 1; QL</i></p>	
---	--

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

Preferred Agents**Non-Preferred Agents**

allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL
childrens loratadine (generic for CLARITIN) - 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
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy childrens (generic for CLARITIN) - Tier 1; QL
ft allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
loratadine childrens oral solution (generic for CLARITIN) - Tier 1; QL
loratadine oral solution 5 mg/5ml (generic for CLARITIN) - Tier 1; QL
loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
pharbecchlor (generic for WAL-FINATE) - Tier 1; QL

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

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

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 nasal allergy nasal aerosol 55 mcg/lact (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; QL
 ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; QL
 ANORO ELLIPTA - Tier 2; QL
 breyna (generic for BREYNA) - Tier 1; QL
 budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; QL
 COMBIVENT RESPIMAT - Tier 2; QL
 DULERA - Tier 2; QL
 fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/lact inhalation (generic for WIXELA INHUB) - Tier 1; QL
 fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/lact inhalation (generic for WIXELA INHUB) - Tier 1; QL
 FLUTICASONE-SALMETEROL INHALATION AEROSOL (brand for fluticasone-salmeterol) - Tier 2; QL

AIRDUO RESPICLICK 113/14 (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 AIRDUO RESPICLICK 232/14 (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 AIRDUO RESPICLICK 55/14 (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 BEVESPI AEROSPHERE - Tier 2; PA*; QL
 BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (brand for fluticasone furoate-vilanterol) - Tier 2; PA*; QL
 BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL</i></p> <p><i>ipratropium-albuterol - Tier 1; QL</i></p> <p>STIOLTO RESPIMAT - Tier 2; QL</p> <p><i>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; QL</i></p>	<p><i>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA*; QL</i></p> <p>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH - Tier 2; PA*; QL</p> <p>BREZTRI AEROSPHERE - Tier 2; PA*; QL</p> <p>DUAKLIR PRESSAIR - Tier 2; PA*; QL</p> <p><i>FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA*; QL</i></p> <p><i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation (generic for WIXELA INHUB) - Tier 1; PA; QL</i></p> <p><i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation (generic for WIXELA INHUB) - Tier 1; PA; QL</i></p> <p><i>FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i></p> <p>TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION - Tier 2; PA*; QL</p> <p>TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION - Tier 2; PA; QL</p> <p>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT - Tier 2; PA*; QL</p> <p><i>wixela inhub (generic for WIXELA INHUB) - Tier 1; PA; QL</i></p>

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

Preferred Agents

Non-Preferred Agents

Respiratory Tract Agents, Other - Asthma/Lung Drugs

ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; AL
 allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; AL
 allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL
 DECONG) - Tier 1; AL
 allergy & congestion oral tablet extended release 24 hour 10-240 mg
 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL
 allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) -
 Tier 1; AL
 allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1;
 AL
 allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL
 DECONG) - Tier 1; AL
 allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL
 DECONG) - Tier 1; AL
 allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL
 DECONG) - Tier 1; AL
 allergy relief/nasal decongest oral tablet extended release 24 hour
 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL
 allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic
 for KLS ALLERCLEAR D-12HR) - Tier 1; AL
 allergy relief-d oral tablet extended release 24 hour 10-240 mg
 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL
 allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; AL
 allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL
 DECONG) - Tier 1; AL
 altarusin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1;
 QL; AL

HYPERSAL (brand for sodium chloride) - Tier 2; PA
 PULMOSAL (brand for sodium chloride) - Tier 2; PA

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

Preferred Agents**Non-Preferred Agents**

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

CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; AL

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

ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL

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

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

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

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

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

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

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

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

loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL

meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; AL

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

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

Preferred Agents**Non-Preferred Agents**

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

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

NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2

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

sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL

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 SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL

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

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

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

tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

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

Preferred Agents	Non-Preferred Agents
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL metaxalone oral tablet 400 mg - Tier 1 metaxalone oral tablet 800 mg - Tier 1; QL methocarbamol oral - Tier 1; QL</p>	<p>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA carisoprodol oral (generic for SOMA) - Tier 1; PA; QL chlorzoxazone oral tablet 250 mg, 500 mg - Tier 1; PA*; QL chlorzoxazone tablet 375 mg oral (generic for LORZONE) - Tier 1; PA* chlorzoxazone tablet 375 mg oral (generic for LORZONE) - Tier 1; PA chlorzoxazone tablet 750 mg oral (generic for LORZONE) - Tier 1; PA* chlorzoxazone tablet 750 mg oral (generic for LORZONE) - Tier 1; PA cyclobenzaprine hcl er (generic for AMRIX) - Tier 1; PA cyclobenzaprine hcl oral tablet 7.5 mg (generic for FEXMID) - Tier 1; PA FEXMID (brand for cyclobenzaprine hcl) - Tier 2; PA LORZONE (brand for chlorzoxazone) - Tier 2; PA* NORGESIC (brand for orphenadrine-aspirin-caffeine) - Tier 2; PA; QL NORGESIC FORTE (brand for norgesic forte) - Tier 2; PA; QL orphenadrine citrate er - Tier 1; PA*; QL orphenadrine-aspirin-caffeine (generic for NORGESIC) - Tier 1; PA; QL ORPHENGESIC FORTE (brand for norgesic forte) - Tier 2; PA*; QL SOMA (brand for carisoprodol) - Tier 2; PA; QL</p>

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

Preferred Agents**Non-Preferred Agents**

Sleep Disorder Agents

Sleep Promoting Agents

ramelteon (generic for ROZEREM) - Tier 1; PA; QL; AL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg (generic for RESTORIL) - Tier 1; QL; AL
temazepam oral capsule 22.5 mg (generic for RESTORIL) - Tier 1; AL
triazolam (generic for HALCION) - Tier 1; QL; AL
zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; QL; AL
zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL

AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL; AL
AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA; QL; AL
BELSOMRA - Tier 2; PA; QL; AL
DAYVIGO - Tier 2; PA; QL
doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL; AL
EDLUAR - Tier 2; PA; QL; AL
estazolam - Tier 1; PA; QL; AL*
eszopiclone (generic for LUNESTA) - Tier 1; PA; QL; AL
flurazepam hcl capsule 15 mg oral - Tier 1; PA; QL; AL*
flurazepam hcl capsule 15 mg oral - Tier 1; PA; QL; AL
flurazepam hcl capsule 30 mg oral - Tier 1; PA; QL; AL*
flurazepam hcl capsule 30 mg oral - Tier 1; PA; QL; AL
HALCION (brand for triazolam) - Tier 2; PA; QL; AL
HETLIOZ (brand for tasimelteon) - Tier 2; PA; SP; QL; AL
HETLIOZ LQ - Tier 2; PA; SP; QL
LUNESTA (brand for eszopiclone) - Tier 2; PA; QL; AL
RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG (brand for temazepam) - Tier 2; PA; QL; AL
RESTORIL ORAL CAPSULE 22.5 MG (brand for temazepam) - Tier 2; PA; AL
ROZEREM (brand for ramelteon) - Tier 2; PA; QL; AL
SILENOR (brand for doxepin hcl) - Tier 2; PA; QL; AL
tasimelteon capsule 20 mg oral (generic for HETLIOZ) - Tier 1; PA; SP; QL; AL*
tasimelteon capsule 20 mg oral (generic for HETLIOZ) - Tier 1; PA; SP; QL; AL
zaleplon - Tier 1; PA; QL; AL
ZOLPIDEM TARTRATE ORAL CAPSULE - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

zolpidem tartrate sublingual - Tier 1; PA; QL; AL

Wakefulness Promoting Agents

armodafinil (generic for NUVIGIL) - Tier 1; PA; QL; AL
modafinil oral (generic for PROVIGIL) - Tier 1; PA; QL; AL

NUVIGIL (brand for armodafinil) - Tier 2; PA; QL; AL
PROVIGIL (brand for modafinil) - Tier 2; PA; QL; AL
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

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

Preferred Agents	Non-Preferred Agents
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<p><i>adclf (0.5mg/ml) - Tier 1</i></p> <p><i>animal shapes complete (generic for CEROVITE JR) - Tier 1; QL</i></p> <p><i>BACMIN (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>biocel (generic for LYSIPLEX PLUS) - Tier 1; QL</i></p> <p><i>b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL</i></p> <p><i>calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL</i></p> <p><i>calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL</i></p> <p><i>calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1</i></p> <p><i>calcium fast dissolution - Tier 1; QL</i></p> <p><i>calcium high potency - Tier 1; QL</i></p> <p><i>calcium oral tablet 1500 (600 ca) mg - Tier 1; QL</i></p> <p><i>cerovite jr (generic for CEROVITE JR) - Tier 1; QL</i></p> <p><i>chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL</i></p> <p><i>childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL</i></p>	<p><i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; PA; QL</i></p> <p><i>effer-k oral tablet effervescent 25 meq - Tier 1; PA; QL</i></p> <p><i>ELFOLATE (brand for l-methylfolate) - Tier 2; PA</i></p> <p><i>klor-conlef - Tier 1; PA; QL</i></p> <p><i>k-prime - Tier 1; PA; QL</i></p> <p><i>L-ISOLEUCINE - Tier 2; PA</i></p> <p><i>l-methylfolate (generic for ELFOLATE) - Tier 1; PA</i></p> <p><i>l-methylfolate calcium oral (generic for ELFOLATE) - Tier 1; PA</i></p> <p><i>l-methyl-mc (generic for METAFOLBIC) - Tier 1; PA</i></p> <p><i>METAFOLBIC (brand for l-methyl-mc) - Tier 2; PA</i></p> <p><i>METAFOLBIC PLUS - Tier 2; PA</i></p> <p><i>multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; PA; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
<p><i>childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL</i></p> <p><i>childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL</i></p> <p><i>childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL</i></p> <p><i>CORVITA (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>DERMACINRX MULTITAM (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>DERMACINRX RIBOTIN-E (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>DIALYVITE SUPREME D (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>DIATROL (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL</i></p> <p><i>FLINTSTONES PLUS EXTRA IRON (brand for childrens animal shapes) - Tier 2; QL</i></p> <p><i>FOLAGENT DHA (brand for v-c forte) - Tier 2</i></p> <p><i>FOLAMAX (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>FOLAMED DHA (brand for v-c forte) - Tier 2</i></p> <p><i>FOLIFLEX (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>FOLITIN-Z (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>INFED - Tier 2; PA; QL</i></p> <p><i>KEYFOLIC (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>KEYLOSA (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL</i></p> <p><i>MENATROL (brand for v-c forte) - Tier 2</i></p> <p><i>MULTIPRO (brand for v-c forte) - Tier 2</i></p> <p><i>NUTRICAP (brand for b-plex plus) - Tier 2; QL</i></p> <p><i>nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL</i></p> <p><i>OCUVEL (brand for v-c forte) - Tier 2</i></p>	<p><i>POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; PA; QL</i></p> <p><i>POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; PA; QL</i></p> <p><i>STROVITE FORTE - Tier 2; PA</i></p>

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

Preferred Agents**Non-Preferred Agents**

ONEVITE (brand for b-plex plus) - Tier 2; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
SIDEROL (brand for b-plex plus) - Tier 2; QL
STROVITE ONE (brand for b-plex plus) - Tier 2; PA; QL
tricitrates - Tier 1
tri-vite/fluoride oral solution 0.25 mg/ml - Tier 1; QL
tri-vite/fluoride oral solution 0.5 mg/ml - Tier 1
UDAMIN SP (brand for b-plex plus) - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1
VENEXA (brand for b-plex plus) - Tier 2; QL
VENEXA FE (brand for b-plex plus) - Tier 2; QL
vic-forte (generic for VIC-FORTE) - Tier 1
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit
(generic for DRISDOL) - Tier 1; QL
vitamins acd-fluoride - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL
VITAROCA PLUS (brand for b-plex plus) - Tier 2; QL
VITRAMYN (brand for b-plex plus) - Tier 2; QL
VITRANOL (brand for b-plex plus) - Tier 2; QL
VITRANOL FE (brand for b-plex plus) - Tier 2; QL
VITREXYL (brand for b-plex plus) - Tier 2; QL
VITREXYL + IRON (brand for b-plex plus) - Tier 2; QL
WELLFOLA (brand for b-plex plus) - Tier 2; QL

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

Preferred Agents

Non-Preferred Agents

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
pyridoxine hcl oral tablet 50 mg - Tier 1; QL
thiamine hcl injection - Tier 1; PA; QL
thiamine hcl oral - Tier 1; QL
TRUE VITAMIN B6 ORAL TABLET 50 MG - Tier 2; QL
vitamin b1 - Tier 1; QL
vitamin b-6 oral tablet 50 mg - Tier 1; QL

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

Prior Authorization / Class Criteria

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

Index of Drugs

12 hour allergy-d.....	201	ACCU-CHEK GUIDE CONTROL.....	98	<i>acetaminophen-codeine</i>	8
24 hour nasal allergy.....	204	ACCU-CHEK GUIDE KIT W/DEVICE.....	98	<i>acetazolamide er</i>	75
3 day vaginal.....	37	ACCU-CHEK GUIDE TEST STRIPS.....	98	<i>acetazolamide oral</i>	75
3-day vaginal vaginal cream 2 %.....	37	ACCU-CHEK LINKASSIST.....	98	<i>acetic acid otic</i>	188
8 hour arthritis pain.....	10	ACCU-CHEK SMARTVIEW.....	98	<i>acetylcysteine inhalation</i>	198
8 hour arthritis relief.....	10	ACCU-CHEK SMARTVIEW CONTROL.....	98	<i>acid controller</i>	121
8 hour pain relief oral tablet extended release 650 mg.....	10	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	98	<i>acid reducer oral tablet 10 mg</i>	121
8 hour pain reliever.....	10	ACCU-CHEK TENDER 1 INFUSION.....	161	<i>acid reducer oral tablet delayed release 20 mg</i>	122
8 hr arthritis pain relief.....	10	ACCUPRIL.....	71	ACIPHEX.....	122
8hr arthritis pain relief.....	10	ACCURETIC.....	75	<i>acitretin</i>	87
8hr muscle aches & pain.....	10	<i>accutane</i>	87	ACTEMRA.....	153
<i>abacavir sulfate</i>	56	ACCUTREND GLUCOSE.....	98	ACTEMRA ACTPEN.....	153
<i>abacavir sulfate-lamivudine</i>	56	ACCUTREND GLUCOSE CONTROL.....	99	ACTHAR.....	136
<i>abatron af</i>	111	ACE AEROSOL CLOUD ENHANCER.....	161	ACTHIB.....	157
ABILIFY ASIMTUFII.....	51	<i>acebutolol hcl oral</i>	72	ACTIFOAM COLLAGEN SPONGE.....	161
ABILIFY MAINTENA.....	51	<i>acetaminophen 8 hour</i>	10	ACTIVASE.....	69
ABILIFY MYCITE MAINTENANCE KIT.....	161	<i>acetaminophen 8 hours</i>	10	ACTIVELLA.....	140
ABILIFY MYCITE STARTER KIT.....	161	<i>acetaminophen 8hr arth pain</i>	10	ACTIVITE.....	115
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG.....	51	<i>acetaminophen 8hr musc ache</i>	10	ACTONEL.....	160
<i>abiraterone acetate</i>	41	<i>acetaminophen childrens</i>	10	ACTOPLUS MET.....	61
ABRILADA (1 PEN).....	161	<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	11	ACTOS.....	61
ABRILADA (2 PEN).....	161	<i>acetaminophen er</i>	11	ACULAR.....	183
ABRILADA (2 SYRINGE).....	161	<i>acetaminophen ex st oral tablet 500 mg</i>	11	ACULAR LS.....	183
ABRYSVO.....	161	<i>acetaminophen extra strength</i>	11	ACUVAIL.....	183
ABSORICA LD.....	87	<i>acetaminophen infants</i>	11	<i>acyclovir cream 5 % external</i>	55
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG.....	87	<i>acetaminophen oral liquid 160 mg/5ml</i>	11	<i>acyclovir external ointment</i>	55
ABSORICA ORAL CAPSULE 25 MG, 35 MG.....	87	<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	11	<i>acyclovir oral</i>	55
<i>acamprosate calcium</i>	17	<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	11	ACZONE.....	94
ACANYA.....	87	<i>acetaminophen oral tablet 325 mg</i>	11	ADACEL.....	157
<i>acarbose oral</i>	61	<i>acetaminophen oral tablet 500 mg</i>	11	ADALIMUMAB-AACF (2 PEN).....	161
ACCOLATE.....	193	<i>acetaminophen oral tablet chewable 160 mg</i>	11	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	161
ACCU-CHEK AVIVA DEVICE.....	98	<i>acetaminophen rectal suppository 120 mg</i> ..	11	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	161
ACCU-CHEK AVIVA PLUS TEST STRIPS..	98	<i>acetaminophen rectal suppository 650 mg</i> ..	11	ADALIMUMAB-ADB (2 PEN).....	161
ACCU-CHEK FASTCLIX LANCET KIT.....	98			ADALIMUMAB-ADB (2 SYRINGE).....	161
				ADALIMUMAB-ADB (CD/UC/HS STRT)..	161

ADALIMUMAB-ADB(PS/UV STARTER). 161	AEROCHAMBER PLUS FLO-VU MEDIUM	ALBUTEROL SULFATE HFA AEROSOL
ADALIMUMAB-FKJP 161	DEVICE..... 162	SOLUTION 108 (90 BASE) MCG/ACT
<i>adapalene external cream</i>.....87	AEROCHAMBER PLUS FLO-VU SMALL	INHALATION..... 194
<i>adapalene external gel</i>.....87	DEVICE..... 162	<i>albuterol sulfate inhalation nebulization</i>
<i>adapalene-benzoyl peroxide external gel</i>	AEROECLIPSE EZ TWIST TUBING..... 162	<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>
<i>0.1-2.5 %</i>87	AEROECLIPSE MASK LARGE..... 162	<i>mg/0.5ml</i> 194
<i>adapalene-benzoyl peroxide external gel</i>	AEROECLIPSE MASK MEDIUM..... 162	<i>albuterol sulfate inhalation nebulization</i>
<i>0.3-2.5 %</i>87	AEROECLIPSE MASK SMALL..... 162	<i>solution 0.63 mg/3ml, 1.25 mg/3ml</i> 194
ADASUVE..... 50	AFINITOR..... 43	<i>albuterol sulfate nebulization solution (5</i>
ADBRY..... 153	AFINITOR DISPERZ..... 43	<i>mg/ml) 0.5% inhalation</i> 194
<i>adclf (0.5mg/ml)</i> 212	<i>afirmelle</i> 140	ALBUTEROL SULFATE NEBULIZATION
ADCIRCA..... 197	AFLURIA QUADRIVALENT..... 158	SOLUTION (5 MG/ML) 0.5% INHALATION
ADDERALL ORAL TABLET 10 MG, 15	AFREZZA..... 63	..... 194
MG, 30 MG, 5 MG..... 82	AFRIN SALINE NASAL MIST..... 199	<i>albuterol sulfate oral syrup</i> 194
ADDERALL ORAL TABLET 12.5 MG, 20	<i>aftera</i> 150	<i>albuterol sulfate oral tablet 2 mg</i> 194
MG, 7.5 MG..... 82	AGAMREE..... 162	<i>albuterol sulfate oral tablet 4 mg</i> 194
ADDERALL XR..... 82	AGONEAZE..... 16	ALCAINE..... 180
<i>adefovir dipivoxil</i> 54	AGRYLIN..... 68	<i>alclometasone dipropionate</i> 89
ADEMPAS..... 197	AIMOVIG..... 38	ALCOHOL PREP PADS PAD , 70 %..... 162
ADLARITY..... 30	<i>airavite</i> 115	ALCOHOL PREP PADS SHEET 70 %..... 162
ADMELOG..... 63	AIRDUO DIGIHALER..... 162	ALCOH-WIPE..... 162
ADMELOG SOLOSTAR..... 63	AIRDUO RESPICLICK 113/14..... 204	ALDACTONE..... 76
ADRENALIN INJECTION SOLUTION 1	AIRDUO RESPICLICK 232/14..... 204	ALECENSA..... 177
MG/ML..... 194	AIRDUO RESPICLICK 55/14..... 204	<i>alendronate sodium</i> 160
ADTHYZA..... 151	AIRSUPRA..... 162	<i>alfuzosin hcl er</i> 134
ADULT AEROSOL MASK..... 161	AJOVY..... 38	ALINIA ORAL TABLET..... 46
ADVAIR DISKUS..... 204	AKEEGA..... 162	<i>aliskiren fumarate</i> 75
ADVAIR HFA..... 204	AKOVAZ INTRAVENOUS SOLUTION..... 79	ALKINDI SPRINKLE..... 136
ADVANCED GLUCOSE TEST..... 99	AKTEN..... 180	<i>all day allergy d</i> 201
ADVIL JUNIOR STRENGTH..... 4	AKYNZEO..... 35	<i>all day allergy oral tablet 10 mg</i> 190
ADZENYS XR-ODT..... 82	AKYNZEO (READY-TO-USE)..... 35	<i>all day allergy relief oral tablet 10 mg</i> 202
AEMCOLO..... 20	AKYNZEO (TO-BE-DILUTED)..... 35	<i>all day allergy-d oral tablet extended</i>
AEROCHAMBER HOLDING CHAMBER... 161	ALAVERT ALLERGY/SINUS..... 206	<i>release 12 hour 5-120 mg</i> 201
AEROCHAMBER PLS FLOVU MTHPIECE	ALAWAY..... 188	<i>all day pain relief</i> 4
..... 161	ALAWAY CHILDRENS ALLERGY..... 188	<i>all day relief</i> 4
AEROCHAMBER PLUS FLO-VU INTERM 162	<i>albendazole oral</i> 46	<i>aller-chlor</i> 202
AEROCHAMBER PLUS FLO-VU LARGE	<i>albuterol sulfate hfa aerosol solution 108</i>	<i>allerclear</i> 202
DEVICE..... 162	<i>(90 base) mcg/lact inhalation</i> 194	<i>allerclear d-12hr</i> 206
		<i>allerclear d-24hr</i> 206

<i>allerg rel child (lorat)</i>	202	<i>allergy relief(cetirizine)</i>	190	<i>altamist spray</i>	199
<i>allerg relief child (lorat)</i>	202	<i>allergy relief/indoor/outdoor oral tablet 10 mg</i>	190	<i>altarussin</i>	199
<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	206	<i>allergy relief/nasal decong</i>	206	<i>altarussin dm</i>	206
<i>allergy & congestion relief</i>	206	<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	201	<i>altavera</i>	140
<i>allergy (cetirizine)</i>	190	<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	206	ALTOPREV.....	77
<i>allergy 24hour indoor/outdoor</i>	190	<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	201, 206	ALTRENO.....	87
<i>allergy childrens oral liquid</i>	190	<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	206	ALUNBRIG.....	177
<i>allergy childrens oral solution</i>	202	<i>allergy relief-d12</i>	206	ALVAIZ.....	162
<i>allergy eye drops</i>	188	<i>allergy spray 24 hour nasal aerosol</i>	204	ALVESCO.....	193
<i>allergy medication</i>	190	<i>allergy/congestion relief</i>	206	<i>alvimopan</i>	125
<i>allergy medicine</i>	190	<i>aller-tec</i>	191	<i>alyacen 1/35</i>	140
<i>allergy oral capsule 25 mg</i>	190	<i>aller-tec d</i>	201	<i>alyacen 7/7/7</i>	140
<i>allergy oral liquid 12.5 mg/5ml</i>	190	<i>allopurinol oral tablet 100 mg, 300 mg</i>	37	<i>alyq</i>	197
<i>allergy oral tablet 25 mg</i>	190	ALLOPURINOL ORAL TABLET 200 MG.....	37	<i>amabelz</i>	140
<i>allergy oral tablet 4 mg</i>	202	ALLZITAL.....	8	<i>amantadine hcl oral capsule</i>	48
<i>allergy rel child (loratadine)</i>	202	<i>almotriptan malate</i>	39	<i>amantadine hcl oral solution</i>	48
<i>allergy relief (cetirizine) oral tablet 10 mg</i> ..	190	ALOCRI.....	182	<i>amantadine hcl oral tablet</i>	48
<i>allergy relief (loratadine) oral tablet</i>	202	ALOGLIPTIN BENZOATE.....	61	AMBIEN.....	210
<i>allergy relief adult</i>	190	ALOGLIPTIN-METFORMIN HCL.....	61	AMBIEN CR.....	210
<i>allergy relief cetirizine</i>	190	ALOGLIPTIN-PIOGLITAZONE.....	61	<i>ambrisentan</i>	197
<i>allergy relief child</i>	202	ALOMIDE.....	182	AMELUZ.....	93
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	190	ALORA.....	140	<i>amethia oral tablet 0.15-0.03 &0.01 mg</i>	140
<i>allergy relief childrens oral solution 5 mg/5ml</i>	202	<i>aloksetron hcl</i>	119	<i>amethyst</i>	140
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	201	ALPHAGAN P.....	185	<i>amiloride hcl oral</i>	76
<i>allergy relief d-12</i>	206	<i>alprazolam er</i>	59	<i>amiloride-hydrochlorothiazide</i>	75
<i>allergy relief d-24</i>	206	<i>alprazolam intensol</i>	59	<i>aminocaproic acid oral solution</i>	69
<i>allergy relief max st</i>	190	<i>alprazolam oral tablet</i>	59	<i>aminocaproic acid oral tablet</i>	69
<i>allergy relief nasal decong</i>	206	<i>alprazolam oral tablet dispersible</i>	59	<i>amiodarone hcl oral</i>	72
<i>allergy relief oral capsule 25 mg</i>	190	<i>alprazolam xr</i>	59	<i>amitriptyline hcl oral</i>	33
<i>allergy relief oral liquid 25 mg/10ml</i>	190	ALREX.....	183	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML.....	162
<i>allergy relief oral tablet 10 mg</i>	202	ALTACAINE.....	180	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML.....	162
<i>allergy relief oral tablet 25 mg</i>	190	ALTACE.....	71	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	162
<i>allergy relief oral tablet 4 mg</i>	203	<i>altafrin</i>	180	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	162
<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	201	<i>altalube</i>	186	AMJEVITA-PED 10KG TO.....	163

AMJEVITA-PED 15KG TO	163	<i>anagrelide hcl</i>	68	<i>antifungal tolnaftate</i>	163
AMJEVITA-PED 15KG TO	163	<i>ana-lex</i>	96	<i>anti-hist allergy</i>	191
<i>amlodipine besylate oral</i>	73	ANALPRAM HC	93	ANTIVERT ORAL TABLET	34
<i>amlodipine besylate-benazepril hcl</i>	75	ANALPRAM HC SINGLES	93	ANTIVERT ORAL TABLET CHEWABLE	34
<i>amlodipine besylate-valsartan</i>	75	ANALPRAM-HC	93	<i>anucort-hc</i>	38
<i>amlodipine-atorvastatin</i>	75	ANAPROX DS	4	ANUSOL-HC EXTERNAL	159
<i>amlodipine-olmesartan</i>	75	ANASPAZ	163	ANUSOL-HC RECTAL	38
<i>amlodipine-valsartan-hctz</i>	75	<i>anastrozole oral</i>	42	ANZEMET	35
<i>ammonium lactate external</i>	89	ANCOBON	36	APADAZ	8
<i>amnesteem</i>	87	ANDRODERM	139	<i>apap-caff-dihydrocodeine</i>	8
<i>amoxapine</i>	33	ANDROGEL PUMP	139	APEXICON E	89
<i>amoxicill-clarithro-lansopraz</i>	120	ANGELIQ	140	APHEXDA	163
<i>amoxicillin</i>	22	<i>animal shapes complete</i>	212	APIDRA SOLOSTAR	63
<i>amoxicillin-potassium clavulanate er</i>	22	ANNOVERA	140	APIDRA VIAL	63
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>	22	ANODYNE LPT	16	APLENZIN	31
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	22	ANORO ELLIPTA	204	APOKYN	49
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 875-125 mg</i>	22	<i>antacid calcium</i>	125	<i>apomorphine hcl subcutaneous</i>	49
<i>amoxicillin-potassium clavulanate oral tablet 500-125 mg</i>	22	<i>antacid calcium rich</i>	125	APONVIE	35
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	22	<i>antacid extra str</i>	125	<i>apraclonidine hcl</i>	185
<i>amphetamine sulfate</i>	82	<i>antacid extra strength oral tablet chewable 750 mg</i>	125	<i>aprepitant oral</i>	35
<i>amphetamine-dextroamphetamine er</i>	82	<i>antacid kids</i>	125	<i>aprepitant oral capsule 125 mg, 40 mg</i>	35
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>	82	<i>antacid maximum</i>	125	<i>aprepitant oral capsule 80 mg</i>	35
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 20 mg, 7.5 mg</i>	82	<i>antacid maximum strength oral tablet chewable 1000 mg</i>	125	<i>aprepitant pak 80 & 125mg</i>	35
<i>amphet-dextroamphet 3-bead er</i>	82	<i>antacid oral tablet chewable 1000 mg</i>	125	<i>apri</i>	140
<i>amphotericin b intravenous</i>	36	<i>antacid oral tablet chewable 500 mg</i>	125	APRISO	159
<i>ampicillin</i>	22	<i>antacid oral tablet chewable 750 mg</i>	125	APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	81
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	22	<i>antacid ultra strength</i>	125	APTOM	29
AMPYRA	84	<i>antacid ultra strength oral tablet chewable 1000 mg</i>	125	APTIVUS	57
AMRIX	209	<i>antibiotic</i>	163	AQ INSULIN SYRINGE	163
ANAFRANIL	33	<i>antibiotic external ointment 500 unit/gm</i>	163	AQINJECT PEN NEEDLE 31G X 5 MM	163
		<i>anti-diarrheal oral suspension 262 mg/15ml</i>	125	AQINJECT PEN NEEDLE 32G X 4 MM	99
		<i>anti-diarrheal oral tablet 2 mg</i>	119	<i>aqueous vitamin d</i>	115
		<i>antifungal (tolnaftate)</i>	163	ARALAST NP	132
		<i>antifungal external cream</i>	37	<i>aranelle</i>	140
		<i>antifungal miconazole</i>	37	ARANESP (ALBUMIN FREE)	68
				ARAVA	155

ARAZLO.....	87	<i>aspirin adults</i>	163	<i>atovaquone</i>	46
ARCALYST.....	153	<i>aspirin childrens</i>	163	<i>atovaquone-proguanil hcl</i>	46
AREXVY.....	163	<i>aspirin ec oral tablet 325 mg</i>	163	ATRALIN.....	87
<i>arformoterol tartrate</i>	194	<i>aspirin ec oral tablet delayed release 325 mg</i>	163	<i>atropine sulfate ophthalmic ointment</i>	180
ARICEPT ORAL TABLET 10 MG, 5 MG.....	30	<i>aspirin ec oral tablet delayed release 81 mg</i>	163	<i>atropine sulfate ophthalmic solution 1 %</i>	180
ARICEPT ORAL TABLET 23 MG.....	30	<i>aspirin</i>	163	ATROVENT HFA.....	194
ARIKAYCE.....	19	<i>aspirin oral tablet 325 mg</i>	163	AUBAGIO.....	84
ARIMIDEX.....	42	<i>aspirin oral tablet chewable 81 mg</i>	163	<i>aubra eq</i>	140
<i>aripiprazole oral solution</i>	51	<i>aspirin oral tablet delayed release 325 mg</i>	163	AUGMENTIN.....	22
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	51	<i>aspirin oral tablet delayed release 81 mg</i> ..	163	AUGMENTIN ES-600.....	22
<i>aripiprazole oral tablet dispersible</i>	51	ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG.....	163	AUGTYRO.....	163
ARISTADA.....	51	<i>aspirin regimen</i>	163	AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM.....	163
ARISTADA INITIO.....	51	<i>aspirin-dipyridamole er</i>	69	AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM.....	163
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 7.5 MG/0.6ML.....	67	ASPRUZYO SPRINKLE.....	75	AUM MINI INSULIN PEN NEEDLE 32G X 4 MM.....	99
ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.4ML.....	67	ASSURE ID DUO PRO PEN NEEDLES....	163	AUM MINI INSULIN PEN NEEDLE 32G X 5 MM , 32G X 6 MM.....	99
<i>armodafinil</i>	211	ASSURE ID PRO PEN NEEDLES.....	163	AUM MINI INSULIN PEN NEEDLE 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM.....	163
ARMONAIR DIGIHALER.....	163	ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG.....	155	AUM PEN NEEDLE 32G X 4 MM.....	99
ARMOUR THYROID.....	151	ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG....	155	AUM PEN NEEDLE 32G X 5 MM , 32G X 6 MM.....	99
ARNUITY ELLIPTA.....	193	ASTEPRO.....	191	AUM PEN NEEDLE 33G X 4 MM , 33G X 5 MM , 33G X 6 MM.....	163
AROMASIN.....	42	ASTEPRO CHILDRENS.....	191	AUM READYGARD DUO PEN NEEDLE....	99
<i>arthritis pain oral tablet extended release 650 mg</i>	11	ASTRINGYN.....	70	AUM SAFETY PEN NEEDLE 31G X 4 MM.....	163
<i>arthritis pain relief oral tablet extended release 650 mg</i>	12	ATACAND.....	71	AUM SAFETY PEN NEEDLE 31G X 5 MM.....	164
<i>arthritis pain reliever oral</i>	12	ATACAND HCT.....	75	<i>aurovela 1.5/30</i>	140
ARTHROTEC.....	4	<i>atazanavir sulfate</i>	57	<i>aurovela 1/20</i>	141
<i>ascomp-codeine</i>	8	ATELVIA.....	160	<i>aurovela 24 fe</i>	141
<i>asenapine maleate</i>	51	<i>atenolol oral</i>	72	<i>aurovela fe 1.5/30</i>	141
<i>ashlyna</i>	140	<i>atenolol-chlorthalidone</i>	75	<i>aurovela fe 1/20</i>	141
ASMANEX (120 METERED DOSES).....	193	<i>athletes foot (tolnaftate) external cream 1 %</i>	163	AURYXIA.....	114
ASMANEX (14 METERED DOSES).....	193	ATIVAN INJECTION.....	59	AUSTEDO.....	83
ASMANEX (30 METERED DOSES).....	193	ATIVAN ORAL.....	59		
ASMANEX (60 METERED DOSES).....	193	<i>atomoxetine hcl</i>	81		
ASMANEX HFA.....	193	ATORVALIQ.....	77		
ASPARTAME (FOR COMPOUNDING).....	163	<i>atorvastatin calcium oral</i>	77		
ASPARTAME (NUTRASWEET).....	163				

AUSTEDO PATIENT TITRATION KIT	AZILECT	50	BASAGLAR TEMPO PEN	63
ORAL TABLET THERAPY PACK 6 & 9 &	<i>azithromycin oral packet</i>	23	BAXDELA ORAL	23
12 MG	<i>azithromycin oral suspension reconstituted</i>	23	BAYER ASPIRIN	164
83	<i>azithromycin oral tablet</i>	23	BAYER LOW DOSE ORAL TABLET	
AUSTEDO XR	AZOPT	185	CHEWABLE	164
83	AZOR	75	<i>baza antifungal</i>	37
AUSTEDO XR PATIENT TITRATION	AZSTARYS	82	BD AUTOSHIELD DUO PEN NEEDLES ...	164
83	AZULFIDINE	159	BD BLUNT FILTER NEEDLE	66
AUVELITY	AZULFIDINE EN-TABS	159	BD ECLIPSE LUER-LOK NEEDLE	164
164	<i>azurette</i>	141	BD ECLIPSE NEEDLE 18G X 1-1/2"	66
AUVI-Q	<i>b-1</i>	215	BD ECLIPSE NEEDLE 21G X 1" , 21G X	
194	BABY AYR SALINE	199	1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2"	164
AVALIDE	<i>bac</i>	8	BD ECLIPSE NEEDLE 25G X 1-1/2"	164
75	<i>bacitracin external</i>	164	BD ECLIPSE SHIELDED NEEDLE	66
AVAPRO	<i>bacitracin external ointment 500 unit/gm</i> ...	164	BD NOKOR ADMIX NEEDLE	66
71	<i>bacitracin ophthalmic</i>	182	BD SAFETYGLIDE NEEDLE 21G X 1"	164
AVAR CLEANSER	<i>bacitracin zinc external</i>	164	BD SAFETYGLIDE SHIELDED NEEDLE	
96	<i>bacitracin zinc first aid</i>	164	21G X 1-1/2"	164
AVAR LS CLEANSER	<i>bacitracin zinc-aloe</i>	164	BD ULTRA-FINE INSULIN SYRINGES	164
96	<i>bacitracin-polymyxin b</i>	182	BD ULTRA-FINE INSULIN SYRINGES	
AVAR-E EMOLLIENT	<i>bacitra-neomycin-polymyxin-hc</i>	180	30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML..	164
96	BACLOFEN ORAL SOLUTION	54	BD ULTRA-FINE INSULIN SYRINGES	
AVAR-E GREEN	<i>baclofen oral suspension</i>	54	30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML	164
96	<i>baclofen oral tablet</i>	54	BD ULTRA-FINE INSULIN SYRINGES	
AVAR-E LS	BACMIN	212	31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	164
96	BACTRIM	24	BD ULTRA-FINE INSULIN SYRINGES	
AVEDANA GLYCERIN (ADULT)	BACTRIM DS	24	31G X 5/16" 0.3 ML	164
129	BAFIERTAM	84	BD ULTRA-FINE INSULIN SYRINGES	
AVEED	BALCOLTRA	141	31G X 5/16" 1 ML	164
139	<i>balsalazide disodium</i>	159	BD ULTRA-FINE PEN NEEDLES	99
<i>aviane</i>	BALVERSA	43	BD ULTRA-FINE PEN NEEDLES 29G X	
141	<i>balziva</i>	141	12.7MM	164
<i>avidoxy</i>	<i>banophen oral capsule 25 mg</i>	191	BD ULTRA-FINE PEN NEEDLES 31G X 5	
24	<i>banophen oral tablet</i>	191	MM	164
AVITENE	BANZEL	29	BD ULTRA-FINE PEN NEEDLES 31G X 8	
164	BAQSIMI ONE PACK	62	MM	164
AVITENE FLOUR	BAQSIMI TWO PACK	62	BELBUCA	6
164	BARACLUDGE	54	<i>belladonna alkaloids-opium</i>	124
AVODART	BASAGLAR KWIKPEN	63	BELSOMRA	210
134				
AVONEX PEN				
84				
AVONEX PREFILLED				
84				
AVSOLA				
155				
AYR				
199				
<i>ayuna</i>				
141				
AYVAKIT ORAL TABLET 100 MG, 200				
MG, 300 MG				
177				
AYVAKIT ORAL TABLET 25 MG, 50 MG..				
177				
AZASAN				
155				
AZASITE				
182				
<i>azathioprine oral tablet 100 mg, 75 mg</i>				
155				
<i>azathioprine oral tablet 50 mg</i>				
155				
<i>azelaic acid external</i>				
87				
<i>azelastine hcl nasal solution 0.1 % , 137</i>				
<i>mcg/spray</i>				
191				
<i>azelastine hcl nasal solution 0.15 %</i>				
191				
<i>azelastine hcl ophthalmic</i>				
182				
<i>azelastine-fluticasone</i>				
191				

BENADRYL ALLERGY CHILDRENS ORAL LIQUID.....	191	BETAPACE.....	72	<i>bismuth</i>	125
BENADRYL ALLERGY ULTRATABS.....	191	BETAPACE AF.....	72	<i>bismuth subsalicylate oral</i>	125
<i>benazepril hcl oral</i>	71	BETASERON.....	84	<i>bismuth/metronidaz/tetracyclin</i>	120
<i>benazepril-hydrochlorothiazide</i>	75	<i>betatemp childrens</i>	12	<i>bisoprolol fumarate oral</i>	72
BENICAR.....	71	<i>betaxolol hcl ophthalmic</i>	185	<i>bisoprolol-hydrochlorothiazide</i>	75
BENICAR HCT.....	75	<i>betaxolol hcl oral</i>	72	<i>blisovi 24 fe</i>	141
BENLYSTA INTRAVENOUS.....	153	<i>bethanechol chloride oral</i>	135	<i>blisovi fe 1.5/30</i>	141
BENLYSTA SUBCUTANEOUS.....	153	BETHKIS.....	195	<i>blisovi fe 1/20</i>	141
BENZAMYCIN.....	87	BETIMOL.....	185	BLOOD GLUCOSE MONITORING 333.....	99
BENZHYDROCODONE-ACETAMINOPHEN.....	8	BETOPTIC-S.....	185	BLOOD GLUCOSE TEST IN VITRO STRIP.....	99
BENZNIDAZOLE.....	46	BEVESPI AEROSPHERE.....	204	BLOOD GLUCOSE TEST STRIPS.....	99, 102
BENZOYL PEROXIDE EXTERNAL GEL 8 %.....	164	<i>bexarotene</i>	44	BLOOD GLUCOSE TEST STRIPS 333.....	99
<i>benzoyl peroxide-erythromycin</i>	87	BEXSERO.....	157	BLUESTAR.....	165
<i>benztropine mesylate oral</i>	47	BEYAZ.....	141	BONINE.....	34
<i>bepotastine besilate</i>	182	<i>bicalutamide</i>	41	BONJESTA.....	34
BEPREVE.....	182	BICILLIN L-A.....	22	BOOSTRIX.....	157
BESIVANCE.....	182	BIDIL.....	75	<i>bortezomib intravenous solution</i>	42
BESREMI.....	45	BIGFOOT UNITY PROGRAM.....	164	<i>bosentan</i>	197
BETADINE OPHTHALMIC PREP.....	187	BIJUVA CAPSULE 1-100 MG ORAL.....	141	BOSULIF ORAL CAPSULE.....	177
<i>betaine</i>	132	BIJUVA ORAL CAPSULE 0.5-100 MG.....	141	BOSULIF ORAL TABLET.....	177
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML.....	136	BIKTARVY ORAL TABLET 30-120-15 MG..	55	<i>bp 10-1</i>	96
<i>betamethasone dipropionate aug</i>	89	BIKTARVY ORAL TABLET 50-200-25 MG..	55	<i>b-plex</i>	115
<i>betamethasone dipropionate external cream</i>	89	BILAC.....	125	<i>b-plex plus</i>	212
<i>betamethasone dipropionate external lotion</i>	89	BILAYER MATRIX WOUND DRESSING..	165	BPROTECTED PEDIA IRON.....	111
<i>betamethasone dipropionate external ointment</i>	89	BILTRICIDE.....	46	BPROTECTED PEDIA POLY-VITE.....	212
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION.....	136	<i>bimatoprost solution 0.03 % ophthalmic</i>	180	BRAFTOVI.....	43
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	136	BIMZELX.....	165	BREATHE COMFORT CHAMBER/ADULT.....	165
<i>betamethasone valerate external cream</i>	89	BINAXNOW COVID-19 AG HOME TEST..	165	BREATHE COMFORT CHAMBER/CHILD.....	165
<i>betamethasone valerate external foam</i>	89	BINOSTO.....	160	BREATHE COMFORT HUMIDIFIER.....	165
<i>betamethasone valerate external lotion</i>	89	BIO GLO.....	186	BREATHE EASE HUMIDIFIER.....	165
<i>betamethasone valerate external ointment</i> ..	89	<i>biocel</i>	212	BREATHE EASE NEB MASK/CHILD.....	165
		BIOLLE TEARS.....	186	BREATHE EASE NEB MASK/INFANT.....	165
		BIOTEL CARE TEST STRIPS.....	99	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION.....	204
		BIOTHRAX.....	158	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT.....	204
		<i>bis subcit-metronid-tetracyc</i>	120		
		<i>bisacodyl ec</i>	165		
		<i>bisacodyl laxative</i>	165		
		<i>bisacodyl oral</i>	165		
		<i>bisacodyl rectal</i>	165		

BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25	<i>buprenorphine hcl-naloxone hcl sublingual film</i>	<i>calcipotriene-betameth diprop external suspension</i>
MCG/INH.....205	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	93
BREXAFEMME.....165	17	<i>calcitonin (salmon) injection</i>
<i>breyana</i>.....205	<i>bupropion hcl er (smoking det)</i>	160
BREZTRI AEROSPHERE.....205	18	<i>calcitonin (salmon) nasal</i>
<i>briellyn</i>.....141	<i>bupropion hcl er (sr)</i>	160
BRILINTA.....69	31	CALCITRENE.....
<i>brimonidine tartrate external</i>	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	93
87	31	<i>calcitriol external</i>
<i>brimonidine tartrate ophthalmic</i>	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG..	93
185	31	<i>calcitriol oral capsule</i>
<i>brimonidine tartrate-timolol</i>	<i>bupropion hcl oral</i>	160
180	31	<i>calcitriol oral solution</i>
<i>brinzolamide</i>	<i>buspirone hcl oral</i>	160
185	58	<i>calcium + vitamin d3 oral tablet 500-5 mcg</i>
BRIUMVI.....165	<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	111
BRIVIACT INTRAVENOUS.....26	8	<i>calcium 500/vitamin d3</i>
BRIVIACT ORAL.....26	BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL.....	111
<i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i>	8	<i>calcium 600 oral tablet 1500 (600 ca) mg</i> ..
183	8	212
<i>bromfenac sodium ophthalmic</i>	<i>butalbital-acetaminophen oral tablet</i>	111
183	8	<i>calcium 600/vitamin d</i>
<i>bromocriptine mesylate oral</i>	<i>butalbital-apap-caff-cod</i>	111
49	8	<i>calcium 600/vitamin d-3</i>
BROMSITE.....183	<i>butalbital-apap-caffeine capsule 50-300-40 mg oral</i>	111
BRONCHITOL.....86	8	<i>calcium 600+ d oral tablet 600-10 mg-mcg</i> ..
BRONCHITOL TOLERANCE TEST.....86	<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	114
BROVANA.....194	8	<i>calcium acetate (phos binder) oral capsule</i> ..
BRUKINSA.....177	8	114
BRYHALI.....89	<i>butalbital-asa-caff-codeine</i>	114
BUBBLES THE FISH II PEDI MASK.....165	8	<i>calcium acetate oral tablet 667 mg</i>
BUCKLEYS CHEST CONGESTION.....199	<i>butalbital-aspirin-caffeine</i>	125
<i>budesonide er</i>	<i>butorphanol tartrate nasal</i>	<i>calcium antacid</i>
159	8	<i>calcium antacid ex st oral tablet chewable 750 mg</i>
<i>budesonide inhalation</i>	BUTRANS.....	125
193	6	<i>calcium antacid extra strength</i>
<i>budesonide oral</i>	61	125
159	61	<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>
<i>budesonide rectal</i>	61	111
159	72	<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>
<i>budesonide-formoterol fumarate</i>	152	111
205	177	<i>calcium carbonate antacid oral suspension</i> ..
<i>bumetanide injection</i>	CABOMETYX.....	126
76	177	<i>calcium carbonate antacid oral tablet chewable</i>
<i>bumetanide oral</i>	CABTREO.....	126
76	96	126
BUMEX.....76	CADUET.....	126
BUPAP.....8	75	<i>calcium carbonate oral tablet 1500 (600 ca) mg</i>
BUPIVACAINE HCL (BULK).....16	<i>caffeine citrate oral</i>	212
<i>buprenorphine</i>	<i>calcipotriene external</i>	212
6	93	<i>calcium high potency</i>
<i>buprenorphine hcl sublingual</i>	<i>calcipotriene-betameth diprop external ointment</i>	111
10	93	<i>calcium oral tablet 1500 (600 ca) mg</i>

<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	111	<i>carbidopa-levodopa oral tablet dispersible</i> ...50	CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" , 25G X 1-1/2".....	165
<i>calcium plus vitamin d oral tablet 600-10 mg-mcg</i>	111	<i>carbidopa-levodopa-entacapone</i>.....48	CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2".....	165
<i>calcium plus vitamin d oral tablet 600-5 mg-mcg</i>	111	<i>carbinoxamine maleate</i>.....191	CARETOUCH MONITOR SYSTEM.....	100
<i>calcium plus vitamin d3</i>	111	<i>carboxymethylcellulose sodium ophthalmic solution</i>	CARETOUCH TEST.....	100
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML.....	4	CARDIZEM.....	CARETOUCH TWIST MC LANCETS 30G	100
<i>cal-gest antacid</i>	126	CARDIZEM CD.....	CARETOUCH UNIVERSL CPAP FILTER.	165
CALQUENCE.....	165	CARDIZEM LA.....	<i>carisoprodol oral</i>	209
CAMBIA.....	4	CARDURA.....	CARNITOR ORAL SOLUTION.....	132
CAMCEVI.....	165	CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG....	CARNITOR ORAL TABLET.....	132
<i>camila</i>	148	CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG....	CARNITOR SF.....	132
<i>camrese</i>	141	CAREPOINT POLY HUB NEEDLE 18G X 1".....	CAROSPIR.....	76
<i>camrese lo</i>	141	CAREPOINT POLY HUB NEEDLE 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8".....	<i>carteolol hcl</i>	185
CAMZYOS.....	165	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2".....	<i>cartia xt</i>	74
CANASA.....	159	CAREPOINT SAFETY 1ST NEEDLE.....	<i>carvedilol</i>	72
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 70 MG.....	36	CARESENS CONTROL SOLUTION A/B...100	<i>carvedilol phosphate er</i>	72
<i>candesartan cilexetil</i>	71	CARESENS LANCETS 30G.....	CASODEX.....	41
<i>candesartan cilexetil-hctz</i>	75	CARESENS N FELIZ.....	<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	36
CANTHARIDIN EXTERNAL.....	165	CARESENS N FELIZ BT.....	CATAPRES-TTS-1.....	70
<i>capecitabine</i>	45	CARESENS N GLUCOSE SYSTEM.....	CATAPRES-TTS-2.....	70
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG.....	51	CARESENS N VOICE SYSTEM.....	CATAPRES-TTS-3.....	70
CAPLYTA ORAL CAPSULE 42 MG.....	51	CARESTART COVID-19 HOME TEST.....	CATHFLO ACTIVASE.....	69
CAPRELSA.....	177	CARETOUCH 2 CPAP HOSE HANGER...165	CAYA.....	166
<i>captopril oral</i>	71	CARETOUCH CONTROL SOL LEVEL 2..100	CAYSTON.....	195
<i>captopril-hydrochlorothiazide</i>	75	CARETOUCH CPAP & BIPAP HOSE.....	<i>cefaclor er</i>	21
CARAC.....	93	CARETOUCH CPAP MASK WIPES.....	<i>cefaclor oral capsule</i>	21
CARAFATE ORAL SUSPENSION.....	121	CARETOUCH CPAP PRE-WASH SOLN..165	<i>cefaclor oral suspension reconstituted</i>	21
CARAFATE ORAL TABLET.....	121	CARETOUCH CPAP TUBE BRUSH.....	<i>cefadroxil</i>	21
<i>carbamazepine er</i>	29	CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2".....	<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>	21
<i>carbamazepine oral</i>	29	CARETOUCH HYPODERMIC NEEDLE 20G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8".....	<i>cefazolin sodium-dextrose intravenous solution 2-4 gml/100ml-%</i>	21
CARBATROL.....	29		<i>cefdinir</i>	21
<i>carbidopa oral</i>	50		<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	21
<i>carbidopa-levodopa er</i>	50		<i>cefixime oral capsule</i>	21
<i>carbidopa-levodopa oral tablet</i>	50		<i>cefixime oral suspension reconstituted</i>	21

<i>cefotetan disodium</i>	21	CETRAXAL.....	188	<i>chloroquine phosphate oral</i>	46
<i>cefoxitin sodium intravenous solution reconstituted 10 gm</i>	21	<i>cevimeline hcl</i>	86	<i>chlor-pheniramine</i>	203
<i>cefpodoxime proxetil oral suspension reconstituted</i>	21	<i>charlotte 24 fe</i>	141	<i>chlorpheniramine maleate</i>	203
<i>cefpodoxime proxetil oral tablet</i>	21	<i>chateal eq</i>	141	<i>chlorpheniramine maleate oral</i>	203
<i>cefprozil</i>	21	CHEMET.....	114	<i>chlorpromazine hcl injection</i>	50
<i>ceftazidime injection</i>	21	CHEMSTRIP 10 MD.....	100	<i>chlorpromazine hcl oral concentrate</i>	50
<i>ceftazidime intravenous</i>	21	CHEMSTRIP 10/SG.....	100	<i>chlorpromazine hcl oral tablet</i>	50
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> ..	21	CHEMSTRIP 2 GP.....	100	<i>chlorthalidone</i>	77
<i>cefuroxime axetil</i>	21	CHEMSTRIP 5 OB.....	100	<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	209
CELEBREX.....	4	CHEMSTRIP 7.....	100	<i>chlorzoxazone tablet 375 mg oral</i>	209
<i>celecoxib capsule 100 mg oral</i>	4	CHEMSTRIP 9.....	100	<i>chlorzoxazone tablet 750 mg oral</i>	209
<i>celecoxib capsule 200 mg oral</i>	4	CHEMSTRIP K.....	100	CHOLBAM.....	132
<i>celecoxib oral capsule 400 mg, 50 mg</i>	4	CHEMSTRIP MICRAL.....	100	<i>cholestyramine light</i>	78
CELESTONE SOLUSPAN.....	136	CHEMSTRIP UGK.....	100	<i>cholestyramine oral</i>	78
CELEXA.....	32	CHENODAL.....	120	CHORIONIC GONADOTROPIN	
CELLCEPT ORAL CAPSULE.....	155	<i>chest congestion relief child</i>	199	INTRAMUSCULAR.....	138
CELLCEPT ORAL SUSPENSION		<i>chest congestion relief dm oral syrup</i>	206	CIALIS ORAL TABLET 5 MG.....	134
RECONSTITUTED.....	155	<i>chest congestion relief oral liquid</i>	199	CIBINQO.....	98
CELLCEPT ORAL TABLET.....	155	<i>chewable childrens vitamin</i>	212	<i>ciclodan</i>	94
CELONTIN.....	27	<i>chewy not chalky flavor</i>	126	<i>ciclopirox external gel</i>	94
<i>cephalexin oral capsule</i>	21	<i>childrens acetaminophen</i>	12	<i>ciclopirox external shampoo</i>	94
<i>cephalexin oral suspension reconstituted</i>	21	<i>childrens allergy oral liquid 12.5 mg/5ml</i>	191	<i>ciclopirox external solution</i>	94
<i>cephalexin oral tablet</i>	21	<i>childrens animal shapes</i>	212	<i>ciclopirox olamine external</i>	94
CEPROTIN.....	67	<i>childrens apap</i>	12	<i>ciclopirox treatment</i>	94
CEQUA.....	180	<i>childrens aspirin oral tablet chewable 81 mg</i>	166	<i>cidofovir intravenous</i>	54
CEQUR SIMPLICITY 2U 10PK.....	166	<i>childrens chewables/iron</i>	212	<i>cilostazol</i>	69
CEREBYX INJECTION SOLUTION 500		<i>childrens complete oral tablet chewable 18 mg</i>	213	CILOXAN.....	182
MG PE/10ML.....	29	<i>childrens loratadine</i>	203	CIMDUO.....	56
<i>cerovel</i>	98	<i>childrens non-aspirin</i>	12	<i>cimetidine tablet 200 mg oral (rx)</i>	121
<i>cerovite jr</i>	212	<i>childrens silapap</i>	12	<i>cimetidine tablet 300 mg oral</i>	121
CERVIDIL.....	139	<i>childrens vitamins/iron</i>	213	<i>cimetidine tablet 400 mg oral</i>	121
<i>cetiri-d</i>	201	<i>childs non-aspirin</i>	12	<i>cimetidine tablet 800 mg oral</i>	121
<i>cetirizine allergy relief</i>	191	<i>chlordiazepoxide hcl</i>	59	CIMZIA SUBCUTANEOUS PREFILLED	
<i>cetirizine hcl oral solution</i>	191	<i>chlordiazepoxide-amitriptyline</i>	31	SYRINGE KIT 2 X 200 MG/ML, 6 X 200	
<i>cetirizine hcl oral tablet</i>	191	<i>chlordiazepoxide-clidinium capsule 5-2.5 mg oral</i>	119	MG/ML.....	155
<i>cetirizine-pseudoephedrine er</i>	201	<i>chlorhexidine gluconate mouth/throat</i>	86	CIMZIA VIAL KIT.....	155
				<i>cinacalcet hcl</i>	160
				CINQAIR.....	198
				CIPRO HC.....	188

CIPRO ORAL SUSPENSION RECONSTITUTED.....	23	<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	87	<i>clodan</i>	90
CIPRO ORAL TABLET.....	23	<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	87	CLODERM.....	90
<i>ciprofloxacin hcl ophthalmic</i>	182	<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	88	<i>clomipramine hcl oral</i>	33
<i>ciprofloxacin hcl oral</i>	23	<i>clindamycin phosphate external foam</i>	94	<i>clonazepam oral tablet</i>	59
<i>ciprofloxacin hcl otic</i>	188	<i>clindamycin phosphate external gel</i>	94	<i>clonazepam oral tablet dispersible</i>	59
<i>ciprofloxacin-dexamethasone</i>	188	<i>clindamycin phosphate external lotion</i>	94	<i>clonidine</i>	70
CIPROFLOXACIN-FLUOCINOLONE PF... 188		<i>clindamycin phosphate external solution</i>	95	<i>clonidine hcl er oral tablet extended release 12 hour</i>	81
CITALOPRAM HYDROBROMIDE ORAL CAPSULE.....	32	<i>clindamycin phosphate external swab</i>	95	CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR.....	70
<i>citalopram hydrobromide oral solution</i>	32	<i>clindamycin phosphate vaginal</i>	20	<i>clonidine hcl oral</i>	70
<i>citalopram hydrobromide oral tablet</i>	32	<i>clindamycin phosphate-benzoyl peroxide external gel 1-5 %</i>	88	<i>clopidogrel bisulfate oral</i>	69
<i>citroma</i>	129	<i>clindamycin-tretinoin</i>	88	<i>clorazepate dipotassium tablet 15 mg oral</i> ...59	
<i>claravis</i>	87	CLINDESSE.....	20	<i>clorazepate dipotassium tablet 3.75 mg oral</i>	59
CLARINEX.....	191	CLINERE EARWAX REMOVAL KIT OTIC SOLUTION.....	189	<i>clorazepate dipotassium tablet 7.5 mg oral</i> ..59	
CLARINEX-D 12 HOUR.....	198	CLINITEST RAPID COVID-19 TEST KIT IN VITRO.....	166	<i>clotrimazole 3 vaginal cream 2 %</i>	37
<i>clarithromycin er</i>	23	CLINPRO 5000.....	109	<i>clotrimazole 7</i>	37
<i>clarithromycin oral</i>	23	<i>clobazam oral suspension</i>	28	<i>clotrimazole external cream 1 %</i>	95
CLARITIN-D 24 HOUR.....	207	<i>clobazam oral tablet 10 mg</i>	28	<i>clotrimazole external solution 1 %</i>	95
<i>classic prenatal</i>	115	<i>clobazam oral tablet 20 mg</i>	28	<i>clotrimazole mouth/throat troche 10 mg</i>	36
<i>c-lax laxative</i>	166	<i>clobetasol prop emollient base</i>	89	<i>clotrimazole vaginal</i>	37
CLEARCANAL EARWAX SOFTENER.....	189	<i>clobetasol propionate e</i>	89	<i>clotrimazole vaginal cream 1 %</i>	37
CLEARDETECT COVID-19 AG HOME.....	166	<i>clobetasol propionate emulsion</i>	89	<i>clotrimazole-betamethasone external cream</i>	93
<i>clearlax oral powder 17 gm/scoop</i>	128	<i>clobetasol propionate external cream</i>	89	<i>clotrimazole-betamethasone external lotion</i> ..93	
<i>clemastine fumarate oral</i>	191	<i>clobetasol propionate external foam</i>	89	<i>clozapine oral tablet</i>	53
CLENPIQ.....	120	<i>clobetasol propionate external gel</i>	89	<i>clozapine oral tablet dispersible</i>	53
CLEOCIN ORAL.....	20	<i>clobetasol propionate external liquid</i>	89	CLOZARIL.....	53
CLEOCIN VAGINAL CREAM.....	20	<i>clobetasol propionate external lotion</i>	89	COARTEM.....	46
CLEOCIN VAGINAL SUPPOSITORY.....	20	<i>clobetasol propionate external ointment</i>	89	<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	8
CLEOCIN-T.....	94	<i>clobetasol propionate external solution</i>	89	COLAZAL.....	159
CLIMARA.....	141	<i>clobetasol propionate shampoo 0.05 % external</i>	89, 90	<i>colchicine oral capsule</i>	37
<i>clindacin</i>	94	CLOBEX.....	90	<i>colchicine oral tablet</i>	37
<i>clindacin etz external swab</i>	94	CLOBEX SPRAY.....	90	<i>colchicine-probenecid</i>	37
<i>clindacin-p</i>	94	<i>clocortolone pivalate</i>	90	<i>colesevelam hcl</i>	78
CLINDAGEL.....	94			COLESTID.....	78
<i>clindamycin hcl oral</i>	20			COLESTID FLAVORED.....	78
<i>clindamycin palmitate hcl</i>	20				

COLESTID FLAVORED ORAL GRANULES 5 GM.....	78	CONTOUR NEXT GEN MONITOR.....	101	COVARYX.....	150
<i>colestipol hcl oral granules</i>	78	CONTOUR NEXT GEN TEST STRIPS.....	101	COVARYX HS.....	150
<i>colestipol hcl oral packet</i>	78	CONTOUR NEXT LINK KIT W/DEVICE....	101	COVID-19 AT HOME ANTIGEN TEST.....	166
<i>colestipol hcl oral tablet</i>	78	CONTOUR NEXT MONITOR KIT W/DEVICE.....	101	COVID-19 AT HOME TEST KIT.....	166
<i>col-rite oral capsule 250 mg</i>	129	CONTOUR NEXT ONE KIT.....	101	COVID-19 AT-HOME TEST KIT IN VITRO	166
COMBIGAN.....	180	CONTOUR TEST STRIPS.....	101	COVID-19 SPECIMEN COLLECTION.....	166
COMBIPATCH.....	141	CONZIP.....	6	COZAAR.....	71
COMBIVENT RESPIMAT.....	205	COOL MIST HUMIDIFER.....	166	CREON.....	132
COMETRIQ (100 MG DAILY DOSE).....	177	COOL MIST HUMIDIFIER.....	166	CRESEMBA INTRAVENOUS.....	36
COMETRIQ (140 MG DAILY DOSE).....	177	COPAXONE.....	84	CRESEMBA ORAL CAPSULE 186 MG.....	36
COMETRIQ (60 MG DAILY DOSE).....	177	COPIKTRA.....	43	CRESTOR.....	77
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM.....	100	CORDRAN EXTERNAL CREAM 0.05 %....	90	CRINONE.....	148
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM.....	166	CORDRAN EXTERNAL LOTION 0.05 %....	90	<i>cromolyn sodium inhalation</i>	196
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM.....	166	COREG.....	72	<i>cromolyn sodium ophthalmic</i>	182
COMFORT TOUCH LANCETS 31G.....	100	COREG CR.....	72	<i>cromolyn sodium oral</i>	132
COMFORT TOUCH PLUS LANCETS 28G	100	CORGARD.....	72	CROTAN.....	94
COMFORT TOUCH PLUS LANCETS 30G	100	CORLANOR.....	75	<i>cryselle-28</i>	141
COMIRNATY.....	166	CORTEF.....	136	CUPRIMINE.....	135
COMPLERA.....	56	CORTENEMA.....	159	<i>curae</i>	150
<i>complete allergy</i>	191	CORTIFOAM.....	159	CUVPOSA.....	119
<i>complete allergy medicine</i>	191	CORTISONE ACETATE ORAL.....	136	CUVRIOR.....	166
<i>complete allergy medicine oral capsule</i>	191	CORTISPORIN-TC.....	188	<i>cyanocobalamin injection solution 1000 mcg/ml</i>	215
<i>complete allergy relief</i>	191	CORTROPHIN.....	136	<i>cyclobenzaprine hcl er</i>	209
COMPLETE NATAL DHA.....	115	CORVITA.....	213	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	209
COMPLETENATE.....	115	COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML.....	153	<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	209
<i>compro</i>	34	COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML.....	153	CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %.....	180
COMTAN.....	48	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	153	CYCLOGYL OPHTHALMIC SOLUTION 1 %.....	180
CO-NATAL FA.....	115	COSENTYX UNOREADY.....	153	CYCLOMYDRIL.....	187
CONCERTA.....	81	COSOPT.....	180	<i>cyclopentolate hcl ophthalmic</i>	180
CONDOMS.....	166	COSOPT PF.....	180	<i>cyclophosphamide oral capsule</i>	41
CONJUPRI.....	79	COTELLIC.....	43	CYCLOPHOSPHAMIDE ORAL TABLET.....	41
<i>constulose</i>	118	COTEMPLA XR-ODT.....	81	<i>cycloserine oral</i>	40
CONTOUR CONTROL SOLUTION.....	166	<i>cough relief oral syrup 15 mg/5ml</i>	199	CYCLOSET.....	61
CONTOUR MONITOR.....	100, 101			CYCLOSPORINE IN KLARITY.....	180
CONTOUR NEXT EZ KIT W/DEVICE.....	101				

<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	155	<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i>	133	DEPO-PROVERA.....	148
<i>cyclosporine modified oral capsule 50 mg</i>	155	<i>darunavir</i>	166	DEPO-SUBQ PROVERA 104.....	148
<i>cyclosporine modified oral solution</i>	155	<i>dasetta 1/35</i>	141	DEPO-TESTOSTERONE.....	139
<i>cyclosporine ophthalmic</i>	180	<i>dasetta 7/7/7</i>	141	DERMACINRX MULTITAM.....	213
<i>cyclosporine oral</i>	155	DAURISMO.....	43	DERMACINRX RIBOTIN-E.....	213
CYKLOKAPRON.....	69	DAYPRO.....	4	DERMA-SMOOTH/FS BODY.....	90
CYLTEZO (2 PEN).....	166	<i>daysee</i>	141	DERMA-SMOOTH/FS SCALP.....	90
CYLTEZO (2 SYRINGE).....	166	DAYTRANA.....	81	DERMOTIC.....	188
CYLTEZO-CD/UC/HS STARTER.....	166	DAYVIGO.....	210	DESCOVY.....	56
CYLTEZO-PSORIASIS/UV STARTER.....	166	D-CARE BLOOD GLUCOSE.....	101	<i>desipramine hcl oral</i>	33
CYMBALTA.....	84	D-CARE GLUCOMETER.....	101	<i>desloratadine oral tablet dispersible 5 mg</i> ..	191
<i>cyproheptadine hcl oral</i>	191	DDAVP INJECTION.....	138	<i>desloratadine tablet 5 mg oral</i>	191
<i>cyred eq</i>	141	DDAVP ORAL.....	138	<i>desmopressin ace spray refrig</i>	138
CYSTADANE.....	132	DDAVP PF.....	138	<i>desmopressin acetate injection</i>	138
CYSTADROPS.....	180	<i>deblitane</i>	148	DESMOPRESSIN ACETATE NASAL.....	138
CYSTARAN.....	180	<i>deep sea nasal spray</i>	199	<i>desmopressin acetate oral</i>	138
CYTOMEL.....	151	<i>deferasirox</i>	114	<i>desmopressin acetate pf</i>	138
CYTOTEC.....	121	<i>deferasirox granules</i>	114	<i>desmopressin acetate spray</i>	138
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	115	<i>deferiprone</i>	114	<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	141
<i>d3 oral capsule 25 mcg (1000 ut)</i>	115	<i>deflazacort</i>	136	<i>desonide external cream</i>	90
<i>d3 oral capsule 250 mcg</i>	115	DELESTROGEN.....	141	<i>desonide external lotion</i>	90
<i>dabigatran etexilate mesylate</i>	67	DELSTRIGO.....	56	<i>desonide external ointment</i>	90
<i>daily probiotic oral capsule</i>	126	<i>delyla</i>	141	DESOWEN.....	90
<i>dalfampridine er</i>	84	DELZICOL.....	159	<i>desoximetasone external</i>	90
DALIRESP.....	196	<i>demeclocycline hcl</i>	24	DESOXYN.....	82
<i>danazol oral</i>	139	DEM SER.....	75	DESVENLAFAXINE ER.....	32
DANTRIUM ORAL.....	54	DENAVIR.....	55	<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i> ...	32
<i>dantrolene sodium oral</i>	54	DENG VAXIA.....	158	<i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i>	32
DAPAGLIFLOZIN PRO-METFORMIN ER... 61	61	DENTA 5000 PLUS.....	109	DETROL.....	133
DAPAGLIFLOZIN PROPANEDIOL.....	61	DENTAGEL.....	109	DETROL LA.....	133
<i>dapsone external gel 7.5 %</i>	95	DEPAKOTE.....	60	<i>dexamethasone intensol</i>	136
<i>dapsone gel 5 % external</i>	95	DEPAKOTE ER.....	60	<i>dexamethasone oral elixir</i>	136
<i>dapsone oral</i>	40	DEPAKOTE SPRINKLES.....	60	<i>dexamethasone oral solution</i>	136
DAPTACEL.....	157	DEPEN TITRATABS.....	135	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	136
<i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>	133	DEPLIN 15.....	166		
		DEPLIN 7.5.....	166		
		DEPO-ESTRADIOL.....	141		
		DEPO-MEDROL.....	136		

<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	136	DIABETES MONITOR DIGIT ADD-ON.....	166	DIFICID ORAL SUSPENSION RECONSTITUTED.....	23
<i>dexamethasone oral tablet therapy pack</i> ...	136	DIABETES MONITOR DIGIT SOLN.....	166	DIFICID ORAL TABLET.....	23
<i>dexamethasone sod phosphate pf injection solution</i>	136	DIACOMIT.....	29	<i>diflorasone diacetate</i>	90
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	136	DIALYVITE.....	115	DIFLUCAN.....	36
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	136	DIALYVITE SUPREME D.....	213	<i>diflunisal oral</i>	4
<i>dexamethasone sodium phosphate ophthalmic</i>	183	<i>diamode</i>	119	<i>difluprednate</i>	183
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION.....	136	<i>diarrhea</i>	126	<i>digoxin oral solution</i>	75
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	136	<i>diarrhea relief</i>	126	<i>digoxin oral tablet 125 mcg, 250 mcg</i>	75
DEXCOM G6 RECEIVER.....	101	DIASTIX.....	101	<i>digoxin oral tablet 62.5 mcg</i>	75
DEXCOM G6 SENSOR.....	101	DIATROL.....	213	<i>dihydroergotamine mesylate injection</i>	38
DEXCOM G6 TRANSMITTER.....	166	DIATRUST COVID-19 HOME TEST.....	166	<i>dihydroergotamine mesylate nasal</i>	38
DEXCOM G7 RECEIVER.....	101	<i>diazepam intensol</i>	59	DILANTIN INFATABS.....	29
DEXCOM G7 SENSOR.....	101	<i>diazepam oral</i>	59	DILANTIN ORAL CAPSULE 100 MG.....	29
DEXEDRINE.....	82	<i>diazepam rectal gel 10 mg, 2.5 mg</i>	28	DILANTIN ORAL CAPSULE 30 MG.....	29
DEXILANT.....	122	<i>diazepam rectal gel 20 mg</i>	28	DILANTIN ORAL SUSPENSION.....	29
<i>dexlansoprazole capsule delayed release 30 mg oral</i>	122	<i>diazoxide oral</i>	62	DILAUDID ORAL LIQUID.....	8
<i>dexlansoprazole capsule delayed release 60 mg oral</i>	122	DIBENZYLINE.....	71	DILAUDID ORAL TABLET.....	8
<i>dexmethylphenidate hcl</i>	81	<i>dichlorphenamide</i>	132	<i>diltiazem hcl er beads</i>	74
<i>dexmethylphenidate hcl er</i>	81	DICLEGIS.....	34	<i>diltiazem hcl er coated beads</i>	74
DEXTENZA.....	183	DICLOFENAC PATCH 1.3%.....	4	<i>diltiazem hcl er oral capsule extended release 12 hour</i>	74
<i>dextroamphetamine sulfate er</i>	82	<i>diclofenac potassium oral capsule</i>	4	<i>diltiazem hcl er oral capsule extended release 24 hour</i>	74
<i>dextroamphetamine sulfate oral solution</i>	82	<i>diclofenac potassium oral tablet 25 mg</i>	4	<i>diltiazem hcl er oral tablet extended release 24 hour</i>	74
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	82	<i>diclofenac potassium oral tablet 50 mg</i>	4	<i>diltiazem hcl oral</i>	74
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	82	<i>diclofenac potassium(migraine)</i>	4	<i>dilt-xr</i>	74
<i>dextromethorphan-guaifenesin oral syrup</i> ..	207	<i>diclofenac sodium er</i>	4	<i>dimethyl fumarate oral</i>	84
DHIVY.....	50	<i>diclofenac sodium external gel 1 %</i>	4	<i>dimethyl fumarate starter pack</i>	84
		<i>diclofenac sodium external gel 3 %</i>	93	<i>diotame instydose</i>	126
		<i>diclofenac sodium external solution 1.5 %</i>	4	DIOVAN.....	71
		<i>diclofenac sodium ophthalmic</i>	183	DIOVAN HCT.....	75
		<i>diclofenac sodium oral</i>	4	DIPENTUM.....	159
		<i>diclofenac sodium solution 2 % external</i>	4	<i>diphedryl allergy</i>	191
		<i>diclofenac-misoprostol</i>	4	<i>diphen</i>	191
		<i>dicloxacillin sodium</i>	22	<i>diphenhydramine hcl childrens</i>	191
		<i>dicyclomine hcl oral capsule</i>	119	<i>diphenhydramine hcl injection</i>	192
		<i>dicyclomine hcl oral solution</i>	119	<i>diphenhydramine hcl oral capsule</i>	192
		<i>dicyclomine hcl oral tablet</i>	119		
		DIFFERIN EXTERNAL CREAM.....	88		
		DIFFERIN EXTERNAL GEL.....	88		

<i>diphenhydramine hcl oral elixir</i>	192	<i>dotti</i>	142	DROPSAFE SAFETY SYRINGE/NEEDLE	166
<i>diphenhydramine hcl oral liquid</i>	192	<i>double antibiotic external ointment 500-10000 unit/gm</i>	166	<i>drospiren-eth estrad-levomefol</i>	142
<i>diphenhydramine hcl oral tablet</i>	192	DOVATO.....	55	<i>drospirenone-ethinyl estradiol</i>	142
<i>diphenoxylate-atropine oral liquid</i>	119	<i>doxazosin mesylate oral</i>	71	DROXIA ORAL CAPSULE 200 MG, 300 MG.....	68
<i>diphenoxylate-atropine oral tablet</i>	119	<i>doxepin hcl external</i>	90	DROXIA ORAL CAPSULE 400 MG.....	68
DIPROLENE.....	90	<i>doxepin hcl oral capsule</i>	33	<i>droxidopa capsule 100 mg oral</i>	70
<i>dipyridamole oral</i>	69	<i>doxepin hcl oral concentrate</i>	33	<i>droxidopa capsule 200 mg oral</i>	70
<i>disopyramide phosphate</i>	72	<i>doxepin hcl oral tablet</i>	210	<i>droxidopa capsule 300 mg oral</i>	70
<i>disulfiram oral</i>	17	<i>doxercalciferol oral</i>	160	<i>dry-eye relief nighttime</i>	186
DIURIL.....	77	<i>doxy 100</i>	24	<i>dss</i>	129
<i>divalproex sodium er</i>	60	<i>doxycycline</i>	24	DUAKLIR PRESSAIR.....	205
<i>divalproex sodium oral capsule delayed release sprinkle</i>	60	<i>doxycycline hyclate intravenous</i>	24	DUAVEE.....	142
<i>divalproex sodium oral tablet delayed release</i>	60	<i>doxycycline hyclate oral capsule</i>	24	DUETACT.....	61
DIVIGEL.....	142	<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg</i>	24	DUEXIS.....	4
<i>docusate calcium</i>	129	<i>doxycycline hyclate oral tablet 20 mg</i>	24	DULERA.....	205
<i>docusate sodium oral capsule</i>	129	<i>doxycycline hyclate oral tablet 50 mg</i>	24	<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	84
<i>docusate sodium oral liquid</i>	129	<i>doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg</i>	24	<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	84
<i>docusate sodium oral syrup</i>	129	<i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg</i>	24	DUOBRII.....	93
DODEX.....	215	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG.....	24	DUOPA.....	50
<i>dofetilide</i>	72	<i>doxycycline monohydrate oral capsule 100 mg</i>	24	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	153
<i>dok oral tablet</i>	129	<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	24	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML....	153
<i>dolishale</i>	142	<i>doxycycline monohydrate oral capsule 50 mg</i>	24	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML.....	153
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	30	<i>doxycycline monohydrate oral suspension reconstituted</i>	24	DUREX EXTRA SENSITIVE THIN.....	166
<i>donepezil hcl oral tablet 23 mg</i>	30	<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	24	DUREZOL.....	183
<i>donepezil hcl oral tablet dispersible</i>	30	<i>doxycycline monohydrate oral tablet 150 mg</i>	24	DUROLANE.....	166
DONNATAL.....	124	<i>doxylamine-pyridoxine</i>	34	<i>dutasteride oral</i>	134
DOPTELET.....	69	<i>dronabinol</i>	35	<i>dutasteride-tamsulosin hcl</i>	134
DORAL.....	59	DROPSAFE ALCOHOL PREP.....	166	D-VI-SOL.....	115
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG.....	24			DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE.....	82
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG.....	24			DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE.....	82
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	185			DYMISTA.....	192
<i>dorzolamide hcl solution 2 % ophthalmic</i> ...	185				
<i>dorzolamide hcl-timolol mal</i>	180				
<i>dorzolamide hcl-timolol mal pf</i>	180				

DYRENIUM.....	76	EFFER-K ORAL TABLET		EMGALITY.....	38
E.E.S. 400.....	23	EFFERVESCENT 10 MEQ, 20 MEQ.....	111	EMGALITY (300 MG DOSE).....	38
E.E.S. GRANULES.....	23	<i>effe-r-k oral tablet effervescent 25 meq</i>	213	EMSAM.....	31
<i>ear drops otic solution 6.5 %</i>	189	EFFEXOR XR.....	32	<i>emtricitabine</i>	56
<i>ear wax kit</i>	189	EFFIENT.....	69	<i>emtricitabine-tenofovir df</i>	56
<i>ear wax removal</i>	189	EFUDEX.....	93	EMTRIVA.....	56
<i>ear wax removal system</i>	189	EGATEN.....	47	EMVERM.....	46
<i>earwax removal</i>	189	EGRIFTA SV.....	138	<i>enalapril maleate oral solution</i>	71
<i>earwax removal drops</i>	189	ELEPSIA XR.....	26	<i>enalapril maleate oral tablet</i>	71
<i>earwax removal kit otic solution 6.5 %</i>	189	ELESTRIN.....	142	<i>enalapril-hydrochlorothiazide</i>	75
EASIVENT.....	167	<i>eletriptan hydrobromide</i>	39	ENBREL SUBCUTANEOUS SOLUTION	
EASIVENT MASK LARGE.....	167	ELFABRIO.....	167	25 MG/0.5ML.....	155
EASIVENT MASK MEDIUM.....	167	ELFOLATE.....	213	ENBREL SUBCUTANEOUS SOLUTION	
EASIVENT MASK SMALL.....	167	ELIDEL.....	90	AUTO-INJECTOR.....	155
EASY TOUCH HEALTHPRO GLUCOSE..	101	ELIGARD.....	152	ENBREL SUBCUTANEOUS SOLUTION	
EASY TOUCH TEST.....	101	<i>elinest</i>	142	CARTRIDGE.....	155
EASYGLUCO.....	101	ELIQUIS.....	67	ENBREL SUBCUTANEOUS SOLUTION	
EASYMAX 15 LEVEL 2 CONTROL.....	101	ELIQUIS DVT/PE STARTER PACK.....	67	PREFILLED SYRINGE.....	155
EASYMAX 15 LEVEL 2-3 CONTROL.....	101	<i>elixophyllin</i>	196	ENDARI.....	109
EASYMAX 15 TEST.....	101	ELLA.....	148	ENDO AVITENE.....	167
EASYMAX CONTROL.....	167	ELLUME COVID-19 HOME TEST.....	167	<i>endocet</i>	8
EASYMAX NG BLOOD GLUCOSE.....	102	ELMIRON.....	135	<i>enema</i>	126
EASYMAX V BLOOD GLUCOSE.....	102	<i>eluryng</i>	142	<i>enema disposable</i>	126
EBASE CONTROLLER KIT.....	167	ELYXYB.....	4	<i>enema ready-to-use</i>	126
EC-NAPROSYN.....	4	EMBRACE BLOOD GLUCOSE TEST.....	102	<i>enema rectal enema 16-6 gm/133ml</i>	126
<i>ec-naproxen</i>	4	EMBRACE PEN NEEDLES 29G X 12MM..	167	ENGERIX-B.....	157
<i>econazole nitrate external</i>	95	EMBRACE PEN NEEDLES 30G X 5 MM..	167	<i>enilloring</i>	142
<i>econtra one-step</i>	150	EMBRACE PEN NEEDLES 30G X 8 MM..	102	ENLITE GLUCOSE SENSOR.....	102
<i>ed-apap</i>	12	EMBRACE PEN NEEDLES 31G X 5 MM..	167	<i>enoxaparin sodium</i>	67
EDARBI.....	71	EMBRACE PEN NEEDLES 31G X 6 MM..	167	<i>enpresse-28</i>	142
EDARBYCLOR.....	75	EMBRACE PEN NEEDLES 31G X 8 MM..	167	<i>enskyce</i>	142
EDECIN.....	76	EMBRACE PEN NEEDLES 32G X 4 MM..	102	ENSTILAR.....	93
EDLUAR.....	210	EMBRACE WAVE BLOOD GLUCOSE.....	102	<i>entacapone</i>	48
EDURANT.....	56	EMBRACE WAVE GLUCOSE METER.....	102	ENTADFI.....	167
EEMT.....	150	EMCYT.....	41	<i>entecavir</i>	54
<i>efavirenz</i>	56	EMEND INTRAVENOUS.....	35	ENTEREG.....	126
<i>efavirenz-emtricitab-tenofo df</i>	56	EMEND ORAL.....	35	<i>enteric aspirin</i>	167
<i>efavirenz-lamivudine-tenofovir</i>	56	EMEND TRI-PACK.....	35	ENTRESTO.....	75
		EMFLAZA.....	136	ENTYVIO INTRAVENOUS.....	153

ENTYVIO SUBCUTANEOUS.....	153	ERTACZO.....	95	<i>estarylla</i>	142
<i>enulose</i>	118	<i>ery</i>	95	<i>estazolam</i>	210
ENVARBUS XR ORAL TABLET		ERYGEL.....	95	ESTRACE.....	142
EXTENDED RELEASE 24 HOUR 0.75		ERYPED 200.....	23	<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	142
MG, 1 MG.....	155	ERYPED 400.....	23	<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	142
ENVARBUS XR ORAL TABLET		ERY-TAB ORAL TABLET DELAYED		<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	142
EXTENDED RELEASE 24 HOUR 4 MG....	155	RELEASE 250 MG, 500 MG.....	23	<i>estradiol gel 1 mg/gm transdermal</i>	142
EOHILIA.....	159	ERY-TAB ORAL TABLET DELAYED		<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	142
EPANED.....	71	RELEASE 333 MG.....	23	<i>estradiol oral</i>	142
<i>ephedrine sulfate (pressors) intravenous</i>		ERYTHROCIN STEARATE.....	23	<i>estradiol transdermal patch twice weekly</i> ...142	
<i>solution 50 mg/ml</i>	79	<i>erythromycin base oral capsule delayed</i>		<i>estradiol transdermal patch weekly</i>	142
EPIDIOLEX.....	26	<i>release particles</i>	23	<i>estradiol vaginal</i>	142
EPIDUO.....	88	<i>erythromycin base oral tablet</i>	23	<i>estradiol valerate intramuscular</i>	142
EPIDUO FORTE.....	88	<i>erythromycin base oral tablet delayed</i>		<i>estradiol-norethindrone acet</i>	142
EPIFOAM.....	93	<i>release 250 mg, 500 mg</i>	23	ESTRING.....	142
<i>epinastine hcl</i>	182	<i>erythromycin base oral tablet delayed</i>		<i>eszopiclone</i>	210
<i>epinephrine (anaphylaxis) injection solution</i>		<i>release 333 mg</i>	23	<i>ethacrynic acid</i>	76
<i>1 mg/ml</i>	194	<i>erythromycin ethylsuccinate oral</i>		<i>ethambutol hcl oral tablet 100 mg</i>	40
<i>epinephrine injection solution auto-injector</i>	195	<i>suspension reconstituted 200 mg/5ml</i>	23	<i>ethambutol hcl oral tablet 400 mg</i>	40
EPIPEN 2-PAK.....	195	<i>erythromycin ethylsuccinate oral</i>		<i>ethosuximide oral</i>	27
EPIPEN JR 2-PAK.....	195	<i>suspension reconstituted 400 mg/5ml</i>	23	<i>ethynodiol diac-eth estradiol</i>	142
EPISIL.....	87	<i>erythromycin ethylsuccinate oral tablet</i>	23	<i>etodolac</i>	4
<i>epitol</i>	29	<i>erythromycin external gel</i>	95	<i>etodolac er</i>	4
EPIVIR.....	56	<i>erythromycin external solution</i>	95	<i>etonogestrel-ethinyl estradiol</i>	142
<i>eplerenone</i>	76	<i>erythromycin ophthalmic</i>	182	<i>etoposide oral</i>	42
EPOGEN.....	68	<i>erythromycin oral</i>	23	<i>etravirine</i>	56
EPRONTIA.....	26	ESBRIET.....	198	EUCRISA.....	90
EQUETRO.....	60	<i>escitalopram oxalate oral solution</i>	32	EULEXIN.....	41
ERAXIS INTRAVENOUS SOLUTION		<i>escitalopram oxalate oral tablet</i>	32	<i>euthyrox</i>	151
RECONSTITUTED 100 MG.....	36	ESGIC ORAL CAPSULE.....	8	EVAMIST.....	142
<i>ergocalciferol oral capsule</i>	213	ESGIC ORAL TABLET.....	8	EVEKEO.....	82
<i>ergoloid mesylates oral</i>	30	<i>esomeprazole magnesium capsule</i>		EVEKEO ODT.....	82
<i>ergotamine-caffeine</i>	38	<i>delayed release 20 mg oral (rx)</i>	122	EVENITY.....	160
ERIVEDGE.....	43	<i>esomeprazole magnesium oral capsule</i>		<i>everolimus oral tablet 0.25 mg, 0.5 mg,</i>	
ERLEADA ORAL TABLET 240 MG.....	41	<i>delayed release 40 mg</i>	122	<i>0.75 mg, 1 mg</i>	155
ERLEADA ORAL TABLET 60 MG.....	41	<i>esomeprazole magnesium oral packet</i>	122	<i>everolimus oral tablet 10 mg, 2.5 mg, 5</i>	
<i>erlotinib hcl</i>	177	<i>est estrogens-methyltest</i>	150	<i>mg, 7.5 mg</i>	43
ERMEZA.....	151	<i>est estrogens-methyltest ds</i>	150	<i>everolimus oral tablet soluble</i>	43
<i>errin</i>	148	<i>est estrogens-methyltest hs</i>	150	EVERSENSE E3 SENSOR/HOLDER.....	102

EVERSENSE E3 SMART TRANSMITTER	167	FC2 FEMALE CONDOM	167	<i>ferrous sulfate oral tablet delayed release</i>	
EVERSENSE SENSOR/HOLDER	102	<i>febuxostat</i>	37	<i>325 (65 fe) mg</i>	112
EVERSENSE SMART TRANSMITTER	167	<i>felbamate oral suspension</i>	26	<i>fesoterodine fumarate er</i>	133
EVISTA	149	<i>felbamate oral tablet</i>	26	FETROJA	21
EVOTAZ	57	FELBATOL	26	FETZIMA	32
EVOXAC	86	FELDENE	4	FETZIMA TITRATION	32
EXELON	30	<i>felodipine er</i>	73	<i>fever reducer/pain reliever</i>	12
<i>exemestane</i>	42	FEMARA	42	<i>fever reducing childrens</i>	12
EXFORGE	75	FEMCAP	167	<i>feverall adults</i>	12
EXFORGE HCT	75	FEMRING	142	<i>feverall childrens</i>	12
EXJADE	114	<i>fenofibrate micronized</i>	77	FEVERALL INFANTS	12
EXKIVITY	43	<i>fenofibrate oral capsule</i>	77	FEVERALL JUNIOR STRENGTH	12
EX-LAX MAXIMUM STRENGTH	129	<i>fenofibrate oral tablet</i>	77	<i>fe-vite iron</i>	112
EX-LAX ULTRA	167	<i>fenofibric acid oral capsule delayed release</i>	77	FEXMID	209
EXSERVAN	83	<i>fenofibric acid oral tablet</i>	80	FIASP	63
EXTAVIA	84	FENOGLIDE	77	FIASP FLEXTOUCH	63
<i>eye itch relief ophthalmic solution 0.035 %</i>	188	<i>fenoprofen calcium oral capsule 400 mg</i>	4	FIASP PENFILL	63
<i>eye lubricant</i>	186	<i>fenoprofen calcium oral tablet</i>	4	FIASP PUMPCART	63
<i>eye lubricant nighttime</i>	186	FENSOLVI (6 MONTH)	152	<i>fiber oral powder</i>	128
EYSUVIS	183	FENTANYL CITRATE (BULK)	8	FIBRICOR	80
EZALLOR SPRINKLE	77	<i>fentanyl citrate buccal lozenge on a handle</i>	8	FILTER AIR PP	167
<i>ezetimibe</i>	78	FENTANYL CITRATE BUCCAL TABLET	8	FINACEA EXTERNAL FOAM	88
<i>ezetimibe-simvastatin</i>	78	<i>fentanyl transdermal patch 72 hour 100</i>		<i>finasteride oral tablet 5 mg</i>	134
FABIOR	88	<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>		<i> fingolimod hcl capsule 0.5 mg oral</i>	84
<i>falmina</i>	142	<i>75 mcg/hr</i>	6	FINTEPLA	26
<i>famciclovir oral</i>	55	<i>fentanyl transdermal patch 72 hour 37.5</i>		<i>finzala</i>	142
<i>famotidine acid reducer oral tablet 10 mg</i>	121	<i>mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	6	FIORICET	9
<i>famotidine oral</i>	121	FENTORA	8	FIORICET/CODEINE	9
<i>famotidine orig st</i>	121	FER-IN-SOL	111	FIRVANQ	20
FANAPT ORAL TABLET 1 MG, 10 MG, 2		<i>ferocon</i>	111	<i>flac</i>	188
MG, 4 MG, 6 MG, 8 MG	51	<i>ferosul</i>	111	FLAGYL	20
FANAPT ORAL TABLET 12 MG	51	<i>ferotinsic</i>	111	FLAREX	183
FANAPT TITRATION PACK	51	FERRIPROX	114	<i>flavoxate hcl</i>	133
FARESTON	41	FERRIPROX TWICE-A-DAY	114	<i>flecainide acetate</i>	72
FARXIGA	61	<i>ferrous sulfate</i>	111	FLECTOR	4
FASENRA	198	<i>ferrous sulfate oral solution</i>	111	FLEQSUVY	54
FASENRA PEN	198	<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	111	FLEXICHAMBER	167
<i>fast relief laxative</i>	167	<i>ferrous sulfate oral tablet delayed release</i>		FLEXICHAMBER ADULT MASK/SMALL	167
FASTEP COVID-19 ANTIGEN TEST	167	<i>324 (65 fe) mg, 324 mg</i>	111	FLEXICHAMBER CHILD MASK/LARGE	167

FLEXICHAMBER CHILD MASK/SMALL...	167	<i>fluorouracil external solution</i>	93	FLUZONE HIGH-DOSE QUADRIVALENT	158
FLINTSTONES PLUS EXTRA IRON.....	213	<i>fluoxetine hcl (pmdd)</i>	32	FLUZONE QUADRIVALENT.....	158
FLOMAX.....	134	<i>fluoxetine hcl oral capsule</i>	32	FML FORTE.....	183
FLORASTOR SELECT IMMUNITY BOOS	126	<i>fluoxetine hcl oral capsule delayed release</i> ..	32	FML LIQUIFILM.....	183
FLOW-EZE VENTED NEEDLE.....	167	<i>fluoxetine hcl oral solution</i>	32	FOCALIN.....	81
FLOWFLEX COVID-19 AG HOME TEST..	167	<i>fluoxetine hcl oral tablet</i>	32	FOCALIN XR.....	81
FLUAD QUADRIVALENT.....	158	<i>fluphenazine decanoate injection</i>	50	FOLAGENT DHA.....	213
FLUARIX QUADRIVALENT.....	158	<i>fluphenazine hcl injection</i>	50	FOLAMAX.....	213
FLUBLOK QUADRIVALENT.....	158	<i>fluphenazine hcl oral concentrate</i>	50	FOLAMED DHA.....	213
FLUCELVAX QUADRIVALENT.....	158	<i>fluphenazine hcl oral elixir</i>	50	<i>folbee</i>	115
<i>fluconazole oral</i>	36	<i>fluphenazine hcl oral tablet</i>	50	FOLBIC RF.....	115
<i>flucytosine oral</i>	36	<i>flurandrenolide</i>	91	<i>folic acid injection solution 5 mg/ml</i>	167
<i>fludrocortisone acetate oral</i>	136	<i>flurazepam hcl capsule 15 mg oral</i>	210	<i>folic acid oral tablet 1 mg</i>	167
FLULAVAL QUADRIVALENT.....	158	<i>flurazepam hcl capsule 30 mg oral</i>	210	<i>folic acid oral tablet 800 mcg</i>	167
FLUMIST QUADRIVALENT.....	158	<i>flurbiprofen oral</i>	5	FOLIFLEX.....	213
<i>flunisolide nasal</i>	193	<i>flurbiprofen sodium</i>	183	FOLITIN-Z.....	213
<i>fluocinolone acetonide body oil 0.01 %</i>		FLUTICASONE FUROATE-VILANTEROL	205	FOLTANX.....	115
<i>external</i>	90	FLUTICASONE PROPIONATE DISKUS... 193		FOLTANX RF.....	115
<i>fluocinolone acetonide external cream</i>	91	<i>fluticasone propionate external cream</i>	91	<i>foltrin</i>	112
<i>fluocinolone acetonide external solution</i>	91	<i>fluticasone propionate external lotion</i>	91	FOLTIX.....	115
<i>fluocinolone acetonide ointment 0.025 %</i>		<i>fluticasone propionate external ointment</i>	91	<i>fondaparinux sodium subcutaneous</i>	
<i>external</i>	91	FLUTICASONE PROPIONATE HFA.....	193	<i>solution 10 mg/0.8ml, 7.5 mg/0.6ml</i>	67
<i>fluocinolone acetonide otic</i>	188	<i>fluticasone propionate nasal</i>	193	<i>fondaparinux sodium subcutaneous</i>	
<i>fluocinolone acetonide scalp oil 0.01 %</i>		<i>fluticasone-salmeterol aerosol powder</i>		<i>solution 2.5 mg/0.5ml, 5 mg/0.4ml</i>	67
<i>external</i>	91	<i>breath activated 100-50 mcg/act inhalation</i>	205	<i>for sty relief</i>	186
<i>fluocinonide emulsified base</i>	91	<i>fluticasone-salmeterol aerosol powder</i>		FORA 6 CONNECT/GTEL TEST.....	102
<i>fluocinonide external cream</i>	91	<i>breath activated 500-50 mcg/act inhalation</i>	205	FORFIVO XL.....	31
<i>fluocinonide external gel</i>	91	FLUTICASONE-SALMETEROL		<i>formoterol fumarate nebulization solution</i>	
<i>fluocinonide external ointment</i>	91	INHALATION AEROSOL.....	205	<i>20 mcg/2ml inhalation</i>	195
<i>fluocinonide external solution</i>	91	FLUTICASONE-SALMETEROL		FORTEO.....	160
FLUORESCEIN SODIUM/BENOXINATE..	186	INHALATION AEROSOL POWDER		FORTESTA.....	139
FLUORIDEX.....	109	BREATH ACTIVATED 113-14 MCG/ACT,		FORTISCARE CONTROL.....	167
FLUORIDEX ENHANCED WHITENING....	109	232-14 MCG/ACT, 55-14 MCG/ACT.....	205	FORTISCARE G1 TEST STRIP.....	102
FLUORIMAX 5000.....	109	<i>fluticasone-salmeterol inhalation aerosol</i>		FORTISCARE T1 GLUCOSE SYSTEM....	102
<i>fluor-i-strips a.t.</i>	186	<i>powder breath activated 250-50 mcg/act</i> ... 205		FORTISCARE TEST.....	103
<i>fluorometholone</i>	183	<i>fluvastatin sodium</i>	77	FOSAMAX.....	160
FLUOROURACIL EXTERNAL CREAM 0.5		<i>fluvastatin sodium er</i>	77	FOSAMAX PLUS D.....	160
%.....	93	<i>fluvoxamine maleate</i>	32	<i>fosamprenavir calcium</i>	57
<i>fluorouracil external cream 5 %</i>	93	<i>fluvoxamine maleate er</i>	32	<i>fosaprepitant dimeglumine</i>	35

<i>foscarnet sodium</i>	58	<i>ft allergy relief-d</i>	207	<i>ft tussin adult</i>	199
FOSCAVIR.....	58	<i>ft antacid extra strength</i>	126	FULPHILA.....	68
<i>fosfomycin tromethamine</i>	20	<i>ft antacid regular strength</i>	126	<i>fungi-guard</i>	167
<i>fosinopril sodium</i>	71	<i>ft anti-diarrheal oral tablet</i>	119	FUROSCIX.....	76
<i>fosinopril sodium-hctz</i>	75	<i>ft antifungal external cream 1 %</i>	167	<i>furosemide oral</i>	76
<i>fosphenytoin sodium injection solution 500 mg pe/10ml</i>	29	<i>ft antifungal external cream 2 %</i>	37	<i>fyavolv</i>	142
FOSRENOL ORAL PACKET.....	114	<i>ft arthritis pain reliever</i>	12	FYCOMPA.....	26
FOSRENOL ORAL TABLET CHEWABLE.....	114	<i>ft aspirin</i>	167	FYLNETRA.....	167
FOTIVDA.....	177	<i>ft aspirin low dose</i>	167	<i>gabapentin (once-daily)</i>	83
FRAGMIN.....	67	<i>ft children's pain/fever</i>	12	<i>gabapentin oral capsule</i>	28
FREESTYLE LIBRE 14 DAY READER.....	103	<i>ft clearlax</i>	128	<i>gabapentin oral solution 250 mg/5ml</i>	28
FREESTYLE LIBRE 14 DAY SENSOR.....	103	<i>ft earwax removal</i>	189	<i>gabapentin oral tablet 600 mg, 800 mg</i>	28
FREESTYLE LIBRE 2 READER.....	103	<i>ft earwax removal kit</i>	189	<i>galantamine hydrobromide er</i>	30
FREESTYLE LIBRE 2 SENSOR.....	103	<i>ft enteric coated aspirin</i>	167	<i>galantamine hydrobromide oral solution</i>	30
FREESTYLE LIBRE 3 READER.....	103	<i>ft gas relief</i>	126	<i>galantamine hydrobromide oral tablet</i>	30
FREESTYLE LIBRE 3 SENSOR.....	103	<i>ft gas relief extra strength</i>	126	GALZIN ORAL CAPSULE 25 MG.....	112
FREESTYLE LIBRE READER.....	103	<i>ft gas relief infants</i>	126	GALZIN ORAL CAPSULE 50 MG.....	112
FREESTYLE PRECISION NEO SYSTEM.....	103	<i>ft gentle laxative</i>	167	GAMUNEX-C INJECTION SOLUTION 40 GM/400ML.....	153
FREESTYLE PRECISION NEO TEST.....	103	<i>ft ibuprofen ib childrens</i>	5	GARDASIL 9.....	157
FREESTYLE TEST.....	103	<i>ft ibuprofen oral tablet</i>	5	<i>gas relief extra strength</i>	126
FRESKARO MAGNESIUM CITRATE.....	129	<i>ft laxative</i>	167	<i>gas relief extra strength oral tablet chewable 125 mg</i>	126
FROVA.....	39	<i>ft lubricant eye drops ophthalmic solution 0.5 %</i>	186	<i>gas relief extstrength</i>	127
<i>frovatriptan succinate</i>	39	<i>ft magnesium citrate</i>	129	<i>gas relief infants</i>	127
FRUZAQLA.....	167	<i>ft miconazole 7</i>	36	<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	127
<i>ft 8 hour pain relief</i>	12	<i>ft milk of magnesia</i>	126	<i>gas relief infants oral suspension 20 mg/0.3ml</i>	127
<i>ft acid reducer capsule delayed release 15 mg oral</i>	122	<i>ft mineral oil</i>	128	<i>gas relief oral capsule 125 mg</i>	127
<i>ft acid reducer oral tablet</i>	121	<i>ft nasal decongestant max str oral tablet</i> ...	207	<i>gas relief oral tablet chewable 125 mg</i>	127
<i>ft all day allergy</i>	192	<i>ft nasal decongestant pe</i>	199	<i>gas relief oral tablet chewable 80 mg</i>	127
<i>ft all day allergy 24 hour</i>	192	<i>ft nicotine</i>	18	GASTROCROM.....	132
<i>ft all day allergy relief</i>	203	<i>ft omeprazole</i>	122	GAS-X EXTRA STRENGTH ORAL CAPSULE.....	127
<i>ft all day allergy-d</i>	202	<i>ft pain & fever childrens</i>	12	<i>gatifloxacin ophthalmic</i>	182
<i>ft all day pain relief</i>	5	<i>ft pain relief</i>	12	<i>gavilax oral powder</i>	128
<i>ft allergy childrens</i>	203	<i>ft pain relief adult extra st</i>	12	<i>gavilyte-c</i>	120
<i>ft allergy relief childrens oral liquid</i>	192	<i>ft pain reliver extra st adult</i>	13	<i>gavilyte-g</i>	120
<i>ft allergy relief oral capsule</i>	192	<i>ft senna laxatives</i>	130		
<i>ft allergy relief oral tablet 25 mg</i>	192	<i>ft stomach relief</i>	126		
<i>ft allergy relief oral tablet 4 mg</i>	203	<i>ft stool softener oral capsule</i>	130		
		<i>ft stool softener oral tablet 100 mg</i>	130		

GAVRETO.....	178	GILOTRIF.....	178	<i>glycerin (infants & children) rectal</i>	
<i>gefitinib</i>	178	GIMOTI.....	34	<i>suppository 1 gm</i>	130
GELFILM EXTERNAL.....	168	GLASSIA.....	132	<i>glycerin adult rectal suppository 2 gm</i>	130
GELFILM OPHTHALMIC.....	186	<i>glatiramer acetate</i>	84	<i>glycerin child rectal suppository 1 gm, 1.2</i>	
GELFOAM.....	168	<i>glatopa</i>	84	<i>gm</i>	130
GELFOAM COMPRESSED SIZE 100.....	168	GLEEVEC.....	178	<i>glycerin childrens</i>	130
GELFOAM DENTAL PACK SIZE 4.....	168	<i>glimepiride</i>	61	<i>glycerin pediatric rectal suppository 1.2 gm</i>	
GELFOAM SPONGE SIZE 200.....	168	<i>glipizide er</i>	61	.....	130
GELFOAM SPONGE SIZE 50.....	168	<i>glipizide oral tablet 10 mg, 5 mg</i>	61	<i>glycolax</i>	128
GELNIQUE.....	133	<i>glipizide oral tablet 2.5 mg</i>	61	<i>glycopyrrolate oral solution</i>	119
GELSYN-3.....	168	<i>glipizide xl</i>	61	<i>glycopyrrolate oral tablet 1 mg</i>	119
GELX.....	87	<i>glipizide-metformin hcl</i>	61	GLYCOPYRROLATE ORAL TABLET 1.5	
<i>gemfibrozil oral</i>	77	GLOPERBA.....	37	MG.....	119
<i>gemmily</i>	142	GLOSTRIPS OPHTHALMIC STRIP 1 MG.....	186	<i>glycopyrrolate oral tablet 2 mg</i>	119
GEMTESA.....	53	GLUCAGEN HYPOKIT.....	62	<i>glydo</i>	16
GENADUR COMBINATION.....	168	<i>glucagon emergency injection kit</i>	62	GLYXAMBI.....	61
<i>generlac</i>	118	GLUCAGON EMERGENCY INJECTION		GOCOVRI.....	48
<i>gengraf</i>	155	SOLUTION RECONSTITUTED.....	62	GOLYTELY.....	120
GENICIN VITA-S.....	115	GLUCO TO GO.....	66	GRALISE ORAL.....	83
GENORAVANCE.....	127	GLUCOCARD EXPRESSION TEST.....	103	GRALISE ORAL TABLET 300 MG, 600	
GENOTROPIN.....	138	GLUCOCARD SHINE TEST.....	103	MG.....	83
GENOTROPIN MINIQUICK.....	138	GLUCOCARD VITAL TEST.....	103	GRALISE ORAL TABLET 450 MG, 750	
<i>gentamicin sulfate external</i>	95	GLUCOSE CONTROL SOLUTION IN		MG, 900 MG.....	83
<i>gentamicin sulfate ophthalmic</i>	182	VITRO SOLUTION HIGH.....	168	<i>granisetron hcl intravenous</i>	35
GENTEAL TEARS NIGHT-TIME.....	186	GLUCOSE CONTROL SOLUTION IN		<i>granisetron hcl oral</i>	35
<i>gentle laxative</i>	168	VITRO SOLUTION LOW.....	168	GRANIX.....	68
<i>gentle laxative womens</i>	168	GLUCOSE CONTROL SOLUTION IN		GRASTEK.....	153
<i>gentlelax</i>	128	VITRO SOLUTION NORMAL.....	168	<i>griseofulvin microsize oral suspension</i>	36
GENTLE-LET PLATFORMS.....	109	GLUCOSE CONTROL SOLUTIONS.....	102	<i>griseofulvin microsize oral tablet</i>	36
<i>genuine aspirin</i>	168	GLUCOSE METER TEST STRIPS.....	103	<i>griseofulvin ultramicrosize</i>	36
GENVOYA.....	55	<i>glucose oral tablet chewable 4 gm</i>	66	<i>guaifenesin oral liquid</i>	199
GEODON INTRAMUSCULAR.....	51	GLUCOTROL XL.....	61	<i>guaifenesin-dm oral syrup</i>	207
GEODON ORAL.....	51	GLUMETZA.....	61	<i>guanfacine hcl</i>	70
<i>geri-dryl</i>	192	<i>glyburide micronized</i>	61	<i>guanfacine hcl er</i>	81
<i>geri-kot</i>	130	<i>glyburide oral</i>	61	GUARDIAN 4 GLUCOSE SENSOR.....	103
<i>geri-tussin dm oral syrup</i>	207	<i>glyburide-metformin</i>	61	GUARDIAN 4 TRANSMITTER.....	168
<i>geri-tussin oral liquid</i>	199	GLYCATE.....	119	GUARDIAN CONNECT TRANSMITTER... ..	168
GILENYA ORAL CAPSULE 0.25 MG.....	84	<i>glycerin (adult) rectal suppository 2 gm</i>	130	GUARDIAN LINK 3 TRANSMITTER.....	168
GILENYA ORAL CAPSULE 0.5 MG.....	84			GUARDIAN REAL-TIME CHARGER.....	168

GUARDIAN REAL-TIME REPLACE PED..	103	<i>h-e-b childrens allergy</i>	192	HUMALOG SOLUTION 100 UNIT/ML	
GUARDIAN REAL-TIME TEST PLUG.....	168	HELIDAC THERAPY.....	120	INJECTION.....	63
GUARDIAN SENSOR (3).....	103	HEMADY.....	136	HUMALOG SUBCUTANEOUS.....	63
GUARDIAN SENSOR 3.....	103	HEMANGEOL.....	72	HUMALOG TEMPO PEN.....	63
GVOKE HYPOPEN 1-PACK.....	62	HEMATOGEN.....	112	HUMATROPE.....	138
GVOKE HYPOPEN 2-PACK.....	62	HEMAX.....	112	HUMATROPEN FOR 12MG.....	168
GVOKE KIT.....	62	HEMMOREX-HC.....	38	HUMATROPEN FOR 24MG.....	168
GVOKE PFS.....	62	<i>heparin (porcine) in nacl intravenous</i>		HUMATROPEN FOR 6MG.....	168
GYNAZOLE-1.....	36	<i>solution 1000-0.9 ut/500ml-%, 2000-0.9</i>		HUMIRA (2 PEN).....	155
<i>habitrol</i>	18	<i>unit/l-%</i>	67	HUMIRA (2 SYRINGE).....	155
HADLIMA.....	168	<i>heparin na (pork) lock flsh pf intravenous</i>		HUMIRA SUBCUTANEOUS PEN-	
HADLIMA PUSH TOUCH.....	168	<i>solution 10 unit/ml, 100 unit/ml</i>	168	INJECTOR KIT 40 MG/0.8ML, 80	
<i>hailey 1.5/30</i>	142	<i>heparin sod (pork) lock flush</i>	168	MG/0.8ML.....	155
<i>hailey 24 fe</i>	143	<i>heparin sodium (porcine)</i>	67	HUMIRA-PED	
<i>hailey fe 1.5/30</i>	143	<i>heparin sodium (porcine) pf</i>	67	.....	155
<i>hailey fe 1/20</i>	143	HEPLISAV-B.....	158	HUMIRA-PED>/=40KG CROHNS START	155
<i>halcinonide</i>	91	HEPMED.....	168	HUMIRA-PED>/=40KG UC STARTER.....	155
HALCION.....	210	<i>her style</i>	150	HUMIRA-PSORIASIS/UEVIT STARTER...	155
HALDOL DECANOATE.....	50	HERZUMA.....	179	HUMULIN 70/30 KWIKPEN.....	63
<i>halobetasol propionate external cream</i>	91	HETLIOZ.....	210	HUMULIN 70/30 VIAL.....	63
<i>halobetasol propionate external ointment</i>	91	HETLIOZ LQ.....	210	HUMULIN N KWIKPEN.....	63
<i>halobetasol propionate foam 0.05 %</i>		<i>hi cal</i>	112	HUMULIN N VIAL.....	63
<i>external</i>	91	HIBERIX.....	157	HUMULIN R SOLUTION 100 UNIT/ML	
<i>haloette</i>	143	HIDEX 6-DAY.....	136	INJECTION.....	63
HALOG.....	91	HIPREX.....	20	HUMULIN R U-500 KWIKPEN.....	63
<i>haloperidol decanoate intramuscular</i>	50	HORIZANT.....	83	HUMULIN R U-500 VIAL	
<i>haloperidol lactate oral concentrate 2</i>		HULIO (2 PEN).....	168	(CONCENTRATED).....	63
<i>mg/ml</i>	50	HULIO (2 SYRINGE).....	168	HYCANTIN ORAL.....	42
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10</i>		HUMALOG JUNIOR KWIKPEN.....	63	<i>hydralazine hcl oral</i>	78
<i>mg, 2 mg, 5 mg</i>	50	HUMALOG KWIKPEN SOLUTION PEN-		HYDREA.....	42
<i>haloperidol oral tablet 20 mg</i>	50	INJECTOR 100 UNIT/ML		<i>hydrochlorothiazide oral</i>	77
HAVRIX.....	157	SUBCUTANEOUS.....	63	<i>hydrocodone bitartrate er</i>	6
HEALTHPRO BLOOD GLUCOSE		HUMALOG KWIKPEN SUBCUTANEOUS		<i>hydrocodone-acetaminophen oral solution</i>	
MONITO.....	103	SOLUTION PEN-INJECTOR 200 UNIT/ML	63	<i>7.5-325 mg/15ml</i>	9
<i>heartburn prevention oral tablet 10 mg</i>	121	HUMALOG MIX 50/50.....	63	<i>hydrocodone-acetaminophen oral tablet</i>	9
<i>heartburn relief</i>	121	HUMALOG MIX 50/50 KWIKPEN.....	63	<i>hydrocodone-ibuprofen</i>	9
<i>heartland gas relief</i>	127	HUMALOG MIX 75/25.....	63	<i>hydrocortisone (perianal)</i>	159
<i>heather</i>	148	HUMALOG MIX 75/25 KWIKPEN.....	63	<i>hydrocortisone ace-pramoxine external</i>	
<i>h-e-b aspirin</i>	168			<i>cream 1-1 %</i>	93

<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	93	HYLAVITE.....	115	<i>ibuprofen ib oral tablet 200 mg</i>	5
<i>hydrocortisone acetate external cream</i>	96	HYMOVIS.....	169	<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	5
<i>hydrocortisone acetate external ointment</i>	96	<i>hyoscyamine sulfate er</i>	169	<i>ibuprofen jr oral tablet 100 mg</i>	5
<i>hydrocortisone acetate rectal</i>	38	<i>hyoscyamine sulfate oral elixir</i>	169	<i>ibuprofen junior</i>	5
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	91	<i>hyoscyamine sulfate oral solution</i>	169	<i>ibuprofen junior strength</i>	5
<i>hydrocortisone butyrate external cream</i>	91	<i>hyoscyamine sulfate oral tablet</i>	169	<i>ibuprofen oral suspension 100 mg/5ml</i>	5
<i>hydrocortisone butyrate external ointment</i> ...	92	<i>hyoscyamine sulfate sl</i>	169	<i>ibuprofen oral tablet 200 mg</i>	5
<i>hydrocortisone butyrate external solution</i>	92	<i>hyoscyamine sulfate sublingual</i>	169	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	5
<i>hydrocortisone butyrate lotion 0.1 % external</i>	92	<i>hyoscyamine sulfate tablet dispersible 0.125 mg oral</i>	169	<i>ibuprofen-famotidine</i>	5
<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	92	<i>hyosyne</i>	169	<i>iclevia</i>	143
<i>hydrocortisone external lotion 2.5 %</i>	92	HYPERRAB INJECTION SOLUTION 900 UNIT/3ML.....	153	ICLUSIG ORAL TABLET 10 MG, 30 MG... 178	
<i>hydrocortisone external ointment 0.5 %</i>	92	HYPERSAL.....	207	ICLUSIG ORAL TABLET 15 MG, 45 MG... 178	
<i>hydrocortisone external ointment 1 %</i>	92	HYPERTET.....	158	<i>icosapent ethyl</i>	78
<i>hydrocortisone external ointment 2.5 %</i>	92	HYPOTEARs.....	186	IDACIO (2 PEN).....	169
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	136	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML.....	169	IDACIO (2 SYRINGE).....	169
<i>hydrocortisone rectal enema 100 mg/60ml</i>	159	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	169	IDACIO-CROHNS/UC STARTER.....	169
<i>hydrocortisone valerate</i>	92	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML.....	169	IDACIO-PSORIASIS STARTER.....	169
<i>hydrocortisone-acetic acid</i>	188	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	169	IDHIFA.....	42
<i>hydrocortisone-iodoquinol</i>	37	HYRIMOZ-CROHNS/UC STARTER.....	169	IGALMI.....	58
<i>hydrocort-pramoxine (perianal)</i>	93	HYRIMOZ-PED.....	169	IHEALTH COVID-19 RAPID TEST.....	169
<i>hydromorphone hcl er</i>	6	HYRIMOZ-PED>=40KG CROHN START.....	169	ILARIS.....	153
<i>hydromorphone hcl oral liquid</i>	9	HYRIMOZ-PLAQUE PSORIASIS START..	169	ILEVRO.....	183
<i>hydromorphone hcl oral tablet</i>	9	HYSINGLA ER.....	6	ILUMYA.....	153
<i>hydromorphone hcl rectal</i>	9	HYZAAR.....	75	ILUVIEN.....	183
<i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg</i>	46	<i>ibandronate sodium oral</i>	160	<i>imatinib mesylate</i>	178
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	46	IBRANCE.....	43	IMBRUVICA.....	178
<i>hydroxychloroquine sulfate oral tablet 300 mg</i>	46	IBSRELA.....	119	<i>imipramine hcl oral</i>	33
<i>hydroxyurea oral</i>	42	<i>ibuprofen</i>	5	<i>imipramine pamoate</i>	33
<i>hydroxyzine hcl oral</i>	58	<i>ibuprofen childrens oral tablet chewable 100 mg</i>	5	<i>imiquimod external cream 3.75 %</i>	93
<i>hydroxyzine pamoate oral</i>	58	<i>ibuprofen ib childrens</i>	5	<i>imiquimod external cream 5 %</i>	93
HYFTOR.....	169			<i>imiquimod pump</i>	93
				IMITREX.....	39
				IMITREX STATDOSE REFILL.....	39
				IMITREX STATDOSE SYSTEM.....	39
				IMURAN.....	155
				<i>inavix</i>	15
				INBRIJA.....	50

<i>incassia</i>	148	INPEN 100-PINK-LILLY-HUMALOG.....	170	INSULIN SYRINGES 27G X 1/2" 0.5 ML,	
INCRELEX.....	138	INPEN 100-PINK-NOVOLOG-FIASP.....	170	27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G	
INCRUSE ELLIPTA.....	194	INQOVI.....	43	X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X	
<i>indapamide</i>	77	INREBIC.....	43	1/2" 1 ML, 31G X 5/16" 0.5 ML.....	170
INDERAL LA.....	72	INSPIREASE.....	170	INSULIN SYRINGES 28G X 5/16" 1 ML,	
INDERAL XL.....	72	INSPIREASE RESERVOIR BAGS.....	170	29G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 32G	
INDICAID COVID-19 RAPID TEST.....	169	INSPRA.....	76	X 5/16" 1 ML.....	170
INDOCIN.....	5	INSULIN ASP PROT & ASP FLEXPEN.....	63	INSULIN SYRINGES 29G X 1/2" 0.3 ML... 170	
<i>indomethacin er</i>	5	INSULIN ASPART.....	63	INSULIN SYRINGES 29G X 1/2" 1 ML,	
<i>indomethacin oral capsule</i>	5	INSULIN ASPART FLEXPEN.....	63	30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML.....	170
<i>indomethacin oral suspension</i>	5	INSULIN ASPART PENFILL.....	63	INSULIN SYRINGES 30G X 1/2" 0.3 ML... 171	
<i>indomethacin rectal suppository 50 mg</i>	5	INSULIN ASPART PROT & ASPART.....	63	INSULIN SYRINGES 30G X 1/2" 0.5 ML,	
<i>indoor/outdoor allergy rlf</i>	192	INSULIN DEGLUDEC.....	63	31G X 15/64" 0.3 ML.....	171
INFANRIX.....	157	INSULIN DEGLUDEC FLEXTOUCH.....	64	INSULIN SYRINGES 30G X 5/16" 0.3 ML. 171	
<i>infant gas relief</i>	127	INSULIN GLARGINE MAX SOLOSTAR.....	64	INSULIN SYRINGES 30G X 5/16" 1 ML... 171	
<i>infants gas relief</i>	127	INSULIN GLARGINE SOLOSTAR		INSULIN SYRINGES 31G X 15/64" 0.5 ML	
<i>infants ibuprofen</i>	5	SUBCUTANEOUS SOLUTION PEN-		.....	171
<i>infants pain & fever</i>	13	INJECTOR 300 UNIT/ML.....	64	INSULIN SYRINGES 31G X 5/16" 0.3 ML. 171	
<i>infants pain relief drops</i>	13	INSULIN GLARGINE-YFGN.....	64	INTELENCE.....	56
<i>infants pain/fever</i>	13	INSULIN LISPRO.....	64	INTELISWAB COVID-19 RAPID TEST.....	171
INFED.....	213	INSULIN LISPRO (1 UNIT DIAL).....	64	<i>introvale</i>	143
INFLAMMACIN.....	15	INSULIN LISPRO JUNIOR KWIKPEN.....	64	INTUNIV.....	81
INFLECTRA.....	155	INSULIN LISPRO PROT & LISPRO.....	64	INVEGA.....	51
INFLIXIMAB.....	155	INSULIN PEN NEEDLES.....	104	INVEGA HAFYERA.....	52
INGREZZA ORAL CAPSULE 40 MG, 80		INSULIN PEN NEEDLES 29G X 12.7MM..	170	INVEGA SUSTENNA.....	52
MG.....	83	INSULIN PEN NEEDLES 29G X 12MM.....	170	INVEGA TRINZA.....	52
INGREZZA ORAL CAPSULE 60 MG.....	83	INSULIN PEN NEEDLES 29G X 5MM ,		INVELTYS.....	184
INGREZZA ORAL CAPSULE THERAPY		29G X 8MM.....	170	INVOKAMET.....	61
PACK.....	83	INSULIN PEN NEEDLES 30G X 5 MM.....	170	INVOKAMET XR.....	61
INJECTAFER INTRAVENOUS SOLUTION		INSULIN PEN NEEDLES 31G X 4 MM.....	170	INVOKANA.....	61
750 MG/15ML.....	112	INSULIN PEN NEEDLES 31G X 5 MM.....	170	IOPIDINE.....	185
INLYTA.....	178	INSULIN PEN NEEDLES 31G X 6 MM.....	170	IPOL.....	157
INNOPRAN XL.....	72	INSULIN PEN NEEDLES 31G X 8 MM.....	170	<i>ipratropium bromide inhalation</i>	194
INPEFA ORAL TABLET 400 MG.....	169	INSULIN PEN NEEDLES 31G X 8 MM.....	170	<i>ipratropium bromide nasal</i>	194
INPEFA TABLET 200 MG ORAL.....	169	INSULIN PEN NEEDLES 32G X 4 MM.....	104	<i>ipratropium-albuterol</i>	205
INPEN 100-BLUE-LILLY-HUMALOG.....	169	INSULIN PEN NEEDLES 32G X 8 MM ,		<i>irbesartan</i>	71
INPEN 100-BLUE-NOVOLOG-FIASP.....	169	33G X 4 MM , 33G X 5 MM , 33G X 6 MM. 170		<i>irbesartan-hydrochlorothiazide</i>	75
INPEN 100-GREY-LILLY-HUMALOG.....	169			IRESSA.....	178
INPEN 100-GREY-NOVOLOG-FIASP.....	169			<i>iron (ferrous sulfate) oral solution</i>	112

IRON FOLATE-F.....	112	<i>jantoven oral tablet 6 mg</i>	67	<i>kelnor 1/35</i>	143
<i>iron infant/toddler</i>	112	JANUMET.....	61	<i>kelnor 1/50</i>	143
<i>iron oral tablet 325 (65 fe) mg</i>	112	JANUMET XR.....	61	KENALOG EXTERNAL.....	92
<i>iron supplement childrens</i>	112	JANUVIA.....	61	KENALOG INJECTION.....	136
<i>iron supplement oral solution 220 (44 fe)</i>		JARDIANCE.....	61	KENALOG-80.....	136
<i>mg/5ml</i>	112	<i>jasmiel</i>	143	KEPPRA INTRAVENOUS.....	26
ISENTRESS HD.....	55	JATENZO.....	139	KEPPRA ORAL SOLUTION.....	26
ISENTRESS ORAL PACKET.....	55	JAYPIRCA.....	171	KEPPRA ORAL TABLET.....	26
ISENTRESS ORAL TABLET.....	55	<i>jencycla</i>	148	KEPPRA XR.....	26
ISENTRESS ORAL TABLET CHEWABLE..	55	JENTADUETO.....	61	KERALYT EXTERNAL GEL 6 %.....	171
<i>isibloom</i>	143	JENTADUETO XR.....	61	KERENDIA.....	75
<i>isoniazid oral</i>	40	JESDUVROQ.....	171	KESIMPTA.....	84
ISORDIL TITRADOSE ORAL TABLET 40		<i>jinteli</i>	143	<i>ketoconazole external cream</i>	95
MG.....	79	<i>jolessa</i>	143	<i>ketoconazole external foam</i>	95
ISORDIL TITRADOSE ORAL TABLET 5		JORNAY PM.....	81	<i>ketoconazole external shampoo</i>	95
MG.....	79	<i>joyeaux</i>	143	<i>ketoconazole oral</i>	36
<i>isosorb dinitrate-hydralazine</i>	75	JUBLIA.....	95	<i>ketodan</i>	95
<i>isosorbide dinitrate</i>	79	<i>juleber</i>	143	KETO-DIASTIX.....	104
<i>isosorbide mononitrate</i>	79	JULUCA.....	55	KETONE CARE.....	104
<i>isosorbide mononitrate er</i>	79	<i>junel 1.5/30</i>	143	KETONE TEST.....	104
<i>isotretinoin oral capsule 10 mg, 20 mg, 30</i>		<i>junel 1/20</i>	143	<i>ketoprofen er</i>	5
<i>mg, 40 mg</i>	88	<i>junel fe</i>	143	<i>ketoprofen oral capsule 50 mg</i>	5
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	88	JUST RIGHT 5000.....	109	<i>ketorolac tromethamine injection solution</i>	
<i>isradipine</i>	73	JUXTAPID.....	78	<i>15 mg/ml</i>	5
ISTALOL.....	185	JYLAMVO.....	155	<i>ketorolac tromethamine intramuscular</i>	5
<i>itraconazole oral capsule</i>	36	JYNARQUE.....	114	<i>ketorolac tromethamine ophthalmic</i>	
<i>itraconazole oral solution</i>	36	<i>kaitlib fe</i>	143	<i>solution 0.4 %</i>	184
<i>ivermectin cream 1 % external</i>	94	KALETRA.....	57	<i>ketorolac tromethamine ophthalmic</i>	
<i>ivermectin oral</i>	46	<i>kalliga</i>	143	<i>solution 0.5 %</i>	184
IWILFIN.....	171	KALYDECO ORAL PACKET 13.4 MG, 5.8		<i>ketorolac tromethamine oral</i>	5
IXIARO.....	157	MG.....	195	<i>ketorolac tromethamine solution 30 mg/ml</i>	
IYUZEH.....	180	KALYDECO ORAL PACKET 25 MG, 50		<i>injection</i>	5
JADENU.....	114	MG, 75 MG.....	195	KETOROLAC TROMETHAMINE	
JADENU SPRINKLE.....	114	KALYDECO ORAL TABLET.....	195	SOLUTION 30 MG/ML INJECTION.....	5
<i>jaimiess</i>	143	KAOPECTATE ORAL SUSPENSION.....	127	KETOSTIX.....	104
JAKAFI.....	43	KAPSPARGO SPRINKLE.....	72	<i>ketotifen fumarate ophthalmic</i>	188
JALYN.....	134	KARBINAL ER.....	192	KEVEYIS.....	132
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5</i>		<i>kariva</i>	143	KEVZARA.....	153
<i>mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	67	KATERZIA.....	73	KEYFOLIC.....	213

KEYLOSA.....	213	<i>lacosamide oral</i>	29	<i>lansoprazole oral tablet delayed release</i>	
KINERET.....	154	LACRISERT.....	180	<i>dispersible 15 mg</i>	123
KISQALI (200 MG DOSE).....	43	<i>lactic acid external</i>	92	<i>lansoprazole oral tablet delayed release</i>	
KISQALI (400 MG DOSE).....	43	<i>lactulose encephalopathy</i>	118	<i>dispersible 15 mg, 30 mg</i>	123
KISQALI (600 MG DOSE).....	43	<i>lactulose oral packet</i>	118	<i>lanthanum carbonate</i>	114
KISQALI FEMARA (200 MG DOSE).....	43	<i>lactulose oral solution</i>	118	LANTUS SOLOSTAR.....	64
KISQALI FEMARA (400 MG DOSE).....	43	LAGEVRIO.....	58	LANTUS U-100 VIAL.....	64
KISQALI FEMARA (600 MG DOSE).....	43	LAMICTAL ODT ORAL KIT.....	26	<i>lapatinib ditosylate</i>	178
KITABIS PAK.....	195	LAMICTAL ODT ORAL TABLET		<i>larin 1.5/30</i>	143
KLARITY-A.....	182	DISPERSIBLE.....	26	<i>larin 1/20</i>	143
KLARON.....	95	LAMICTAL ORAL TABLET.....	26	<i>larin 24 fe</i>	143
<i>klayesta</i>	95	LAMICTAL ORAL TABLET CHEWABLE.....	26	<i>larin fe 1.5/30</i>	143
KLONOPIN.....	59	LAMICTAL STARTER.....	26	<i>larin fe 1/20</i>	143
<i>klor-con 10</i>	109	LAMICTAL XR ORAL KIT.....	26	LASIX.....	76
<i>klor-con m10</i>	109	LAMICTAL XR ORAL TABLET		LATANOPROST.....	171
<i>klor-con m15</i>	109	EXTENDED RELEASE 24 HOUR.....	26	<i>latanoprost ophthalmic</i>	180
<i>klor-con m20</i>	109	<i>lamivudine oral solution</i>	56	LATUDA ORAL TABLET 120 MG, 20 MG,	
<i>klor-con oral packet</i>	109	<i>lamivudine oral tablet 100 mg</i>	54	40 MG, 60 MG, 80 MG.....	52
<i>klor-con oral tablet extended release</i>	109	<i>lamivudine oral tablet 150 mg, 300 mg</i>	56	<i>laxaclear</i>	128
<i>klor-con/ef</i>	213	<i>lamivudine-zidovudine</i>	56	<i>laxative max str</i>	130
KLOXXADO.....	17	<i>lamotrigine er</i>	26	<i>laxative maximum strength oral tablet 25</i>	
KOMBIGLYZE XR.....	61	<i>lamotrigine oral kit</i>	26	<i>mg</i>	130
<i>konsyl daily fiber oral powder 28.3 %</i>	128	<i>lamotrigine oral tablet</i>	26	<i>laxative oral powder 17 gm/scoop</i>	128
KONVOMEPE.....	122	<i>lamotrigine oral tablet chewable</i>	26	<i>laxative oral tablet delayed release 5 mg</i> ...	171
KOSELUGO.....	43	<i>lamotrigine oral tablet dispersible</i>	26	<i>laxative pills max st</i>	130
<i>kourzeq</i>	86	<i>lamotrigine starter kit-blue</i>	26	<i>laxative pills oral tablet 25 mg</i>	130
K-PHOS.....	112	<i>lamotrigine starter kit-green</i>	27	<i>laxative rectal suppository 10 mg</i>	171
K-PHOS NO 2.....	112	<i>lamotrigine starter kit-orange</i>	27	<i>laxative regular strength</i>	130
K-PHOS-NEUTRAL.....	112	LAMPIT.....	47	<i>layolis fe</i>	143
<i>k-prime</i>	213	LANCETS.....	104, 109	L-CYSTINE.....	171
KRAZATI.....	171	LANOXIN ORAL.....	75	<i>leena</i>	144
KRINTAFEL.....	46	<i>lansoprazole capsule delayed release 15</i>		<i>leflunomide oral</i>	156
KRISTALOSE.....	118	<i>mg oral (otc)</i>	122	LEMTRADA.....	84
K-TAB.....	109	<i>lansoprazole capsule delayed release 15</i>		<i>lenalidomide</i>	41
<i>k-tan plus</i>	112	<i>mg oral (rx)</i>	122	LENVIMA (10 MG DAILY DOSE).....	178
<i>kurvelo</i>	143	<i>lansoprazole oral capsule delayed release</i>		LENVIMA (12 MG DAILY DOSE).....	178
KYLEENA.....	148	<i>15 mg</i>	123	LENVIMA (14 MG DAILY DOSE).....	178
<i>labetalol hcl oral</i>	72	<i>lansoprazole oral capsule delayed release</i>		LENVIMA (18 MG DAILY DOSE).....	178
<i>lacosamide intravenous</i>	29	<i>30 mg</i>	123	LENVIMA (20 MG DAILY DOSE).....	178

LENVIMA (24 MG DAILY DOSE).....	178	<i>levonorgestrel-ethinyl estrad</i>	144	LIDOCAINE-HYDROCORTISONE ACE	
LENVIMA (4 MG DAILY DOSE).....	178	<i>levonorg-eth estrad triphasic</i>	144	RECTAL GEL.....	96
LENVIMA (8 MG DAILY DOSE).....	178	<i>levora 0.15/30 (28)</i>	144	<i>lidocaine-hydrocortisone ace rectal kit 2-2</i>	
LEQVIO.....	78	<i>levorphanol tartrate oral</i>	6	%.....	96
LESCOL XL.....	77	<i>levo-t</i>	151	<i>lidocaine-hydrocortisone ace rectal kit 3-</i>	
<i>lessina</i>	144	LEVOTHYROXINE SODIUM ORAL		<i>0.5 %</i>	96
LETAIRIS.....	197	CAPSULE.....	151	<i>lidocaine-hydrocortisone ace rectal kit 3-1</i>	
<i>letrozole oral</i>	42	<i>levothyroxine sodium oral tablet</i>	151	%, 3-2.5 %.....	96
<i>leucovorin calcium oral tablet 10 mg</i>	45	<i>levoxyl</i>	151	<i>lidocaine-prilocaine external cream</i>	16
<i>leucovorin calcium oral tablet 15 mg, 25</i>		LEVSIN.....	171	<i>lidocaine-prilocaine external kit</i>	16
<i>mg, 5 mg</i>	45	LEVSIN/SL.....	171	LIDOCAN III.....	16
LEUKERAN.....	41	LEVULAN KERASTICK.....	93	LIDOCORT.....	96
LEUKINE.....	68	LEXAPRO.....	32	LIDODERM.....	16
LEUPROLIDE ACETATE (3 MONTH).....	152	LEXETTE.....	92	<i>lidopin external cream 3 %</i>	16
<i>leuprolide acetate injection</i>	152	LIALDA.....	159	LIDOPURE PATCH.....	17
<i>levabuterol hcl inhalation</i>	195	LIBRAX.....	119	LIDOTRAL.....	16
LEVALBUTEROL HFA INHALATION		LICART.....	5	LIDOTRAN.....	16
AEROSOL 45 MCG/ACT.....	195	<i>lice killing external liquid 1 %</i>	94	LIKMEZ.....	20
LEVAMLODIPINE MALEATE.....	79	<i>lice killing external shampoo 0.33-4 %, 4-</i>		LILETTA (52 MG).....	148
LEVBID.....	171	<i>0.33 %</i>	47	LINCOCIN.....	20
LEVEMIR FLEXPEN.....	64	<i>lice killing max st external shampoo 0.33-4</i>		<i>lincomycin hcl injection</i>	20
LEVEMIR U-100 VIAL.....	64	%.....	47	<i>linezolid oral suspension reconstituted</i>	20
<i>levetiracetam er</i>	27	<i>lice killing max strength</i>	47	<i>linezolid oral tablet</i>	20
<i>levetiracetam in nacl</i>	27	<i>lice killing maximum strength</i>	47	LINZESS.....	118
<i>levetiracetam intravenous</i>	27	<i>lice killing shampoo max str</i>	47	<i>liothyronine sodium oral</i>	151
<i>levetiracetam oral solution</i>	27	<i>lice maximum strength</i>	47	LIPITOR.....	77
<i>levetiracetam oral tablet</i>	27	<i>lice treatment external liquid 1 %</i>	94	LIPOFEN.....	77
<i>levobunolol hcl</i>	185	<i>lice treatment external lotion 1 %</i>	94	LIQREV.....	197
<i>levocarnitine oral solution</i>	132	<i>lice treatment external shampoo 0.33-4 %</i> ...47		<i>liquid acetaminophen</i>	13
<i>levocarnitine sf</i>	132	LIDO BDK.....	16	<i>liquid allergy relief</i>	192
<i>levocetirizine dihydrochloride oral solution</i>	192	<i>lidocaine external ointment 5 %</i>	16	<i>liquid pain relief</i>	13
<i>levocetirizine dihydrochloride oral tablet</i>	192	<i>lidocaine external patch 5 %</i>	16	<i>lisdexamfetamine dimesylate oral capsule</i>	
<i>levofloxacin oral solution</i>	23	<i>lidocaine hcl external cream 3 %</i>	16	<i>10 mg</i>	82
<i>levofloxacin oral tablet</i>	23	<i>lidocaine hcl external solution</i>	16	<i>lisdexamfetamine dimesylate oral capsule</i>	
<i>levonest</i>	144	<i>lidocaine hcl mouth/throat</i>	16	<i>20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70</i>	
<i>levonorgest-eth est & eth est</i>	144	<i>lidocaine hcl urethral/mucosal</i>	16	<i>mg</i>	82
<i>levonorgest-eth estrad 91-day</i>	144	<i>lidocaine viscous hcl</i>	16	<i>lisdexamfetamine dimesylate oral tablet</i>	
<i>levonorgest-eth estradiol-iron</i>	144	<i>lidocaine-hydrocort (perianal)</i>	96	<i>chewable</i>	82
<i>levonorgestrel</i>	150			<i>lisinopril oral</i>	71

<i>lisinopril-hydrochlorothiazide</i>	75	<i>lorata-d</i>	207	<i>lubricant eye drops (pf) ophthalmic solution</i>	
L-ISOLEUCINE.....	213	<i>loratadine allergy relief oral tablet 10 mg</i> ...	203	0.5 %.....	186
LITFULO.....	171	<i>loratadine childrens oral solution</i>	203	<i>lubricant eye drops ophthalmic solution 0.5</i>	
<i>lithium</i>	60	<i>lorata-dine d</i>	207	%.....	186
<i>lithium carbonate er</i>	60	<i>loratadine d 12hr</i>	207	<i>lubricant eye drops pf</i>	186
<i>lithium carbonate oral</i>	60	<i>loratadine oral solution 5 mg/5ml</i>	203	<i>lubricant eye nighttime</i>	186
LITHOBID.....	60	<i>loratadine oral tablet 10 mg</i>	203	<i>lubricant pm</i>	186
LITHOSTAT.....	135	<i>loratadine-d</i>	207	<i>lubricating eye drop</i>	186
LIVALO.....	77	<i>loratadine-d 12hr</i>	207	<i>lubricating eye/overnight</i>	186
LIVIXIL PAK.....	16	<i>loratadine-d 24hr</i>	207	<i>lubricating plus eye drops</i>	186
LIVTENCITY.....	58	<i>lorazepam injection</i>	59	<i>lubricating plus ophthalmic solution 0.5 %</i>	186
<i>l-methylfolate</i>	213	<i>lorazepam intensol</i>	59	<i>lubricating plus pf</i>	186
<i>l-methylfolate calcium oral</i>	213	<i>lorazepam oral concentrate 2 mg/ml</i>	59	<i>lubrifresh p.m.</i>	186
<i>l-methylfolate forte</i>	171	<i>lorazepam oral tablet</i>	59	LUCEMYRA.....	17
<i>l-methylfolate-algae</i>	171	LORBRENA.....	178	LUCIRA COVID-19 & FLU TEST.....	171
<i>l-methylfolate-algae-b12-b6</i>	115	LOREEV XR.....	59	LUGOLS STRONG IODINE.....	25
<i>l-methyl-mc</i>	213	<i>loryna</i>	144	LULICONAZOLE.....	95
LO LOESTRIN FE.....	144	LORZONE.....	209	LUMAKRAS ORAL TABLET 120 MG.....	45
LOCROID.....	92	<i>losartan potassium oral</i>	71	LUMAKRAS ORAL TABLET 320 MG.....	45
LOCROID LIPOCREAM.....	92	<i>losartan potassium-hctz</i>	75	LUMIGAN.....	180
LODINE.....	5	LOTEMAX.....	184	LUNESTA.....	210
LODOSYN.....	50	LOTEMAX SM.....	184	LUPKYNIS.....	153
LOESTRIN 1.5/30 (21).....	144	LOTENSIN.....	71	LUPRON DEPOT (1-MONTH).....	152
LOESTRIN 1/20 (21).....	144	LOTENSIN HCT.....	75	LUPRON DEPOT (3-MONTH).....	152
LOESTRIN FE 1.5/30.....	144	<i>loteprednol etabonate ophthalmic gel</i>	184	LUPRON DEPOT (4-MONTH)	
LOESTRIN FE 1/20.....	144	<i>loteprednol etabonate ophthalmic</i>		INTRAMUSCULAR KIT 30MG.....	152
LOFENA.....	5	<i>suspension 0.2 %</i>	184	LUPRON DEPOT (6-MONTH)	
<i>lojaimiess</i>	144	<i>loteprednol etabonate ophthalmic</i>		INTRAMUSCULAR KIT 45MG.....	152
LOKELMA.....	114	<i>suspension 0.5 %</i>	184	LUPRON DEPOT-PED (1-MONTH).....	152
LOMOTIL.....	119	LOTREL.....	75	LUPRON DEPOT-PED (3-MONTH).....	152
<i>long lasting antacid</i>	127	LOTRONEX.....	119	LUPRON DEPOT-PED (6-MONTH).....	152
LONSURF.....	42	<i>lovastatin oral</i>	77	<i>lurasidone hcl oral tablet 120 mg, 20 mg,</i>	
<i>loperamide hcl capsule 2 mg oral</i>	119	LOVAZA.....	78	<i>40 mg, 60 mg, 80 mg</i>	52
<i>loperamide hcl oral tablet</i>	119	LOVENOX.....	67	<i>lutera</i>	144
LOPID.....	77	<i>low-ogestrel</i>	144	LUZU.....	95
<i>lopinavir-ritonavir</i>	57	<i>loxapine succinate</i>	50	LYBALVI.....	52
LOPRESSOR.....	72	<i>lo-zumandimine</i>	144	<i>lyleq</i>	148
LOQTORZI.....	171	<i>lubiprostone</i>	118	<i>lyllana</i>	144
<i>loradamed</i>	203			LYNPARZA.....	43

LYRICA.....	84	MAXITROL OPHTHALMIC SUSPENSION	MEKTOVI.....	43
LYRICA CR.....	84	0.1 %.....	<i>meloxicam oral capsule</i>	5
<i>lysiplex plus oral tablet</i>	213	MAXZIDE.....	<i>meloxicam oral tablet</i>	5
LYSODREN.....	151	MAXZIDE-25.....	<i>melphalan</i>	45
LYTGOBI (12 MG DAILY DOSE).....	171	MAYZENT.....	<i>memantine hcl er</i>	30
LYTGOBI (16 MG DAILY DOSE).....	171	MAYZENT STARTER PACK.....	<i>memantine hcl oral solution</i>	30
LYTGOBI (20 MG DAILY DOSE).....	171	<i>m-dryl</i>	<i>memantine hcl oral tablet</i>	30
LYUMJEV.....	64	<i>mel/naphos/mb/hyo1</i>	MENATROL.....	213
LYUMJEV KWIKPEN.....	64	<i>meclizine hcl oral tablet 12.5 mg</i>	MENEST.....	144
LYUMJEV TEMPO PEN.....	64	<i>meclizine hcl oral tablet 25 mg</i>	MENOSTAR.....	144
LYVISPAH.....	54	<i>meclizine hcl oral tablet 50 mg</i>	MENQUADFI.....	157
<i>lyza</i>	148	<i>meclizine hcl tablet chewable 25 mg oral</i>	MENVEO.....	157
MACROBID.....	20	<i>(otc)</i>	<i>meperidine hcl oral</i>	9
MACRODANTIN.....	20	<i>meclofenamate sodium oral</i>	<i>meprobamate</i>	58
<i>mafenide acetate external</i>	95	<i>medifin mucus relief child</i>	MEPRON.....	46
<i>magnesium citrate oral solution</i>	130	<i>medi-first aspirin</i>	<i>mercaptopurine oral</i>	42
MALARONE.....	46	<i>medi-first ibuprofen</i>	<i>merzee</i>	144
<i>malathion</i>	94	<i>mediproxen</i>	<i>mesalamine er</i>	159
<i>mapap childrens</i>	13	<i>medique aspirin</i>	<i>mesalamine oral capsule delayed release</i>	
<i>maraviroc</i>	57	MEDISENSE GLUCOSE KETONE	<i>400 mg</i>	159
MARGENZA.....	179	CONTR.....	<i>mesalamine oral tablet delayed release 1.2</i>	
MARINOL.....	35	MEDISENSE HI/MID/LOW CONTROL.....	<i>gm</i>	159
<i>marlissa</i>	144	MEDROL ORAL TABLET 16 MG, 4 MG, 8	<i>mesalamine oral tablet delayed release</i>	
MARPLAN.....	31	MG.....	<i>800 mg</i>	159
MASK VORTEX/CHILD/FROG.....	171	MEDROL ORAL TABLET 2 MG.....	<i>mesalamine rectal</i>	159
MASK VORTEX/TODDLER/LADYBUG.....	171	MEDROL ORAL TABLET THERAPY	<i>mesalamine-cleanser</i>	159
MATULANE.....	41	PACK.....	MESNEX ORAL.....	45
<i>matzim la</i>	74	<i>medroxyprogesterone acetate</i>	MESTINON.....	40
MAVENCLAD (10 TABS).....	85	<i>intramuscular</i>	METAFOLBIC.....	213
MAVENCLAD (4 TABS).....	85	<i>medroxyprogesterone acetate oral</i>	METAFOLBIC PLUS.....	213
MAVENCLAD (5 TABS).....	85	<i>mefenamic acid oral</i>	METAFOLBIC PLUS RF.....	115
MAVENCLAD (6 TABS).....	85	<i>mefloquine hcl</i>	<i>metaxalone oral tablet 400 mg</i>	209
MAVENCLAD (7 TABS).....	85	<i>megestrol acetate oral suspension 40</i>	<i>metaxalone oral tablet 800 mg</i>	209
MAVENCLAD (8 TABS).....	85	<i>mg/ml, 625 mg/5ml</i>	<i>metformin hcl er</i>	61
MAVENCLAD (9 TABS).....	85	<i>megestrol acetate oral tablet 20 mg</i>	<i>metformin hcl er (mod)</i>	61
MAX TUSSIN MUCUS & CHEST CONG... 199		<i>megestrol acetate oral tablet 40 mg</i>	<i>metformin hcl er (osm)</i>	61
MAXALT.....	39	<i>meijer allergy relief-d</i>	<i>metformin hcl oral solution</i>	61
MAXIDEX.....	184	<i>meijer anti-diarrheal</i>	<i>metformin hcl oral tablet 1000 mg, 500 mg,</i>	
MAXITROL OPHTHALMIC OINTMENT.... 180		MEKINIST.....	<i>850 mg</i>	61

<i>metformin hcl oral tablet 625 mg</i>	61	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG.....	81	<i>metyrosine</i>	76
<i>methadone hcl injection</i>	6	<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	81	<i>mexiletine hcl oral</i>	72
<i>methadone hcl intensol</i>	6	<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	81	MIACALCIN.....	160
<i>methadone hcl oral</i>	6	<i>methylphenidate hcl er oral tablet extended release</i>	81	<i>mibelas 24 fe</i>	145
METHADOSE ORAL CONCENTRATE 10 MG/ML.....	6	<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	81	<i>micaderm</i>	37
<i>methadose oral tablet soluble</i>	7	<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	81	<i>micafungin sodium solution reconstituted 100 mg intravenous</i>	36
METHADOSE SUGAR-FREE.....	7	<i>methylphenidate hcl oral solution</i>	81	MICARDIS.....	71
<i>methamphetamine hcl</i>	82	<i>methylphenidate hcl oral tablet</i>	81	MICARDIS HCT.....	76
<i>methazolamide oral</i>	185	<i>methylphenidate hcl oral tablet chewable</i>	81	MICATIN.....	37
<i>methenamine hippurate</i>	20	<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	136	<i>miconazole 3</i>	36
<i>methenamine mandelate oral</i>	25	METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION.....	136	<i>miconazole 7 day treatment vaginal cream 2 %</i>	36
<i>methergine</i>	139	<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	137	<i>miconazole 7 vaginal cream 2 %</i>	36
<i>methimazole oral</i>	152	METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION.....	137	<i>miconazole antifungal</i>	37
METHITEST.....	139	<i>methylprednisolone oral</i>	137	<i>miconazole nitrate external cream</i>	37
<i>methocarbamol oral</i>	209	<i>methyltestosterone oral</i>	139	<i>miconazole nitrate vaginal</i>	36
<i>methotrexate sodium</i>	156	<i>metoclopramide hcl oral</i>	34	MICONAZOLE-ZINC OXIDE-PETROLAT ...	95
<i>methotrexate sodium (pf)</i>	156	<i>metolazone</i>	77	MICROCHAMBER.....	171
<i>methoxsalen rapid</i>	93	METOPIRONE.....	171	MICRODOT TEST.....	104
<i>methscopolamine bromide oral tablet 2.5 mg</i>	119	<i>metoprolol succinate er</i>	72	MICROFLOR 33.....	127
<i>methscopolamine bromide oral tablet 5 mg</i>	119	<i>metoprolol tartrate oral</i>	72	<i>microgestin 1.5/30</i>	145
<i>methsuximide</i>	27	<i>metoprolol-hydrochlorothiazide</i>	76	<i>microgestin 1/20</i>	145
METHYLDOPA.....	70	METROCREAM.....	20	<i>microgestin 24 fe</i>	145
<i>methylergonovine maleate oral</i>	139	METROGEL.....	20	<i>microgestin fe 1.5/30</i>	145
<i>methylfol-algae-b12-acetylcyst</i>	115	METROLOTION.....	20	<i>microgestin fe 1/20</i>	145
METHYLIN.....	81	<i>metronidazole external</i>	20	<i>midazolam hcl oral</i>	59
<i>methylphenidate</i>	81	<i>metronidazole oral</i>	20	<i>midodrine hcl</i>	70
<i>methylphenidate hcl er (cd)</i>	81	<i>metronidazole vaginal</i>	20	MIEBO.....	171
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	81			MIFEPREX.....	139
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	81			<i>mifepristone oral tablet 200 mg</i>	139
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	81			<i>mifepristone oral tablet 300 mg</i>	139

<i>milrinone lactate</i>	80	<i>mm acetaminophen ex str</i>	13	<i>motion sickness relief oral tablet chewable</i>	
<i>milrinone lactate in dextrose intravenous</i>		MM ALLER-BEN.....	192	<i>25 mg</i>	34
<i>solution 20-5 mg/100ml-%</i>	80	<i>mm arthritis pain</i>	13	<i>motion-time</i>	34
<i>milrinone lactate in dextrose intravenous</i>		<i>mm aspirin</i>	172	MOTOFEN.....	119
<i>solution 40-5 mg/200ml-%</i>	80	MM BLOOD GLUCOSE SYSTEM.....	104	MOTPOLY XR.....	29
<i>mimvey</i>	145	MM BLOOD GLUCOSE SYSTEM REFILL	104	MOTRIN CHILDRENS.....	5
MINASTRIN 24 FE ORAL TABLET		MM BLULINK GLUCOSE MONIT SYS.....	104	MOTRIN IB ORAL TABLET.....	6
CHEWABLE 1-20 MG-MCG(24).....	145	MM BLULINK GLUCOSE TEST.....	104	MOUNJARO.....	172
<i>mineral oil heavy oral</i>	128	<i>mm clearlax</i>	128	MOVANTIK.....	118
<i>mini nicotine</i>	18	MM EASY TOUCH GLUCOSE METER.....	104	MOVIPREP.....	120
MINILINK REAL-TIME TRANSMITTER.....	172	<i>mm ibuprofen</i>	5	<i>moxifloxacin hcl (2x day)</i>	182
MINIMED 630G GUARDIAN PRESS.....	172	<i>mm stool softener laxative</i>	130	<i>moxifloxacin hcl ophthalmic</i>	182
MINIPRESS.....	71	M-M-R II.....	157	<i>moxifloxacin hcl oral</i>	23
MINIVELLE.....	145	M-NATAL PLUS.....	115	MOZOBIL.....	68
MINOCYCLINE HCL ER ORAL CAPSULE		<i>modafinil oral</i>	211	<i>m-pap</i>	13
EXTENDED RELEASE 24 HOUR.....	25	MODERNA COVID-19 VAC 6M-11Y.....	172	MS CONTIN.....	7
<i>minocycline hcl er oral tablet extended</i>		<i>moexipril hcl</i>	71	MUCINEX FAST-MAX CHEST CONG MS	199
<i>release 24 hour</i>	25	<i>molindone hcl</i>	50	MUCOTROL.....	87
<i>minocycline hcl oral capsule 100 mg, 50</i>		<i>mometasone furoate external cream</i>	92	<i>mucus relief childrens oral liquid 100</i>	
<i>mg</i>	25	<i>mometasone furoate external ointment</i>	92	<i>mg/5ml</i>	199
<i>minocycline hcl oral capsule 75 mg</i>	25	<i>mometasone furoate external solution</i>	92	<i>mucus+chest congestion</i>	199
<i>minocycline hcl oral tablet 100 mg, 75 mg</i> ...	25	<i>mometasone furoate nasal</i>	193	MUGARD.....	87
<i>minocycline hcl oral tablet 50 mg</i>	25	<i>mondoxyne nl</i>	25	MULPLETA.....	68
MINOLIRA.....	25	MONOJECT HYPODERMIC NEEDLE 18G		MULTAQ.....	72
<i>minoxidil oral</i>	78	X 1".....	66	MULTIPRO.....	213
MIRAPEX ER.....	49	<i>mono-linyah</i>	145	<i>multivitamin infant & toddler oral solution</i>	213
MIRCERA INJECTION SOLUTION		<i>montelukast sodium oral</i>	193	<i>multivitamin w/fluoride</i>	115
PREFILLED SYRINGE 100 MCG/0.3ML,		MORPHINE SULFATE (BULK).....	9	<i>multi-vitamin/fluoride</i>	115
150 MCG/0.3ML, 200 MCG/0.3ML, 30		<i>morphine sulfate (concentrate)</i>	9	<i>multivitamin/fluoride tablet chewable 0.25</i>	
MCG/0.3ML, 50 MCG/0.3ML, 75		<i>morphine sulfate er beads</i>	7	<i>mg oral (rx)</i>	115
MCG/0.3ML.....	69	<i>morphine sulfate er oral capsule extended</i>		MULTIVITAMIN/FLUORIDE TABLET	
MIRCERA INJECTION SOLUTION		<i>release 24 hour</i>	7	CHEWABLE 0.25 MG ORAL (RX).....	115
PREFILLED SYRINGE 120 MCG/0.3ML.....	69	<i>morphine sulfate er oral tablet extended</i>		<i>multivitamin/fluoride tablet chewable 0.5</i>	
MIRENA (52 MG).....	149	<i>release</i>	7	<i>mg oral (rx)</i>	115
MIRO3D WOUND MATRIX.....	172	<i>morphine sulfate oral solution</i>	9	<i>multivitamin/fluoride tablet chewable 1 mg</i>	
<i>mirtazapine oral</i>	31	<i>morphine sulfate oral tablet</i>	9	<i>oral (rx)</i>	115
MIRVASO.....	88	<i>morphine sulfate rectal</i>	9	MULTIVITAMIN/FLUORIDE TABLET	
<i>misoprostol oral</i>	121	MOTTEGRITY.....	118	CHEWABLE 1 MG ORAL (RX).....	115
MITIGARE.....	37			<i>multi-vitamin/fluorideliron</i>	115

MULTI-VIT-FLOR.....	115	<i>naltrexone hcl oral</i>	17	<i>natural fiber oral powder 58.6 %</i>	129
<i>mupirocin calcium</i>	95	NAMENDA ORAL TABLET 5 MG.....	30	<i>natural senna laxative</i>	130
<i>mupirocin external</i>	95	NAMENDA TITRATION PAK.....	30	<i>natural vegetable</i>	129
<i>my choice</i>	150	NAMENDA XR.....	30	<i>natural vegetable laxative oral tablet 8.6</i>	
<i>my way</i>	150	NAMZARIC.....	30	<i>mg</i>	130
MYAMBUTOL.....	40	NAPRELAN.....	6	<i>natura-lax</i>	129
MYCAMINE INTRAVENOUS SOLUTION		NAPROSYN.....	6	NAYZILAM.....	28
RECONSTITUTED 100 MG.....	36	<i>naproxen dr</i>	6	<i>nebivolol hcl</i>	72
MYCAPSSA.....	152	<i>naproxen oral suspension</i>	6	NEBULIZER MASK ADULT.....	172
MYCOBUTIN.....	40	<i>naproxen oral tablet</i>	6	NEBULIZER MASK CHILD.....	172
<i>mycophenolate mofetil oral</i>	156	<i>naproxen oral tablet delayed release</i>	6	NEBUPENT.....	46
<i>mycophenolate sodium</i>	156	<i>naproxen sodium er</i>	6	NEBUSAL INHALATION NEBULIZATION	
<i>mycophenolic acid</i>	156	<i>naproxen sodium oral tablet 220 mg</i>	6	SOLUTION 3 %.....	208
MYDAYIS.....	82	<i>naproxen sodium oral tablet 275 mg</i>	6	<i>necon 0.5/35 (28)</i>	145
MYDRIACYL.....	186	<i>naproxen sodium oral tablet 550 mg</i>	6	<i>nefazodone hcl</i>	32
MYFEMBREE.....	118	<i>naproxen-esomeprazole mg</i>	6	NEODOT THERMOMETER.....	172
MYFORTIC.....	156	NARAMIN.....	192	<i>neomycin sulfate oral</i>	19
MYLERAN.....	41	<i>naratriptan hcl</i>	39	<i>neomycin-bacitracin zn-polymyx</i>	182
MYLICON INFANTS GAS RELIEF.....	127	NARCAN.....	17	<i>neomycin-polymyxin-dexameth ophthalmic</i>	
<i>mynephrocaps oral capsule 1 mg</i>	115	NARDIL.....	31	<i>ointment</i>	181
MYNEPHRON.....	115	<i>nasal allergy 24 hour</i>	204	<i>neomycin-polymyxin-dexameth ophthalmic</i>	
MYRBETRIQ ORAL SUSPENSION		<i>nasal allergy nasal aerosol 55 mcg/act</i>	204	<i>suspension 3.5-10000-0.1</i>	181
RECONSTITUTED ER.....	133	<i>nasal allergy spray</i>	204	<i>neomycin-polymyxin-gramicidin</i>	182
MYRBETRIQ ORAL TABLET EXTENDED		<i>nasal decongestant max st</i>	207	<i>neomycin-polymyxin-hc ophthalmic</i>	181
RELEASE 24 HOUR.....	133	<i>nasal decongestant oral tablet 30 mg</i>	207	<i>neomycin-polymyxin-hc otic</i>	188
MYSOLINE.....	28	<i>nasal decongestant pe max st</i>	199	NEONATAL COMPLETE.....	116
MYTESI.....	119	<i>nasal decongestant pe oral tablet 10 mg</i> ... 200		NEONATAL PLUS.....	116
<i>na sulfate-k sulfate-mg sulf solution 17.5-</i>		<i>nasal decongestant pe oral tablet 30 mg</i> ... 208		NEONATAL PRENATAL.....	116
<i>3.13-1.6 gm/177ml oral</i>	120	NASAL MOIST NASAL SOLUTION.....	200	NEONATAL VITAMIN.....	116
<i>nabumetone oral</i>	6	<i>nasal moisturizing spray</i>	200	<i>neo-polycin</i>	182
<i>nadolol oral</i>	72	<i>nasal spray saline</i>	200	<i>neo-polycin hc</i>	181
<i>naftifine hcl</i>	95	NATACYN.....	182	NEORAL.....	156
NAFTIN EXTERNAL GEL 1 %.....	95	NATALVIT.....	116	NEO-SYNALAR.....	93
NAFTIN EXTERNAL GEL 2 %.....	95	NATAZIA.....	145	<i>nephronex oral tablet</i>	116
NALFON ORAL CAPSULE.....	6	<i>nateglinide</i>	61	NERLYNX.....	178
NALFON ORAL TABLET.....	6	NATESTO.....	139	<i>neuac</i>	88
NALOCET.....	9	NATROBA.....	94	NEULASTA.....	68
<i>naloxone hcl injection</i>	17	<i>natural daily fiber</i>	128	NEULASTA ONPRO.....	68
<i>naloxone hcl nasal</i>	17	<i>natural fiber oral powder 28.3 %</i>	129	NEUPOGEN.....	68

NEUPRO.....	49	<i>nicotine step 3.....</i>	18	NITROLINGUAL.....	79
NEURONTIN.....	28	<i>nicotine transdermal kit 21-14-7 mg/24hr.....</i>	18	NITROSTAT.....	79
NEUTEK 2TEK CONTROL.....	104	<i>nicotine transdermal patch 24 hour 14</i>		NITRO-TIME.....	79
NEUTEK 2TEK TEST.....	104	<i>mg/24hr, 7 mg/24hr.....</i>	18	NIVA THYROID.....	151
NEVANAC.....	184	<i>nicotine transdermal patch 24 hour 21</i>		NIVA-PLUS.....	116
<i>nevirapine.....</i>	56	<i>mg/24hr.....</i>	18	NIVESTYM INJECTION SOLUTION.....	68
<i>nevirapine er.....</i>	56	<i>nicotine transdermal system.....</i>	18	NIVESTYM INJECTION SOLUTION	
<i>new day.....</i>	150	NICOTROL.....	18	PREFILLED SYRINGE.....	68
NEXAVAR.....	43	NICOTROL NS.....	18	<i>nizatidine.....</i>	121
NEXICLON XR.....	70	<i>nifedipine er.....</i>	73	NOC DURNA.....	138
NEXIUM ORAL CAPSULE DELAYED		<i>nifedipine er osmotic release.....</i>	73	NOKOR VENTED NEEDLE.....	66
RELEASE.....	123	<i>nifedipine oral.....</i>	73	<i>non-aspirin.....</i>	13
NEXIUM ORAL PACKET.....	123	<i>nighttime dry-eye relief.....</i>	186	<i>non-aspirin 8 hour.....</i>	13
NEXLETOL.....	78	<i>nighttime relief lub eye.....</i>	187	<i>non-aspirin childrens.....</i>	13
NEXLIZET.....	78	<i>nikki.....</i>	145	<i>non-aspirin extra strength.....</i>	13
NEXPLANON.....	149	NILANDRON.....	41	<i>non-aspirin jr strength.....</i>	13
NEXTSTELLIS.....	118	<i>nilutamide.....</i>	41	<i>non-aspirin pain relief.....</i>	13
NGENLA.....	172	<i>nimodipine oral.....</i>	73	<i>non-pseudo sinus decongestant.....</i>	200
<i>niacin er (antihyperlipidemic).....</i>	78	NINLARO.....	42	<i>nora-be.....</i>	149
<i>niacin er oral tablet extended release 500</i>		<i>nisoldipine er.....</i>	73	NORDIPEN 5 INJECTION DEVICE.....	172
<i>mg.....</i>	116	<i>nitazoxanide oral.....</i>	46	NORDIPEN DELIVERY SYSTEM.....	172
<i>nicardipine hcl oral.....</i>	73	<i>nitisinone oral capsule 20 mg.....</i>	132	NORDITROPIN FLEXPOR.....	138
NICODERM CQ.....	18	NITRO-BID.....	79	<i>norelgestromin-eth estradiol.....</i>	145
NICORETTE.....	18	NITRO-DUR TRANSDERMAL PATCH 24		<i>norethin ace-eth estrad-fe.....</i>	145
NICORETTE MINI.....	18	HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4		<i>norethindrone acetate oral.....</i>	149
NICORETTE STARTER KIT.....	18	MG/HR, 0.6 MG/HR.....	79	<i>norethindrone acet-ethinyl est.....</i>	145
<i>nicotine gum mouth/throat gum 2 mg.....</i>	18	NITRO-DUR TRANSDERMAL PATCH 24		<i>norethindrone oral.....</i>	149
<i>nicotine gum mouth/throat gum 4 mg.....</i>	18	HOUR 0.3 MG/HR, 0.8 MG/HR.....	79	<i>norethindrone-eth estradiol.....</i>	145
<i>nicotine gum mouth/throat lozenge 2 mg.....</i>	18	<i>nitrofurantoin macrocrystal capsule 25 mg</i>		<i>norethindron-ethinyl estrad-fe.....</i>	145
<i>nicotine gum mouth/throat lozenge 4 mg.....</i>	18	<i>oral.....</i>	20	<i>norethin-eth estradiol-fe.....</i>	145
<i>nicotine mini.....</i>	18	<i>nitrofurantoin macrocrystal oral capsule</i>		NORGESIC.....	209
<i>nicotine mouth/throat gum 2 mg.....</i>	18	<i>100 mg, 50 mg.....</i>	20	NORGESIC FORTE.....	209
<i>nicotine mouth/throat gum 4 mg.....</i>	18	<i>nitrofurantoin monohydrate macrocrystals... 20</i>		<i>norgestimate-eth estradiol.....</i>	145
<i>nicotine mouth/throat lozenge 2 mg.....</i>	18	<i>nitrofurantoin oral suspension 25 mg/5ml... 20</i>		<i>norgestimate-ethinyl estradiol triphasic.....</i>	145
<i>nicotine mouth/throat lozenge 4 mg.....</i>	19	NITROFURANTOIN ORAL SUSPENSION		NORITATE.....	20
<i>nicotine polacrilex mini.....</i>	19	50 MG/5ML.....	20	NORLIQVA.....	73
<i>nicotine polacrilex mouth/throat.....</i>	19	<i>nitroglycerin sublingual.....</i>	79	<i>norlyroc.....</i>	149
<i>nicotine step 1.....</i>	18	<i>nitroglycerin transdermal.....</i>	79	NORPACE.....	72
<i>nicotine step 2.....</i>	18	<i>nitroglycerin translingual.....</i>	79	NORPACE CR.....	72

NORPRAMIN.....	33	NPLATE SUBCUTANEOUS SOLUTION		<i>nystatin-triamcinolone</i>	93
NORTHERA.....	70	RECONSTITUTED 125 MCG.....	68	<i>nystop</i>	95
<i>nortrel 0.5/35 (28)</i>	145	NPLATE SUBCUTANEOUS SOLUTION		NYVEPRIA.....	68
<i>nortrel 1/35 (21)</i>	145	RECONSTITUTED 250 MCG, 500 MCG.....	68	OCALIVA.....	120
<i>nortrel 1/35 (28)</i>	146	NUBEQA.....	41	OCEAN FOR KIDS.....	200
<i>nortrel 7/7/7</i>	146	NUCALA SUBCUTANEOUS SOLUTION		<i>ocella</i>	146
<i>nortriptyline hcl oral capsule</i>	33	AUTO-INJECTOR.....	198	OCREVUS.....	85
<i>nortriptyline hcl solution 10 mg/5ml oral</i>	33	NUCALA SUBCUTANEOUS SOLUTION		<i>octreotide acetate</i>	152
NORVASC.....	73	PREFILLED SYRINGE 100 MG/ML.....	198	OCUFLOX.....	182
NORVIR ORAL PACKET.....	57	NUCALA SUBCUTANEOUS SOLUTION		OCUVEL.....	213
NORVIR ORAL TABLET.....	57	PREFILLED SYRINGE 40 MG/0.4ML.....	198	ODACTRA.....	154
NOURIANZ.....	48	NUCALA SUBCUTANEOUS SOLUTION		ODEFSEY.....	56
NOVAREL.....	138	RECONSTITUTED.....	198	ODOMZO.....	43
NOVAVAX COVID-19 VACCINE.....	158	NUCYNTA.....	9	OFEV.....	198
NOVOLIN 70/30 FLEXPEN.....	64	NUCYNTA ER.....	7	<i>ofloxacin ophthalmic</i>	182
NOVOLIN 70/30 FLEXPEN RELION.....	64	NUDICLO TABPAK.....	15	<i>ofloxacin oral</i>	23
NOVOLIN 70/30 RELION.....	64	NUDEXTA.....	83	<i>ofloxacin otic</i>	188
NOVOLIN 70/30 VIAL.....	64	<i>nufol</i>	116	OGSIVEO.....	172
NOVOLIN N FLEXPEN.....	64	NULEV.....	172	OJJAARA.....	172
NOVOLIN N FLEXPEN RELION.....	64	NUPLAZID.....	52	<i>olanzapine intramuscular</i>	52
NOVOLIN N RELION.....	64	NURTEC.....	38	<i>olanzapine oral</i>	52
NOVOLIN N VIAL.....	64	NUTRIARX CREAMPAK.....	98	<i>olanzapine-fluoxetine hcl oral capsule 12-</i> <i>25 mg, 12-50 mg, 6-50 mg</i>	31
NOVOLIN R FLEXPEN.....	64	NUTRICAP.....	213	<i>olanzapine-fluoxetine hcl oral capsule 3-25</i> <i>mg, 6-25 mg</i>	31
NOVOLIN R FLEXPEN RELION.....	64	<i>nutrifac zx</i>	213	<i>olmesartan medoxomil oral</i>	71
NOVOLIN R RELION.....	64	NUTROPIN AQ NUSPIN 10.....	138	<i>olmesartan medoxomil-hctz</i>	76
NOVOLIN R VIAL.....	64	NUTROPIN AQ NUSPIN 20.....	138	<i>olmesartan-amlodipine-hctz</i>	76
NOVOLOG 70/30 FLEXPEN RELION.....	64	NUTROPIN AQ NUSPIN 5.....	138	<i>olopatadine hcl nasal</i>	192
NOVOLOG FLEXPEN.....	65	NUVARING.....	146	<i>olopatadine hcl ophthalmic solution 0.1 %</i>	182
NOVOLOG FLEXPEN RELION.....	65	NUVESSA.....	20	<i>olopatadine hcl solution 0.2 % ophthalmic</i> <i>(otc)</i>	182
NOVOLOG MIX 70/30 FLEXPEN.....	65	NUVIGIL.....	211	<i>olopatadine hcl solution 0.2 % ophthalmic</i> <i>(rx)</i>	182
NOVOLOG MIX 70/30 RELION.....	65	NUZYRA ORAL.....	25	OLPRUVA (2 GM DOSE).....	132
NOVOLOG MIX 70/30 VIAL.....	65	<i>nyamyc</i>	95	OLPRUVA (3 GM DOSE).....	132
NOVOLOG PENFILL.....	65	<i>nylia 1/35</i>	146	OLPRUVA (4 GM DOSE).....	132
NOVOLOG RELION.....	65	<i>nylia 7/7/7</i>	146	OLPRUVA (5 GM DOSE).....	132
NOVOLOG U-100 VIAL.....	65	NYMALIZE.....	73	OLPRUVA (6 GM DOSE).....	132
NOVOPEN ECHO.....	172	<i>nymyo</i>	146		
NOXAFIL ORAL.....	36	<i>nystatin external</i>	95		
<i>np thyroid</i>	151	<i>nystatin mouth/throat</i>	36		
		<i>nystatin oral</i>	36		

OLPRUVA (6.67 GM DOSE).....	132	ONELAX DOCUSATE SODIUM.....	130	ORAPRED ODT.....	137
OLUMIANT ORAL TABLET 1 MG, 2 MG...	154	ONELAX MAGNESIUM CITRATE.....	130	ORAVIG.....	36
OLUMIANT ORAL TABLET 4 MG.....	154	ONELAX SENNA.....	131	ORENCIA.....	154
OMBRA COMPRESSOR AIR FILTERS....	172	ONETOUCH DELICA PLUS LANCET30G	104	ORENCIA CLICKJECT.....	154
OMECLAMOX-PAK.....	120	ONETOUCH DELICA PLUS LANCET33G	105	ORENITRAM.....	197
<i>omega-3-acid ethyl esters</i>	78	ONETOUCH ULTRA 2 KIT W/DEVICE.....	105	ORENITRAM MONTH 1.....	197
<i>omep/sod bicarb</i>	123	ONETOUCH ULTRA IN VITRO LIQUID....	105	ORENITRAM MONTH 2.....	197
<i>omeprazole capsule delayed release 10</i>		ONETOUCH ULTRA STRIP IN VITRO.....	105	ORENITRAM MONTH 3.....	197
<i>mg oral</i>	123	ONETOUCH ULTRASOFT 2 LANCETS....	105	ORFADIN ORAL CAPSULE 20 MG.....	132
<i>omeprazole magnesium oral tablet delayed</i>		ONETOUCH VERIO FLEX SYSTEM		ORGOVYX.....	19
<i>release</i>	123	DEVICE.....	105	ORIAHNN.....	152
<i>omeprazole oral capsule delayed release</i>		ONETOUCH VERIO FLEX SYSTEM KIT		ORILISSA.....	152
<i>20 mg, 40 mg</i>	123	W/DEVICE.....	105	ORKAMBI ORAL PACKET 100-125 MG,	
<i>omeprazole oral tablet delayed release 20</i>		ONETOUCH VERIO IN VITRO LIQUID....	105	<i>150-188 MG</i>	195
<i>mg</i>	123	ONETOUCH VERIO IN VITRO LIQUID		ORKAMBI ORAL PACKET 75-94 MG.....	195
<i>omeprazole-sod bicarbonate</i>	123	HIGH.....	172	ORKAMBI ORAL TABLET.....	195
<i>omeprazole-sodium bicarb oral capsule 20-</i>		ONETOUCH VERIO REFLECT KIT		<i>orphenadrine citrate er</i>	209
<i>1100 mg</i>	123	W/DEVICE.....	105	<i>orphenadrine-aspirin-caffeine</i>	209
<i>omeprazole-sodium bicarbonate oral</i>		ONETOUCH VERIO STRIP IN VITRO.....	105	ORPHENGESIC FORTE.....	209
<i>capsule</i>	123	ONEVITE.....	213	ORSERDU.....	172
<i>omeprazole-sodium bicarbonate oral</i>		ONEXTON.....	88	OS-CAL CALCIUM + D3.....	112
<i>packet</i>	123	ONFI.....	28	OSCIMIN.....	172
OMNARIS.....	193	ONGENTYS.....	48	<i>oseltamivir phosphate oral</i>	57
OMNIFLEX DIAPHRAGM.....	172	ONGLYZA.....	62	OSMOLEX ER.....	48
OMNIPOD 5 G6 INTRO (GEN 5).....	172	ONUREG.....	42	OSPHENA.....	149
OMNIPOD 5 G6 PODS (GEN 5).....	172	<i>opcicon one-step</i>	150	OTEZLA.....	154
OMNITROPE.....	138	<i>opium</i>	119	OTOVEL.....	188
OMVOH SUBCUTANEOUS.....	172	OPSUMIT.....	197	OTREXUP.....	156
ON CALL EXPRESS BLOOD GLUCOSE..	104	<i>option 2</i>	150	OVACE PLUS WASH EXTERNAL LIQUID	172
ON CALL EXPRESS MONITORING SYS.	104	OPTIUMEZ TEST.....	105	OVACE WASH.....	172
ON/GO COVID-19 ANTIGEN TEST.....	172	OPVEE.....	172	OVIDE.....	94
ON/GO ONE COVID-19 HOME TEST.....	172	OPZELURA.....	98	<i>oxaprozin oral tablet</i>	6
<i>ondansetron hcl injection</i>	35	ORACEA.....	25	<i>oxazepam</i>	59
<i>ondansetron hcl oral</i>	35	ORACIT.....	112	OXBRYTA.....	68
<i>ondansetron odt</i>	35	ORALAIR.....	154	<i>oxcarbazepine oral suspension</i>	29
ONE VITE FERROUS SULFATE.....	112	ORALAIR ADULT STARTER PACK.....	154	<i>oxcarbazepine oral tablet</i>	29
ONE VITE WOMENS.....	116	ORALAIR CHILDRENS STARTER PACK.	154	<i>oxiconazole nitrate</i>	95
ONE VITE WOMENS PLUS.....	116	<i>oralone</i>	86	OXISTAT EXTERNAL CREAM.....	95
ONELAX.....	172	ORAMAGICRX.....	87	OXISTAT EXTERNAL LOTION.....	95

OXTELLAR XR.....	29	<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	113	PALFORZIA (300 MG TITRATION).....	172
<i>oxybutynin chloride er</i>	133	<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	113	PALFORZIA (40 MG DAILY DOSE).....	172
<i>oxybutynin chloride oral solution</i>	133	OZEMPIC.....	62	PALFORZIA (6 MG DAILY DOSE).....	172
<i>oxybutynin chloride oral tablet 2.5 mg</i>	133	OZEMPIC (2 MG/DOSE).....	62	PALFORZIA (80 MG DAILY DOSE).....	172
<i>oxybutynin chloride oral tablet 5 mg</i>	133	OZOBAX DS.....	54	PALFORZIA INITIAL ESCALATION.....	172
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 40 MG, 80 MG.....	7	PACERONE.....	72	<i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i>	52
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL.....	7	<i>pain & fever child</i>	13	<i>paliperidone er tablet extended release 24 hour 3 mg oral</i>	52
<i>oxycodone hcl oral capsule</i>	9	<i>pain & fever childrens</i>	13	<i>paliperidone er tablet extended release 24 hour 6 mg oral</i>	52
<i>oxycodone hcl oral concentrate</i>	9	<i>pain & fever childrens oral suspension 160 mg/5ml</i>	13	<i>paliperidone er tablet extended release 24 hour 9 mg oral</i>	52
<i>oxycodone hcl oral solution</i>	9	<i>pain & fever infants oral suspension 160 mg/5ml</i>	14	<i>palonosetron hcl intravenous solution 0.25 mg/2ml</i>	35
<i>oxycodone hcl oral tablet</i>	16	<i>pain relief childrens oral suspension</i>	14	<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	35
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION.....	9	<i>pain relief childrens oral tablet chewable 160 mg</i>	14	<i>palonosetron hcl intravenous solution prefilled syringe</i>	35
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG.....	9	<i>pain relief extra st</i>	14	PAMELOR.....	33
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	9	<i>pain relief extra strength oral tablet 500 mg</i>	14	PANADOL CHILDRENS.....	14
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG.....	9	<i>pain relief oral tablet 325 mg</i>	14	PANADOL EXTRA STRENGTH.....	15
OXYCONTIN.....	7	<i>pain relief oral tablet 500 mg</i>	14	PANADOL INFANTS.....	15
<i>oxymorphone hcl</i>	9	<i>pain relief oral tablet extended release 650 mg</i>	14	PANDEL.....	92
<i>oxymorphone hcl er</i>	7	<i>pain relief regular strength</i>	14	PANHEMATIN.....	68
OXYTROL.....	133	<i>pain reliever childrens oral suspension 160 mg/5ml</i>	14	<i>pantoprazole sodium oral packet</i>	123
OXYTROL FOR WOMEN.....	133	<i>pain reliever ex st oral tablet 500 mg</i>	14	<i>pantoprazole sodium oral tablet delayed release</i>	123
<i>oysco 500+d</i>	112	<i>pain reliever extra strength oral tablet 500 mg</i>	14	PARADIGM REAL-TIME TRANSMITTER.....	172
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg</i>	112	<i>pain reliever oral tablet 325 mg</i>	14	PARAGARD INTRAUTERINE COPPER... ..	172
<i>oyster shell calcium + d3</i>	113	<i>pain reliever oral tablet 500 mg</i>	14	PARI ALTERA NEBULIZER HANDSET	172
<i>oyster shell calcium oral tablet 500 mg</i>	214	PALFORZIA (12 MG DAILY DOSE).....	172	PARI BABY CONVERSION KIT.....	172
<i>oyster shell calcium plus d</i>	113	PALFORZIA (120 MG DAILY DOSE).....	172	PARI ERAPID NEBULIZER HANDSET.....	173
<i>oyster shell calcium w/d</i>	113	PALFORZIA (160 MG DAILY DOSE).....	172	PARI SMARTMASK BABY/ELBOW.....	173
<i>oyster shell calcium/vit d</i>	113	PALFORZIA (20 MG DAILY DOSE).....	172	PARI TREK S COMBO PACK.....	173
<i>oyster shell calcium/vit d3</i>	113	PALFORZIA (200 MG DAILY DOSE).....	172	PARI VORTEX ADULT MASK.....	173
		PALFORZIA (240 MG DAILY DOSE).....	172	<i>paricalcitol oral</i>	160
		PALFORZIA (3 MG DAILY DOSE).....	172	PARLODEL.....	49
		PALFORZIA (300 MG MAINTENANCE)....	172	PARNATE.....	31

<i>paroxetine hcl er</i>	32	PERIDEX.....	86	PHENYLEPHRINE HCL-NAACL	
<i>paroxetine hcl oral suspension</i>	32	<i>perindopril erbumine</i>	71	INTRAVENOUS SOLUTION PREFILLED	
<i>paroxetine hcl oral tablet</i>	32	<i>periogard</i>	86	SYRINGE 1-0.9 MG/10ML-%.....	79
<i>paroxetine mesylate</i>	32	<i>permethrin external</i>	94	<i>phenytek</i>	29
PATADAY OPHTHALMIC SOLUTION 0.1		<i>perphenazine oral</i>	34	<i>phenytoin infatabs</i>	29
%, 0.2 %.....	182	<i>perphenazine-amitriptyline oral tablet 2-10</i>		<i>phenytoin oral suspension 125 mg/5ml</i>	29
PAXIL.....	32	<i>mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	31	<i>phenytoin oral tablet chewable</i>	29
PAXIL CR.....	32	<i>perphenazine-amitriptyline oral tablet 2-25</i>		<i>phenytoin sodium extended oral capsule</i>	
PAXLOVID (150/100).....	58	<i>mg</i>	31	<i>100 mg</i>	29
PAXLOVID (300/100).....	58	PERSERIS.....	52	<i>phenytoin sodium extended oral capsule</i>	
<i>pazopanib hcl</i>	178	PERTZYE CAPSULE DELAYED		<i>200 mg, 300 mg</i>	29
<i>pb-hyoscy-atropine-scopolamine</i>	124	RELEASE PARTICLES 16000-57500		PHEXXI.....	135
PEDIAPRED.....	137	UNIT ORAL.....	132	<i>philit</i>	146
PEDIARIX.....	157	PERTZYE CAPSULE DELAYED		PHOSPHA 250 NEUTRAL.....	113
PEDVAX HIB.....	157	RELEASE PARTICLES 4000-14375 UNIT		PHOSPHOLINE IODIDE.....	185
<i>peg 3350 oral powder</i>	129	ORAL.....	132	<i>phosphorous</i>	113
<i>peg 3350-kcl-na bicarb-nacl</i>	120	PERTZYE ORAL CAPSULE DELAYED		<i>phospho-trin 250 neutral</i>	113
<i>peg-3350/electrolytes</i>	120	RELEASE PARTICLES 24000-86250		PHOSPHO-TRIN K500.....	113
<i>peg-3350/electrolytes/ascorbat</i>	120	UNIT, 8000-28750 UNIT.....	132	<i>phytonadione oral</i>	116
PEGASYS.....	154	PFIZER COVID-19 VAC-TRIS 5-11Y.....	173	PIFELTRO.....	56
<i>peg-kcl-nacl-nasulf-na asc-c</i>	120	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	173	<i>pilocarpine hcl ophthalmic</i>	185
PEMAZYRE.....	42	PFIZERPEN INJECTION SOLUTION		<i>pilocarpine hcl oral</i>	86
PENBRAYA.....	173	RECONSTITUTED 5000000 UNIT.....	22	PILOT COVID-19 AT-HOME TEST.....	173
<i>penciclovir</i>	55	<i>pharbechlor</i>	203	<i>pimecrolimus</i>	92
<i>penicillamine oral</i>	135	<i>pharbedryl</i>	192	<i>pimozide</i>	50
<i>penicillin g potassium injection solution</i>		PHARBETOL.....	15	<i>pimtrea</i>	146
<i>reconstituted 5000000 unit</i>	22	PHARBETOL EXTRA STRENGTH.....	15	<i>pindolol</i>	72
<i>penicillin g sodium</i>	22	PHAZYME.....	127	<i>pink bismuth oral suspension 262 mg/15ml</i>	
<i>penicillin v potassium</i>	22	<i>phenazo oral tablet 200 mg</i>	135	.....	127
PENNSAID.....	6	<i>phenazopyridine hcl oral</i>	135	<i>pink bismuth oral tablet 262 mg</i>	127
PENTACEL.....	157	<i>phenelzine sulfate oral</i>	31	<i>pink bismuth oral tablet chewable 262 mg</i>	127
<i>pentamidine isethionate inhalation</i>	46	PHENERGAN.....	34	<i>pink-bismuth</i>	127
PENTASA.....	159	<i>phenobarbital oral</i>	28	<i>pioglitazone hcl</i>	62
<i>pentazocine-naloxone hcl</i>	9	PHENOHYTRO.....	124	<i>pioglitazone hcl-glimepiride</i>	62
<i>pentoxifylline er</i>	76	<i>phenoxybenzamine hcl oral</i>	71	<i>pioglitazone hcl-metformin hcl</i>	62
PEPCID.....	121	<i>phenylephrine hcl ophthalmic</i>	181	PIP BLOOD GLUCOSE MONITORING.....	105
PERCOCET.....	9	<i>phenylephrine hcl oral</i>	200	PIP BLOOD GLUCOSE TEST STRIP.....	105
PERDIEM OVERNIGHT RELIEF.....	131			PIP GLUCOSE CONTROL SOLUTION.....	105
PERFOROMIST.....	195				

<i>piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm</i>	22	<i>portia-28</i>	146	PRECISION XTRA.....	105
PIQRAY (200 MG DAILY DOSE).....	43	<i>posaconazole oral suspension</i>	36	PRECISION XTRA BLOOD GLUCOSE.....	105
PIQRAY (250 MG DAILY DOSE).....	43	<i>posaconazole oral tablet delayed release</i>	36	PRED FORTE.....	184
PIQRAY (300 MG DAILY DOSE).....	44	<i>potassium chloride crys er</i>	109	PRED MILD.....	184
<i>pirfenidone oral capsule</i>	198	<i>potassium chloride er oral capsule extended release</i>	109	<i>prednisolone acetate ophthalmic</i>	184
<i>pirfenidone oral tablet</i>	198	<i>potassium chloride er oral tablet extended release 10 meq</i>	109	PREDNISOLONE ACETATE P-F.....	184
<i>piroxicam oral</i>	6	<i>potassium chloride er oral tablet extended release 15 meq</i>	109	<i>prednisolone oral solution</i>	137
<i>pitavastatin calcium</i>	77	<i>potassium chloride er oral tablet extended release 20 meq</i>	110	<i>prednisolone oral tablet</i>	137
PLAN B ONE-STEP.....	150	<i>potassium chloride er oral tablet extended release 8 meq</i>	110	<i>prednisolone sodium phosphate ophthalmic</i>	184
PLAQUENIL.....	46	<i>potassium chloride oral packet</i>	110	<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>	137
PLAVIX.....	69	<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%)</i>	110	<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	137
PLEGRIDY.....	85	<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	110	<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	137
PLEGRIDY STARTER PACK.....	85	<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	110	<i>prednisolone sodium phosphate oral tablet dispersible</i>	137
PLENVU.....	120	<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	110	<i>prednisone intensol</i>	137
<i>plerixafor</i>	68	<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	110	<i>prednisone oral solution</i>	137
PLEXION CLEANSER.....	96	<i>potassium citrate-citric acid</i>	113	<i>prednisone oral tablet</i>	137
PLIAGLIS EXTERNAL CREAM.....	16	POVIDONE-IODINE OPHTHALMIC.....	187	<i>prednisone oral tablet therapy pack 10 mg (21)</i>	137
PNEUMOVAX 23.....	158	PRADAXA ORAL CAPSULE.....	67	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	137
<i>podofilox external</i>	93	PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG.....	67	<i>pregabalin</i>	84
POKONZA.....	109	PRALUENT.....	78	<i>pregabalin er</i>	84
<i>poly bacitracin</i>	173	<i>pramipexole dihydrochloride</i>	49	PREGNYL.....	138
<i>polycin</i>	182	<i>pramipexole dihydrochloride er</i>	49	PREHEVBRIO.....	157
<i>polyethylene glycol 3350 oral powder</i>	129	PRAMOSONE.....	93	PREMARIN ORAL.....	146
<i>polyethylene glycol 3350-grx oral powder</i>	129	<i>prasugrel hcl</i>	69	PREMARIN VAGINAL.....	146
<i>polymyxin b-trimethoprim</i>	182	<i>pravastatin sodium</i>	77	PREMIUM BLOOD GLUCOSE TEST.....	105
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.5 MG.....	116	<i>praziquantel oral</i>	46	<i>premium lidocaine</i>	16
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL.....	116	<i>prazosin hcl oral</i>	71	PREMPHASE.....	146
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL.....	116	PRECISION GLUCOSE KETONE CONTR.....	105	PREMPRO.....	146
<i>polyvinyl alcohol ophthalmic</i>	187			PRENATABS RX.....	116
POLY-VI-SOL.....	214			<i>prenatal 19</i>	116
POLY-VITE PEDIATRIC.....	214			<i>prenatal formula oral tablet 28-0.8 mg</i>	116
POMALYST.....	41			<i>prenatal multivitamins</i>	116
PONVORY.....	179				
PONVORY STARTER PACK.....	179				

<i>prenatal oral tablet 27-0.8 mg</i>	116	PRILOVIX ULTRALITE PLUS.....	16	PROLENSA.....	184
<i>prenatal oral tablet 27-1 mg</i>	116	<i>primaquine phosphate</i>	46	PROMACTA.....	68
<i>prenatal oral tablet 28-0.8 mg</i>	116	<i>primidone oral</i>	28	<i>promethazine hcl injection</i>	34
<i>prenatal plus</i>	116	PRIORIX.....	157	<i>promethazine hcl oral</i>	34
<i>prenatal plus vitamin/mineral</i>	116	PRISTIQ.....	32	<i>promethazine hcl rectal</i>	34
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	117	PRO COMFORT SAFETY LANCETS 30G	106	<i>promethegan rectal suppository 12.5 mg,</i>	
<i>prenatal/iron oral tablet 28-0.8 mg</i>	117	PROAIR DIGIHALER.....	173	<i>25 mg</i>	34
PRENATRYL.....	117	PROAIR RESPICLICK.....	195	<i>promethegan rectal suppository 50 mg</i>	34
PREPIDIL.....	139	<i>probenecid</i>	37	PROMETRIUM.....	149
PRETOMANID.....	40	PROBIONEXX.....	127	PRONEB ULTRA FILTER SET.....	173
PREVACID.....	123	<i>probiotic 10 ultra strength</i>	127	PRONUTRIENTS VITAMIN D3.....	117
PREVACID 24HR.....	124	PROBIZEN.....	127	<i>propafenone hcl</i>	72
PREVACID SOLUTAB.....	124	<i>procainamide hcl injection</i>	72	<i>propafenone hcl er</i>	72
<i>prevalite</i>	78	PROCARDIA XL.....	73	<i>proparacaine hcl ophthalmic</i>	181
PREVIDENT.....	110	PROCENTRA.....	82	PROPEL.....	193
PREVIDENT 5000 BOOSTER PLUS.....	110	PROCHAMBER VHC.....	173	PROPEL MINI.....	193
PREVIDENT 5000 DRY MOUTH.....	110	<i>prochlorperazine</i>	34	PROPEL MINI SDS.....	193
PREVIDENT 5000 ENAMEL PROTECT.....	110	<i>prochlorperazine maleate oral</i>	34	<i>propranolol hcl er</i>	72
PREVIDENT 5000 ORTHO DEFENSE.....	110	PROCORT.....	93	<i>propranolol hcl oral</i>	72
PREVIDENT 5000 PLUS.....	110	PROCRT.....	68	<i>propylthiouracil oral</i>	152
PREVIDENT 5000 SENSITIVE.....	110	PROCTOCORT EXTERNAL.....	159	PROQUAD.....	157
<i>previdolrx plus analgesic</i>	15	PROCTOCORT RECTAL.....	38	PROSCAR.....	134
PREVNAR 13.....	158	PROCTOFOAM HC.....	93	PROTONIX ORAL PACKET.....	124
PREVNAR 20.....	158	<i>procto-med hc</i>	159	PROTONIX ORAL TABLET DELAYED	
PREVYMIS.....	54	<i>proctosol hc</i>	159	RELEASE.....	124
PREZCOBIX.....	57	<i>proctozone-hc</i>	159	<i>protriptyline hcl</i>	33
PREZISTA ORAL SUSPENSION.....	173	<i>progesterone intramuscular</i>	149	PROVENTIL HFA.....	195
PREZISTA ORAL TABLET 150 MG, 75		<i>progesterone oral</i>	149	PROVERA.....	149
MG.....	173	PROGLYCEM.....	62	PROVIGIL.....	211
PREZISTA ORAL TABLET 600 MG, 800		PROGRAF INTRAVENOUS.....	156	PROZAC.....	32
MG.....	173	PROGRAF ORAL CAPSULE 0.5 MG, 5		PRUDOXIN.....	92
PRIFTIN.....	40	MG.....	156	<i>pseudoephedrine hcl oral tablet 30 mg</i>	208
PRILOSEC.....	124	PROGRAF ORAL CAPSULE 1 MG.....	156	PSS SELECT PLATFORMS.....	109
PRILOSEC OTC.....	124	PROGRAF ORAL PACKET.....	156	<i>psyldex</i>	129
PRILOVIX.....	16	PROLASTIN-C INTRAVENOUS		PTS PANELS EGLU TEST.....	106
PRILOVIX LITE.....	16	SOLUTION.....	132	PULMICORT FLEXHALER.....	193
PRILOVIX LITE PLUS.....	16	PROLASTIN-C INTRAVENOUS		PULMICORT SUSPENSION.....	193
PRILOVIX PLUS.....	16	SOLUTION RECONSTITUTED.....	132	PULMOSAL.....	208
PRILOVIX ULTRALITE.....	16	PROLATE.....	9	PULMOZYME.....	195

PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM.....	173	QUILLIVANT XR.....	81	RAYA SURE PEN NEEDLE 31G X 8 MM.	174
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM.....	173	<i>quinapril hcl</i>	71	RAYALDEE.....	160
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM.....	106	<i>quinapril-hydrochlorothiazide</i>	76	RAYOS.....	137
<i>purelax oral powder</i>	129	<i>quinidine gluconate er</i>	72	<i>react</i>	150
<i>purevit dualfe plus</i>	113	<i>quinidine sulfate</i>	72	<i>ready-to-use enema rectal enema</i>	127
PURIXAN.....	42	<i>quinine sulfate</i>	46	REBIF.....	85
PYLERA.....	120	QUINTET AC BLOOD GLUCOSE.....	106	REBIF REBIDOSE.....	85
<i>pyrazinamide oral</i>	40	QUINTET AC BLOOD GLUCOSE TEST ..	106	REBIF REBIDOSE TITRATION PACK.....	85
PYRIDIDIUM.....	135	QUINTET BLOOD GLUCOSE SYSTEM...	106	REBIF TITRATION PACK.....	85
<i>pyridostigmine bromide er</i>	40	QUINTET BLOOD GLUCOSE TEST	106	RECLAST.....	160
<i>pyridostigmine bromide oral solution</i>	40	QUINTET CONTROL HIGH/NORMAL.....	106	<i>reclipsen</i>	146
<i>pyridostigmine bromide oral tablet</i>	40	<i>quit2</i>	19	RECOMBIVAX HB.....	157
<i>pyridoxine hcl oral tablet 50 mg</i>	215	<i>quit4</i>	19	RECOTHROM EXTERNAL SOLUTION	
QALSODY.....	173	QULIPTA.....	38	RECONSTITUTED 5000 UNIT.....	70
QBRELIS.....	71	QUTENZA.....	93	RECOTHROM SPRAY KIT.....	70
QDOLO.....	9	QUTENZA (2 PATCH).....	93	RECTIV.....	79
QELBREE.....	60	QUTENZA (4 PATCH).....	93	REFRESH LACRI-LUBE.....	187
QINLOCK.....	178	QUVIVIQ.....	173	REFRESH PLUS.....	187
QNASL.....	193	QVAR REDIHALER.....	193	REFRESH TEARS.....	187
QNASL CHILDRENS.....	193	RABEPRAZOLE SODIUM ORAL		REGLAN.....	34
QTERN.....	62	CAPSULE SPRINKLE.....	124	RELADOR PAK.....	16
QUADRACEL INTRAMUSCULAR		<i>rabeprazole sodium oral tablet delayed</i>		RELADOR PAK PLUS.....	16
SUSPENSION.....	157	<i>release</i>	124	RELAFEN DS.....	6
QUALAQUIN.....	46	RAGWITEK.....	154	RELENZA DISKHALER.....	57
<i>quazepam</i>	59	<i>raloxifene hcl</i>	149	RELEUKO.....	68
QUDEXY XR.....	27	<i>ramelteon</i>	210	RELEXXII ORAL TABLET EXTENDED	
QUESTRAN.....	78	<i>ramipril</i>	71	RELEASE 18 MG, 27 MG, 36 MG, 54 MG..	81
QUESTRAN LIGHT.....	78	<i>ranolazine er</i>	76	RELEXXII ORAL TABLET EXTENDED	
<i>quetiapine fumarate er</i>	52	RAPAFLO.....	134	RELEASE 45 MG, 63 MG.....	81
<i>quetiapine fumarate oral tablet 100 mg,</i>		RAPAMUNE ORAL SOLUTION.....	156	RELEXXII ORAL TABLET EXTENDED	
<i>200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	52	RAPAMUNE ORAL TABLET 0.5 MG.....	156	RELEASE 72 MG.....	81
<i>quetiapine fumarate oral tablet 150 mg</i>	52	RAPAMUNE ORAL TABLET 1 MG, 2 MG.	156	RELION TRUE MET AIR GLUC METER...	106
QUFLORA FE.....	117	RAPIVAB.....	58	RELION TRUE METRIX TEST STRIPS....	106
QUFLORA FE PEDIATRIC.....	117	<i>rasagiline mesylate oral</i>	50	RELION ULTIMA GLUCOSE SYSTEM.....	106
QUICKVUE AT-HOME COVID-19 TEST ...	173	RASUVO.....	156	RELION ULTIMA TEST.....	106
QUILLICHEW ER.....	81	RAYA SURE PEN NEEDLE 29G X 12MM	173	RELISTOR.....	118
		RAYA SURE PEN NEEDLE 31G X 4 MM.	173	RELPAK.....	39
		RAYA SURE PEN NEEDLE 31G X 5 MM.	173	RELTONE.....	120
		RAYA SURE PEN NEEDLE 31G X 6 MM.	173	REMERON.....	31

REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG.....	31	REYATAZ ORAL PACKET.....	57	<i>risperidone oral tablet 4 mg.....</i>	53
REMICADE.....	156	REYVOW.....	39	<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg.....</i>	53
RENAL.....	117	REZLIDHIA.....	174	RITALIN.....	81
RENFLEXIS.....	156	REZUROCK.....	174	RITALIN LA.....	81
REVELA.....	114	REZVOGLAR KWIKPEN.....	66	<i>ritonavir.....</i>	57
<i>repaglinide.....</i>	62	REZZAYO.....	174	<i>rivastigmine.....</i>	30
REPATHA.....	78	RHOFADE.....	88	<i>rivastigmine tartrate.....</i>	30
REPLACEMENT FILTERS.....	174	RHOPRESSA.....	185	<i>rivelsa.....</i>	146
RESTASIS.....	181	<i>ribavirin inhalation.....</i>	198	<i>rizatriptan benzoate.....</i>	39
RESTASIS MULTIDOSE.....	181	<i>ribavirin oral.....</i>	54	ROBINUL.....	119
<i>restore plus lubricant eye.....</i>	187	RIDAURA.....	154	ROBINUL-FORTE.....	119
<i>restore pm.....</i>	187	<i>rifabutin.....</i>	40	ROCALTROL ORAL CAPSULE.....	160
RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG.....	210	<i>rifampin oral.....</i>	40	ROCALTROL ORAL SOLUTION.....	160
RESTORIL ORAL CAPSULE 22.5 MG.....	210	RIGHTEST GT333 GLUCOSE TEST.....	106	ROCKLATAN.....	181
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.....	68	RILUTEK.....	83	<i>roflumilast.....</i>	196
RETACRIT INJECTION SOLUTION 20000 UNIT/ML.....	68	<i>riluzole.....</i>	83	ROLVEDON.....	174
RETEVMO.....	178	<i>rimantadine hcl.....</i>	57	<i>ropinirole hcl.....</i>	49
RETIN-A EXTERNAL CREAM.....	88	RIMSO-50.....	135	<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg.....</i>	49
RETIN-A EXTERNAL GEL.....	88	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 45 MG.....	154	<i>ropinirole hcl er tablet extended release 24 hour 12 mg oral.....</i>	49
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	88	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG.....	154	<i>ropinirole hcl er tablet extended release 24 hour 2 mg oral.....</i>	49
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %.....	88	RIOMET.....	62	<i>ropinirole hcl er tablet extended release 24 hour 4 mg oral.....</i>	49
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %.....	88	<i>risedronate sodium.....</i>	160	<i>ropinirole hcl er tablet extended release 24 hour 6 mg oral.....</i>	49
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %.....	88	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG.....	52	<i>rosuvastatin calcium.....</i>	77
RETROVIR ORAL.....	56	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 50 MG.....	52	ROTATEQ.....	157
REUSABLE COMFORTSEAL MASK-LRG	174	RISPERDAL ORAL SOLUTION.....	52	ROWASA.....	159
REUSABLE COMFORTSEAL MASK-MED	174	RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG.....	52	<i>roweepra.....</i>	27
REUSABLE COMFORTSEAL MASK-SML	174	RISPERDAL ORAL TABLET 4 MG.....	52	ROXICODONE.....	16
REVATIO ORAL.....	197	<i>risperidone microspheres er.....</i>	53	ROXYBOND ORAL TABLET ABUSE- DETERRENT 15 MG, 30 MG, 5 MG.....	7
REVLIMID.....	41	<i>risperidone oral solution.....</i>	53	ROZEREM.....	210
REXULTI.....	52	<i>risperidone oral tablet 0.25 mg.....</i>	53	ROZLYTREK ORAL CAPSULE.....	44
REYATAZ ORAL CAPSULE.....	57	<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg.....</i>	53	ROZLYTREK ORAL PACKET.....	44
				RUBRACA.....	44

<i>rufinamide oral suspension</i>	29	<i>saxagliptin-metformin er</i>	62	<i>sevelamer carbonate oral tablet</i>	114
<i>rufinamide tablet 200 mg oral</i>	29	<i>sb arthritis pain relief</i>	15	<i>sevelamer hcl</i>	114
<i>rufinamide tablet 400 mg oral</i>	29	<i>sb lice killing max st</i>	47	<i>sf</i>	110
RUKOBIA.....	57	<i>sb pain reliever childrens</i>	15	<i>sf 5000 plus</i>	110
RYALTRIS.....	174	SCEMBLIX.....	45	SFROWASA.....	159
RYBELSUS.....	62	<i>scopolamine</i>	34	<i>sharobel</i>	149
RYCLORA.....	192	SECUADO.....	53	SHINGRIX.....	157
RYDAPT.....	44	SEGLENTIS.....	9	SIDEROL.....	214
RYTARY.....	50	SEGLUROMET.....	62	SIGNIFOR.....	152
<i>ryvent</i>	192	<i>selegiline hcl oral</i>	50	SIKLOS ORAL TABLET 100 MG.....	68
SABRIL.....	28	<i>selenium sulfide external lotion</i>	92	SIKLOS ORAL TABLET 1000 MG.....	68
SAFE-T-LANCE.....	106	SELZENTRY.....	57	<i>siladryl allergy</i>	192
SAFETY LANCETS 23G.....	106	SEMGLEE (YFGN).....	65	<i>sildenafil citrate oral suspension</i>	
SAFETY PEN NEEDLES 30G X 5 MM.....	174	SE-NATAL 19.....	117	<i>reconstituted</i>	197
SAFETY PEN NEEDLES 30G X 8 MM.....	107	<i>senna lax</i>	131	<i>sildenafil citrate oral tablet 20 mg</i>	197
SAFYRAL.....	146	<i>senna laxative</i>	131	SILENOR.....	210
SAIZEN.....	138	<i>senna oral liquid</i>	131	SILIQ.....	154
SALAGEN.....	86	<i>senna oral syrup 8.8 mg/5ml</i>	131	<i>silodosin</i>	134
<i>salicylic acid external foam</i>	174	<i>senna oral tablet</i>	131	<i>siltussin sa</i>	200
<i>salicylic acid external gel</i>	174	<i>senna smooth</i>	131	SILVADENE.....	93
SALIMEZ.....	174	<i>senna-extra</i>	131	<i>silver sulfadiazine external</i>	93
<i>saline enema</i>	127	<i>senna-lax</i>	131	SIMBRINZA.....	185
<i>saline mist spray</i>	200	<i>senna-tabs</i>	131	<i>simeped</i>	127
<i>saline nasal spray</i>	200	<i>senna-time</i>	131	<i>simethicone drops infants</i>	127
<i>salsalate tablet 500 mg oral</i>	15	<i>sennazon</i>	131	<i>simethicone oral capsule 125 mg</i>	127
<i>salsalate tablet 750 mg oral</i>	15	SENOKOT.....	131	<i>simethicone oral suspension</i>	127
SALVAX.....	174	SENOKOT EXTRA STRENGTH.....	131	<i>simethicone oral tablet chewable</i>	127
SALYCIM.....	174	SENSIPAR.....	160	<i>simliya</i>	146
SAMSCA.....	114	SEREVENT DISKUS.....	195	<i>simpesse</i>	146
SANADERMRX SKIN REPAIR.....	98	SERNIVO.....	92	SIMPONI.....	156
SANCUSO.....	35	SEROQUEL.....	53	SIMPONI ARIA.....	156
SANDIMMUNE ORAL.....	156	SEROQUEL XR.....	53	<i>simvastatin oral</i>	77
SANDOSTATIN.....	152	SEROSTIM.....	138	SINEMET.....	50
SAPHRIS.....	53	SERTRALINE HCL ORAL CAPSULE.....	32	SINGULAIR.....	193
SARCLISA.....	179	<i>sertraline hcl oral concentrate</i>	32	<i>sinus congestion max strength</i>	208
SAVAYSA.....	67	<i>sertraline hcl oral tablet</i>	33	<i>sinus pe decongestant</i>	200
SAVELLA.....	84	<i>se-tan plus</i>	113	<i>sinus/congestion relief pe</i>	200
SAVELLA TITRATION PACK.....	84	<i>setlakin</i>	146	<i>sirolimus oral solution</i>	156
<i>saxagliptin hcl</i>	62	<i>sevelamer carbonate oral packet</i>	114	<i>sirolimus oral tablet 0.5 mg</i>	156

<i>sirolimus oral tablet 1 mg, 2 mg</i>	156	<i>sodium polystyrene sulfonate</i>	114	<i>ssd</i>	93
SIRTURO.....	40	<i>sodium sulfacetamide wash</i>	174	<i>sss 10-5 external cream</i>	97
SITAVIG.....	55	<i>soft glucose</i>	66	SSS 10-5 EXTERNAL FOAM.....	97
SIVEXTRO ORAL.....	20	SOGROYA.....	174	ST JOSEPH LOW DOSE ORAL TABLET	
SKYLA.....	149	<i>solifenacin succinate</i>	133	CHEWABLE.....	174
SKYRIZI INTRAVENOUS.....	174	SOLIQUA.....	62	STALEVO 100.....	48
SKYRIZI PEN.....	154	SOLODYN.....	25	STALEVO 125.....	48
SKYRIZI SUBCUTANEOUS SOLUTION		SOLOSEC.....	20	STALEVO 150.....	48
CARTRIDGE.....	174	SOLTAMOX.....	41	STALEVO 200.....	48
SKYRIZI SUBCUTANEOUS SOLUTION		SOLU-CORTEF INJECTION SOLUTION		STALEVO 50.....	48
PREFILLED SYRINGE.....	154	RECONSTITUTED 100 MG.....	137	STALEVO 75.....	48
SKYTROFA.....	138	SOMA.....	209	STAMARIL.....	157
SLYND.....	149	SOMAVERT.....	152	STEGLATRO.....	62
<i>smooth antacid ex st oral tablet chewable</i>		SOOLANTRA.....	94	STEGLUJAN.....	62
<i>750 mg</i>	128	<i>soothe oral</i>	128	STELARA.....	154
<i>smooth antacid extra st</i>	128	<i>sorafenib tosylate</i>	44	STIMUFEND.....	174
<i>smooth antacid extra strength</i>	128	SORILUX.....	93	STIOLTO RESPIMAT.....	205
<i>smooth lax oral powder</i>	129	<i>sotalol hcl (af)</i>	72	STIVARGA.....	44
SOAAZ ORAL TABLET 20 MG.....	76	<i>sotalol hcl oral</i>	72	<i>stomach relief oral suspension 262</i>	
<i>sod citrate-citric acid oral solution 500-334</i>		SOTYKTU.....	174	<i>mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	128
<i>mg/5ml</i>	113	SOTYLIZE.....	72	<i>stomach relief oral tablet 262 mg</i>	128
<i>sodium chloride inhalation nebulization</i>		SPEEDY SWAB COVID-19 ANTIGEN.....	174	<i>stomach relief oral tablet chewable 262 mg</i>	
<i>solution 0.9 %</i>	208	SPEVIGO.....	174	.....	128
<i>sodium chloride inhalation nebulization</i>		SPIKEVAX.....	174	<i>stool softener laxative oral capsule</i>	131
<i>solution 10 %</i>	208	<i>spinosad</i>	94	<i>stool softener oral capsule 100 mg</i>	131
<i>sodium chloride inhalation nebulization</i>		SPIRIVA HANDIHALER.....	194	<i>stool softener oral capsule 240 mg</i>	131
<i>solution 3 %</i>	208	SPIRIVA RESPIMAT.....	194	<i>stool softener oral capsule 250 mg</i>	131
<i>sodium chloride inhalation nebulization</i>		<i>spironolactone oral suspension</i>	76	<i>stool softener oral tablet 100 mg</i>	131
<i>solution 7 %</i>	208	<i>spironolactone oral tablet</i>	76	STRATTERA.....	81
<i>sodium fluoride 5000 plus</i>	110	<i>spironolactone-hctz</i>	76	STRIBILD.....	55
<i>sodium fluoride 5000 ppm dental cream</i>	110	SPORANOX.....	36	STRIVE DUAL ZONE PEAK FLOW MTR..	174
<i>sodium fluoride 5000 ppm dental paste</i>	110	SPRAVATO (56 MG DOSE).....	31	STRIVERDI RESPIMAT.....	195
<i>sodium fluoride dental cream</i>	110	SPRAVATO (84 MG DOSE).....	31	STROMECTOL.....	46
<i>sodium fluoride dental gel</i>	110	<i>sprintec 28</i>	146	STROVITE FORTE.....	214
<i>sodium fluoride oral solution</i>	110	SPRITAM.....	27	STROVITE ONE.....	214
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	110	SPRIX.....	6	SUBLOCADE.....	17
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	110	SPRYCEL.....	178	SUBOXONE.....	17
<i>sodium fluoride oral tablet chewable</i>	110	SPS.....	114	<i>subvenite</i>	27
SODIUM OXYBATE.....	211	<i>sronyx</i>	146	<i>subvenite starter kit-blue</i>	27

<i>subvenite starter kit-green</i>	27	<i>sulfadiazine oral</i>	24	SYMPROIC.....	118
<i>subvenite starter kit-orange</i>	27	<i>sulfamethoxazole-trimethoprim oral</i>	24	SYMTUZA.....	57
<i>sucralfate oral</i>	121	<i>sulfamez wash</i>	97	SYNAGIS.....	154
SUDAFED SINUS CONGESTION.....	208	SULFAMYLON.....	96	SYNALAR.....	92
<i>sudogest maximum strength</i>	208	<i>sulfasalazine oral</i>	159	SYNAREL.....	152
<i>sudogest oral tablet 30 mg</i>	208	<i>sulfatrim pediatric</i>	24	SYNJARDY.....	62
SUFLAVE.....	174	<i>sulindac oral</i>	6	SYNJARDY XR.....	62
SULAR.....	73	SUMADAN WASH.....	97	SYNTHROID.....	151
<i>sulfacetamide sodium (acne)</i>	95	<i>sumatriptan nasal</i>	39	SYPRINE.....	114
<i>sulfacetamide sodium external</i>	174	<i>sumatriptan succinate oral</i>	39	SYRINGE AVITENE.....	174
<i>sulfacetamide sodium ophthalmic ointment</i>	182	<i>sumatriptan succinate refill</i>	39	SYSTANE NIGHTTIME.....	187
<i>sulfacetamide sodium ophthalmic solution</i>	182	<i>sumatriptan succinate subcutaneous</i>		TABLOID.....	42
<i>sulfacetamide sodium-sulfur external</i>		<i>solution</i>	39	TABRECTA.....	178
<i>cream 10-2 %</i>	97	<i>sumatriptan succinate subcutaneous</i>		TACLONEX.....	93
<i>sulfacetamide sodium-sulfur external</i>		<i>solution auto-injector</i>	39	<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	92
<i>cream 10-5 %</i>	97	<i>sumatriptan-naproxen sodium</i>	39	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	156
<i>sulfacetamide sodium-sulfur external liquid</i>		SUMAXIN.....	97	<i>tacrolimus oral capsule 1 mg</i>	156
<i>10-2 %</i>	97	<i>sunitinib malate</i>	44	<i>tadalafil (pah)</i>	197
<i>sulfacetamide sodium-sulfur external liquid</i>		SUNLENCA ORAL.....	174	<i>tadalafil tablet 5 mg oral</i>	134
<i>10-5 %</i>	97	SUNOSI.....	211	TADLIQ.....	197
<i>sulfacetamide sodium-sulfur external liquid</i>		SUPERIOR PROBIOTIC.....	128	TAFINLAR.....	44
<i>9.8-4.8 %</i>	97	<i>suphedrine oral tablet 30 mg</i>	208	<i>tafluprost (pf)</i>	180
<i>sulfacetamide sodium-sulfur external liquid</i>		SUPPRELIN LA.....	152	TAGAMET HB 200.....	121
<i>9-4 %</i>	97	SUPREP BOWEL PREP KIT.....	120	TAGRISSE.....	178
<i>sulfacetamide sodium-sulfur external liquid</i>		SUSTOL.....	35	<i>take action</i>	150
<i>9-4.5 %</i>	97	SUTAB.....	25	TALICIA.....	120
<i>sulfacetamide sodium-sulfur external lotion</i>		SUTENT.....	44	TALTZ.....	154
<i>10-5 %</i>	97	<i>syeda</i>	146	TALZENNA ORAL CAPSULE 0.1 MG,	
<i>sulfacetamide sodium-sulfur external</i>		SYMBICORT.....	205	0.35 MG, 0.5 MG, 0.75 MG.....	44
<i>suspension 8-4 %</i>	97	SYMBYAX.....	31	TALZENNA ORAL CAPSULE 0.25 MG, 1	
<i>sulfacetamide sodium-sulfur suspension</i>		SYMDEKO ORAL TABLET THERAPY		MG.....	44
<i>10-5 % external</i>	97	PACK 100-150 & 150 MG.....	195	TAMIFLU.....	57
<i>sulfacetamide sod-sulfur wash external</i>		SYMDEKO ORAL TABLET THERAPY		<i>tamoxifen citrate oral</i>	41
<i>liquid 9-4 %</i>	97	PACK 50-75 & 75 MG.....	195	<i>tamsulosin hcl</i>	134
<i>sulfacetamide sod-sulfur wash external</i>		SYMFI.....	56	TANDEM PLUS.....	113
<i>liquid 9-4.5 %</i>	97	SYMFI LO.....	56	TAPERDEX 12-DAY.....	137
<i>sulfacetamide-prednisolone</i>	181	SYMLINPEN 120.....	62	TAPERDEX 6-DAY.....	137
<i>sulfacetamide-sulfur in urea</i>	97	SYMLINPEN 60.....	62	TAPERDEX 7-DAY.....	137
SULFACLEANSE 8/4.....	97	SYMPAZAN.....	28	TARCEVA.....	178

TARGADOX.....	25	<i>telmisartan-hctz</i>	76	<i>testosterone transdermal gel 20.25</i>	
TARGRETIN.....	44	<i>temazepam oral capsule 15 mg, 30 mg,</i>		<i>mg/1.25gm (1.62%), 40.5 mg/2.5gm</i>	
<i>tarina 24 fe</i>	146	<i>7.5 mg</i>	210	<i>(1.62%)</i>	139
<i>tarina fe 1/20 eq</i>	146	<i>temazepam oral capsule 22.5 mg</i>	210	<i>testosterone transdermal gel 25 mg/2.5gm</i>	
TARPEYO.....	159	<i>temozolomide</i>	41	<i>(1%)</i>	140
TASCENSO ODT ORAL TABLET		TEMPO REFILL.....	107	<i>testosterone transdermal gel 50 mg/5gm</i>	
DISPERSIBLE 0.25 MG.....	174	TEMPO WELCOME.....	107	<i>(1%)</i>	140
TASCENSO ODT ORAL TABLET		TENCON.....	9	<i>testosterone transdermal solution</i>	140
DISPERSIBLE 0.5 MG.....	174	TENIVAC.....	157	TETANUS-DIPHThERIA TOXOIDS TD....	157
TASIGNA.....	178	<i>tenofovir disoproxil fumarate</i>	56	<i>tetrabenazine</i>	83
<i>tasimelteon capsule 20 mg oral</i>	210	TENORETIC 100.....	76	<i>tetracaine hcl ophthalmic</i>	181
TASMAR.....	48	TENORETIC 50.....	76	<i>tetracycline hcl oral capsule</i>	25
<i>tavorole</i>	96	TENORMIN.....	72	TETRACYCLINE HCL ORAL TABLET.....	25
TAVALISSE.....	69	TEPMETKO.....	44	TEXACORT.....	92
<i>taysofy</i>	146	<i>terazosin hcl</i>	134	TEZSPIRE SUBCUTANEOUS SOLUTION	
TAYTULLA.....	146	<i>terbinafine hcl oral</i>	36	AUTO-INJECTOR.....	198
<i>tazarotene external cream</i>	88	<i>terbutaline sulfate injection</i>	195	TEZSPIRE SUBCUTANEOUS SOLUTION	
TAZAROTENE EXTERNAL FOAM.....	88	<i>terbutaline sulfate oral</i>	195	PREFILLED SYRINGE.....	198
<i>tazarotene gel 0.05 % external</i>	88	<i>terconazole vaginal cream</i>	36	THALITONE.....	77
<i>tazarotene gel 0.1 % external</i>	88	<i>terconazole vaginal suppository</i>	36	THALOMID.....	41
<i>tazicef injection</i>	21	<i>teriflunomide tablet 14 mg oral</i>	85	<i>the magic bullet</i>	175
<i>tazicef intravenous solution reconstituted</i>	21	<i>teriflunomide tablet 7 mg oral</i>	85	THEO-24.....	196
TAZORAC EXTERNAL CREAM 0.1 %.....	88	<i>teriparatide</i>	160	<i>theophylline er</i>	196
TAZORAC EXTERNAL GEL.....	88	<i>teriparatide (recombinant) subcutaneous</i>		<i>theophylline oral elixir</i>	196
<i>taztia xt</i>	74	<i>solution pen-injector 600 mcg/2.4ml</i>	160	<i>theophylline oral solution</i>	196
TAZVERIK.....	42	TERIPARATIDE (RECOMBINANT)		<i>thiamine hcl injection</i>	215
TDVAX.....	157	SUBCUTANEOUS SOLUTION PEN-		<i>thiamine hcl oral</i>	215
TECFIDERA ORAL CAPSULE DELAYED		INJECTOR 620 MCG/2.48ML.....	160	THIOLA.....	135
RELEASE.....	85	TESTIM.....	139	THIOLA EC.....	135
TECFIDERA ORAL CAPSULE DELAYED		TESTOPEL.....	139	<i>thioridazine hcl oral</i>	51
RELEASE THERAPY PACK.....	85	<i>testosterone cypionate intramuscular</i>	139	<i>thiothixene</i>	51
TECHLITE LANCETS 26G.....	107	<i>testosterone enanthate intramuscular</i>	139	THRIVE.....	19
TEENY TUMMY GAS RELIEF DROPS.....	128	<i>testosterone transdermal gel 1.62 %, 20.25</i>		THRIVITE RX.....	117
TEGLUTIK.....	83	<i>mg/lact (1.62%)</i>	139	THROMBI-GEL 10.....	175
TEGRETOL.....	29	<i>testosterone transdermal gel 10 mg/lact</i>		THROMBI-GEL 100.....	175
TEGRETOL-XR.....	29	<i>(2%)</i>	139	THROMBI-GEL 40.....	175
TEKTURNA.....	76	<i>testosterone transdermal gel 12.5 mg/lact</i>		THROMBI-PAD.....	175
<i>telmisartan</i>	71	<i>(1%)</i>	139	THYQUIDITY.....	151
<i>telmisartan-amlodipine</i>	76			<i>thyroid oral</i>	151

<i>tiadylt er</i>	74	TOBRADEX.....	181	TRACLEER 62.5 MG, 125 MG.....	197
<i>tiagabine hcl</i>	28	TOBRADEX ST.....	181	TRADJENTA.....	62
TIAZAC.....	74	<i>tobramycin inhalation nebulization solution</i>		TRAMADOL HCL (ER BIPHASIC) ORAL	
TIBSOVO.....	44	<i>300 mg/4ml</i>	196	CAPSULE EXTENDED RELEASE 24	
TIGAN.....	34	<i>tobramycin nebulization solution 300</i>		HOUR.....	7
<i>tigecycline</i>	20	<i>mg/5ml inhalation</i>	196	<i>tramadol hcl (er biphasic) oral tablet</i>	
TIKOSYN.....	72	TOBRAMYCIN NEBULIZATION		<i>extended release 24 hour</i>	7
<i>tilia fe</i>	146	SOLUTION 300 MG/5ML INHALATION....	196	<i>tramadol hcl er</i>	7
<i>timolol maleate (once-daily)</i>	185	<i>tobramycin ophthalmic</i>	182	TRAMADOL HCL ORAL SOLUTION.....	9
<i>timolol maleate ophthalmic</i>	185	<i>tobramycin-dexamethasone</i>	181	<i>tramadol hcl oral tablet 100 mg</i>	9
<i>timolol maleate oral</i>	38	TOBREX.....	182	<i>tramadol hcl oral tablet 25 mg</i>	7
<i>timolol maleate pf ophthalmic solution 0.25</i>		<i>tolcapone</i>	48	<i>tramadol hcl oral tablet 50 mg</i>	9
<i>%</i>	185	<i>tolnaftate antifungal external cream</i>	175	<i>tramadol-acetaminophen</i>	9
<i>timolol maleate pf ophthalmic solution 0.5</i>		<i>tolnaftate external cream</i>	175	<i>trandolapril</i>	71
<i>%</i>	185	TOLSURA.....	36	<i>trandolapril-verapamil hcl er</i>	76
TIMOPTIC OCUDOSE OPHTHALMIC		<i>tolterodine tartrate</i>	133	<i>tranexamic acid intravenous</i>	69
SOLUTION 0.25 %.....	185	<i>tolterodine tartrate er capsule extended</i>		<i>tranexamic acid oral</i>	69
TIMOPTIC OCUDOSE OPHTHALMIC		<i>release 24 hour 2 mg oral</i>	133	<i>tranexamic acid-nacl</i>	70
SOLUTION 0.5 %.....	185	<i>tolterodine tartrate er capsule extended</i>		TRANSDERM-SCOP.....	34
<i>tinidazole oral</i>	20	<i>release 24 hour 4 mg oral</i>	133	<i>tranylcypramine sulfate</i>	31
<i>tiopronin oral tablet</i>	135	<i>tolvaptan</i>	114	TRAVATAN Z.....	180
<i>tiotropium bromide monohydrate</i>	194	TOPAMAX.....	27	<i>travel ease</i>	34
TIROSINT.....	151	TOPAMAX SPRINKLE.....	27	<i>travoprost (bak free)</i>	180
TIROSINT-SOL ORAL SOLUTION 100		TOPICORT.....	92	TRAZIMERA.....	179
MCG/ML, 112 MCG/ML, 125 MCG/ML, 13		TOPICORT SPRAY.....	92	<i>trazodone hcl oral</i>	33
MCG/ML, 137 MCG/ML, 150 MCG/ML,		<i>topiramate er</i>	27	TRECTOR.....	40
175 MCG/ML, 200 MCG/ML, 25 MCG/ML,		<i>topiramate oral capsule sprinkle</i>	27	TRELEGY ELLIPTA AEROSOL POWDER	
50 MCG/ML, 75 MCG/ML, 88 MCG/ML.....	151	<i>topiramate oral tablet</i>	27	BREATH ACTIVATED 100-62.5-25	
TIROSINT-SOL ORAL SOLUTION 37.5		TOPROL XL.....	72	MCG/ACT INHALATION.....	205
MCG/ML, 44 MCG/ML, 62.5 MCG/ML.....	151	<i>toremifene citrate</i>	41	TRELEGY ELLIPTA INHALATION	
TIVICAY.....	55	<i>torseamide</i>	76	AEROSOL POWDER BREATH	
TIVICAY PD.....	55	TOSYMRA.....	39	ACTIVATED 200-62.5-25 MCG/ACT.....	205
<i>tizanidine hcl oral capsule 2 mg</i>	54	<i>total allergy</i>	192	TRELSTAR MIXJECT.....	152
<i>tizanidine hcl oral capsule 4 mg, 6 mg</i>	54	<i>total allergy medicine</i>	192	TREMFYA.....	154
<i>tizanidine hcl oral tablet</i>	54	TOUJEO MAX SOLOSTAR.....	65	TRESIBA.....	65
TLANDO.....	140	TOUJEO SOLOSTAR.....	65	TRESIBA FLEXTOUCH.....	65
TM-VITE RX.....	117	<i>tovet</i>	92	<i>tretinoin external cream</i>	88
TOBI NEBULIZER.....	196	TOVIAZ.....	133	<i>tretinoin external gel</i>	88
TOBI PODHALER.....	196	TRACLEER 32 MG.....	197		

<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	88	<i>trihexyphenidyl hcl</i>	47	TRUE FERROUS SULFATE.....	113
<i>tretinoin microsphere external gel 0.08 %</i>	89	TRIJARDY XR.....	62	TRUE FOCUS BLOOD GLUCOSE STRIP	107
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	89	TRIKAFTA ORAL TABLET THERAPY PACK.....	196	TRUE FOLIC ACID ORAL TABLET 1 MG.	175
<i>tretinoin microsphere pump external gel 0.08 %</i>	89	TRIKAFTA ORAL THERAPY PACK.....	196	TRUE METRIX AIR GLUCOSE METER....	107
<i>tretinoin oral</i>	44	<i>tri-legest fe</i>	147	TRUE METRIX GO GLUCOSE METER....	107
TREXALL.....	156	TRILEPTAL ORAL SUSPENSION.....	29	TRUE METRIX METER KIT.....	107
TREXIMET.....	39	TRILEPTAL ORAL TABLET.....	29	TRUE VITAMIN B6 ORAL TABLET 50 MG	215
TREZIX.....	9	<i>tri-lynyah</i>	147	TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT).....	117
TRIADIME.....	98	TRILIPIX.....	77	TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT).....	117
<i>triamcinolone acetonide external aerosol solution</i>	92	<i>tri-lo-estarylla</i>	147	TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT).....	117
<i>triamcinolone acetonide external cream</i>	92	<i>tri-lo-marzia</i>	147	TRUECONTROL GLUCOSE CONT LEV 0107	107
<i>triamcinolone acetonide external lotion 0.025 %</i>	92	<i>tri-lo-mili</i>	147	TRUECONTROL GLUCOSE CONT LEV 1107	107
<i>triamcinolone acetonide external lotion 0.1 %</i>	92	<i>tri-lo-sprintec</i>	147	TRUEPLUS GLUCOSE ON THE GO.....	66
<i>triamcinolone acetonide external ointment</i>	92	<i>trimethobenzamide hcl oral</i>	34	TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE.....	66
<i>triamcinolone acetonide mouth/throat</i>	86	<i>trimethoprim oral</i>	20	TRUEPLUS LANCETS 30G.....	107
<i>triamcinolone acetonide nasal</i>	204	<i>tri-mili</i>	147	TRUEPLUS SAFETY LANCETS 28G.....	107
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	137	<i>trimipramine maleate oral</i>	33	TRUETRACK BLOOD GLUCOSE DEVICE.....	107
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION.....	137	TRIMO-SAN.....	25	TRUETRACK TEST.....	107
<i>triamcinolone in absorbase</i>	92	TRINATAL RX 1.....	117	TRULANCE.....	118
<i>triamterene oral</i>	76	TRINTELLIX.....	33	TRULICITY.....	62
<i>triamterene-hctz</i>	76	<i>tri-nymyo</i>	147	TRUMENBA.....	158
<i>triazolam</i>	210	<i>triphrocaps</i>	117	TRUQAP.....	175
TRIBENZOR.....	76	TRIPTODUR.....	152	TRUVADA.....	57
<i>tricitrates</i>	214	<i>tri-sprintec</i>	147	TUBING/WING TIP.....	175
TRICON.....	113	TRIUMEQ.....	56	TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION.....	194
TRICOR.....	77	TRIUMEQ PD.....	56	TUKYSA.....	178
<i>triderm</i>	92	<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	214	TUMS SMOOTHIES.....	128
<i>trientine hcl</i>	114	<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	214	TURALIO.....	178
<i>tri-estarylla</i>	147	TRIVIX.....	98	<i>turqoz</i>	147
<i>trifluoperazine hcl</i>	51	<i>trivora (28)</i>	147	<i>tusnel-ex</i>	200
<i>trifluridine</i>	183	<i>tri-vylibra</i>	147	<i>tussin adult chest congest</i>	200
		<i>tri-vylibra lo</i>	147		
		TROKENDI XR.....	27		
		TRONVITE.....	117		
		<i>tropicamide ophthalmic</i>	187		
		<i>trospium chloride</i>	133		
		<i>trospium chloride er</i>	134		
		TRUDHESA.....	38		

<i>tussin chest congestion oral liquid 100 mg/5ml</i>	200	TYPHIM VI.....	158	UNISTRIP1 GENERIC.....	108
<i>tussin cough dm sugar free</i>	208	TYRVAYA.....	181	<i>unithroid</i>	151
<i>tussin cough long acting</i>	200	TYSABRI.....	85	UPTRAVI INTRAVENOUS.....	197
<i>tussin cough oral syrup</i>	200	TYVASO.....	197	UPTRAVI ORAL.....	197
<i>tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	208	TYVASO DPI MAINTENANCE KIT.....	197	UPTRAVI TITRATION.....	197
<i>tussin dm cough/chest cong</i>	208	TYVASO DPI TITRATION KIT.....	197	<i>urea external cream 40 %</i>	98
<i>tussin dm cough/chest oral syrup 10-100 mg/5ml</i>	208	TYVASO REFILL.....	197	<i>urea external lotion 40 %</i>	98
<i>tussin dm oral syrup 100-10 mg/5ml</i>	208	TYVASO STARTER.....	197	URELLE.....	135
<i>tussin expectorant adult</i>	200	UBRELVY.....	38	UREMEZ-40.....	98
<i>tussin maximum strength oral syrup 15 mg/5ml</i>	201	UCERIS ORAL.....	159	<i>uretron d/s</i>	135
<i>tussin mucus & chest cong</i>	201	UCERIS RECTAL.....	159	URIBEL ORAL CAPSULE.....	135
<i>tussin mucus & chest congest</i>	201	UDAMIN SP.....	214	URIBEL ORAL TABLET.....	135
<i>tussin mucus/chest congest</i>	201	UDENYCA ONBODY.....	68	URIMAR-T.....	135
<i>tussin mucus/congestion</i>	201	UDENYCA SUBCUTANEOUS SOLUTION		<i>urin ds</i>	135
<i>tussin mucus+chest congest</i>	201	AUTO-INJECTOR.....	68	URNEVA.....	135
<i>tussin mucus+chest congestion</i>	201	UDENYCA SUBCUTANEOUS SOLUTION		UROCIT-K 10.....	110
<i>tussin oral liquid 100 mg/5ml</i>	201	PREFILLED SYRINGE.....	68	UROCIT-K 15.....	110
TWINRIX.....	158	UDSX MEDICATED SYSTEM.....	175	UROCIT-K 5.....	110
TWIRLA.....	150	UDSXMP MEDICATED SYSTEM.....	175	UROGESIC-BLUE.....	135
TWIST TOP LANCETS 30G.....	107	ULORIC.....	37	URO-MP.....	135
TYBLUME.....	147	<i>ultra calcium + vitamin d3</i>	113	UROXATRAL.....	134
TYBOST.....	57	<i>ultra fresh</i>	187	URSO 250.....	120
<i>tydemy</i>	147	<i>ultra fresh pm</i>	187	URSO FORTE.....	120
TYGACIL.....	20	ULTRA NEB ACCESSORIES KIT.....	175	URSODIOL ORAL CAPSULE 200 MG,	
TYKERB.....	179	ULTRAFOAM SPONGE 2X6.25X7CM.....	175	400 MG.....	120
TYLENOL FOR CHILDREN + ADULTS.....	15	ULTRAFOAM SPONGE 8X12.5X1CM.....	175	<i>ursodiol oral capsule 300 mg</i>	120
TYLENOL ORAL SUSPENSION 160 MG/5ML.....	15	ULTRAFOAM SPONGE 8X12.5X3CM.....	175	<i>ursodiol oral tablet</i>	120
TYLENOL ORAL TABLET 325 MG, 500 MG.....	15	ULTRAFOAM SPONGE 8X25X1CM.....	175	UZEDY SUBCUTANEOUS SUSPENSION	
TYLENOL ORAL TABLET CHEWABLE 160 MG.....	15	ULTRAFOAM SPONGE 8X6.25X1CM.....	175	PREFILLED SYRINGE 100 MG/0.28ML.....	53
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG.....	15	ULTRAVATE.....	92	VAGIFEM.....	147
TYMLOS.....	160	UNASYN INJECTION SOLUTION		<i>valacyclovir hcl oral</i>	55
		RECONSTITUTED 3 (2-1) GM.....	22	VALCHLOR.....	41
		UNIFINE PROTECT PEN NEEDLE 30G X 5 MM.....	175	VALCYTE.....	54
		UNIFINE PROTECT PEN NEEDLE 30G X 8 MM.....	107	<i>valganciclovir hcl</i>	54
		UNIFINE PROTECT PEN NEEDLE 32G X 4 MM.....	108	VALIUM.....	59
		UNISTRIP CONTROL.....	175	<i>valproic acid oral</i>	27
				VALSARTAN ORAL SOLUTION.....	71
				<i>valsartan oral tablet</i>	71
				<i>valsartan-hydrochlorothiazide</i>	76

VALTOCO 10 MG DOSE.....	28	<i>venlafaxine hcl er oral capsule extended</i>		VERIFINE SAFE LANCET MINI 23G.....	108
VALTOCO 15 MG DOSE.....	28	<i>release 24 hour.....</i>	33	VERIFINE SAFE LANCET MINI 28G.....	108
VALTOCO 20 MG DOSE.....	28	<i>venlafaxine hcl er oral tablet extended</i>		VERIFINE SAFE LANCET MINI 30G.....	108
VALTOCO 5 MG DOSE.....	28	<i>release 24 hour.....</i>	33	VERIFINE UNIVERSAL LANCETS 28G....	108
VALTRES.....	55	VENOFER.....	113	VERIFINE UNIVERSAL LANCETS 30G....	108
VANOCOCIN ORAL CAPSULE 250 MG.....	20	VENTAVIS.....	197	VERIFINE UNIVERSAL LANCETS 33G....	108
<i>vancomycin hcl oral.....</i>	20	VENTIVA TEARS.....	187	VERKAZIA.....	181
VANDAZOLE.....	20	VENTOLIN HFA.....	195	VERQUVO.....	80
VANFLYTA.....	44	VEOZAH.....	175	VERSACLOZ.....	53
VANOS.....	92	<i>verapamil hcl er oral capsule extended</i>		VERSAPAP.....	176
VAPORIZER WARM STEAM.....	175	<i>release 24 hour.....</i>	74	VERSAPAP W/UNIVERSAL TUBING.....	176
VAQTA.....	158	<i>verapamil hcl er oral tablet extended</i>		VERSAPENN (AL) ANHYD LIPID.....	176
<i>varenicline tartrate.....</i>	18	<i>release.....</i>	74	VERZENIO.....	44
<i>varenicline tartrate (starter).....</i>	18	<i>verapamil hcl oral.....</i>	74	VESICARE.....	134
<i>varenicline tartrate(continue).....</i>	18	VEREGEN.....	93	VESICARE LS.....	134
VARIVAX.....	158	VERELAN.....	74	<i>vestura.....</i>	147
VASCEPA.....	78	VERELAN PM ORAL CAPSULE		VEVYE.....	181
VASERETIC.....	76	EXTENDED RELEASE 24 HOUR 100 MG..	74	VFEND.....	36
VASOTEC.....	71	VERELAN PM ORAL CAPSULE		VIBERZI.....	119
VAXCHORA.....	158	EXTENDED RELEASE 24 HOUR 200 MG,		VIBRAMYCIN.....	25
VAXELIS.....	175	300 MG.....	74	<i>vic-forte.....</i>	214
VAXNEUVANCE.....	158	VERIFINE INSULIN PEN NEEDLE 29G X		VICTOZA.....	62
<i>v-c forte.....</i>	214	12MM.....	175	<i>vienna.....</i>	147
VECAMYL.....	76	VERIFINE INSULIN PEN NEEDLE 31G X		<i>vigabatrin.....</i>	28
VECTICAL.....	93	5 MM.....	175	<i>vigadrone.....</i>	28
<i>vegetable laxative.....</i>	131	VERIFINE INSULIN PEN NEEDLE 31G X		VIGAMOX.....	183
VEKLURY.....	58	8 MM.....	175	<i>vigpoder.....</i>	28
<i>velivet.....</i>	147	VERIFINE INSULIN PEN NEEDLE 32G X		VIIBRYD.....	33
VELPHORO.....	114	4 MM.....	108	VILAMIT MB.....	135
VELSIPITY.....	175	VERIFINE INSULIN PEN NEEDLE 32G X		<i>vilazodone hcl.....</i>	33
VELTASSA.....	114	6 MM.....	108	VILEVEV MB.....	135
VELTIN EXTERNAL GEL 1.2-0.025 %.....	89	VERIFINE INSULIN SYRINGE.....	175	VIMOVO.....	6
VEMLIDY.....	54	VERIFINE PLUS PEN NEEDLE 31G X 5		VIMPAT INTRAVENOUS.....	29
VENCLEXTA.....	44	MM.....	176	VIMPAT ORAL.....	29
VENCLEXTA STARTING PACK.....	44	VERIFINE PLUS PEN NEEDLE 31G X 8		VINATE ONE.....	117
VENEXA.....	214	MM.....	176	VIOKACE.....	132
VENEXA FE.....	214	VERIFINE PLUS PEN NEEDLE 32G X 4		<i>viorele.....</i>	147
VENLAFAXINE BESYLATE ER.....	175	MM.....	108	VIRACEPT.....	57
<i>venlafaxine hcl.....</i>	33	VERIFINE SAFE LANCET MINI 21G.....	108	VIRAZOLE.....	198

VIREAD ORAL POWDER.....	57	VOGELXO PUMP	140	<i>wes-phos 250 neutral</i>	113
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	57	<i>volnea</i>	147	<i>westab one</i>	118
VIREAD ORAL TABLET 300 MG.....	57	VONJO.....	44	WESTAB PLUS.....	118
<i>virt-caps</i>	117	VOQUEZNA.....	176	WIDE-SEAL DIAPHRAGM 60.....	176
VISTARIL.....	58	VOQUEZNA DUAL PAK.....	176	WIDE-SEAL DIAPHRAGM 65.....	176
<i>vita s forte</i>	214	VOQUEZNA TRIPLE PAK.....	118	WIDE-SEAL DIAPHRAGM 70.....	176
<i>vitacel</i>	214	<i>voriconazole oral</i>	36	WIDE-SEAL DIAPHRAGM 75.....	176
<i>vitamin b1</i>	215	VORTEX HOLD CHMBR/MASK/CHILD....	176	WIDE-SEAL DIAPHRAGM 80.....	176
<i>vitamin b-6 oral tablet 50 mg</i>	215	VORTEX HOLD		WIDE-SEAL DIAPHRAGM 85.....	176
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	117	CHMBR/MASK/TODDLER.....	176	WIDE-SEAL DIAPHRAGM 90.....	176
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	214	VORTEX VALVED HOLDING CHAMBER.	176	WIDE-SEAL DIAPHRAGM 95.....	176
<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	117	VOTRIENT.....	179	WINLEVI.....	176
<i>vitamin d3 oral capsule 1000 unit, 25 mcg (1000 ut)</i>	117	VOWST.....	176	<i>wixela inhub</i>	205
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	117	VRAYLAR.....	53	<i>womans laxative</i>	176
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	117	VTAMA.....	176	<i>womens gentle laxative</i>	176
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	118	VUITY.....	185	<i>womens laxative oral tablet delayed release 5 mg</i>	176
<i>vitamins acd-fluoride</i>	214	VUMERITY.....	85	<i>wymzya fe</i>	147
<i>vitamins complete childrens</i>	214	VUSION.....	96	XACIATO.....	20
VITAROCA PLUS.....	214	VYEPTI.....	38	XADAGO.....	50
VITASURE.....	118	<i>vyfemla</i>	147	XALATAN.....	180
VITATHELY WITH GINGER.....	118	<i>vylibra</i>	147	XALKORI ORAL CAPSULE.....	179
VITRAKVI.....	44	VYTORIN.....	78	XALKORI ORAL CAPSULE SPRINKLE....	179
VITRAMYN.....	214	VYVANSE ORAL CAPSULE 10 MG.....	82	XANAX.....	59
VITRANOL.....	214	VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG.....	83	XANAX XR.....	59
VITRANOL FE.....	214	VYVANSE ORAL TABLET CHEWABLE.....	83	XARELTO ORAL SUSPENSION	
VITREXYL.....	214	VYZULTA.....	180	RECONSTITUTED.....	67
VITREXYL + IRON.....	214	WAKIX.....	211	XARELTO ORAL TABLET.....	67
VIVELLE-DOT.....	147	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	67	XARELTO STARTER PACK.....	67
VIVITROL.....	17	<i>warfarin sodium oral tablet 6 mg</i>	67	XATMEP.....	156
VIVJOA.....	176	WELCHOL.....	78	XCOPRI.....	27
VIVOTIF.....	158	WELIREG.....	45	XCOPRI (250 MG DAILY DOSE).....	27
VIZIMPRO.....	179	WELLBUTRIN SR.....	31	XCOPRI (350 MG DAILY DOSE).....	27
VOCABRIA.....	37	WELLBUTRIN XL.....	31	XDEMVY.....	176
VOGELXO.....	140	WELLFOLA.....	214	XELJANZ.....	154
		<i>wera</i>	147	XELJANZ XR.....	154
		<i>wescaps</i>	118	XELODA.....	45
		WESNATAL DHA COMPLETE.....	118	XELPROS.....	180
				XELSTRYM.....	176

XENAZINE.....	83	XYREM.....	211	<i>zenatane</i>	89
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT.....	54	XYWAV.....	209	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT.....	132
XEPI.....	96	YASMIN 28.....	147	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT.....	132
XERAC AC.....	98	YAZ.....	147	ZENZEDI ORAL TABLET 10 MG, 5 MG.....	83
XERESE.....	94	YCANTH.....	176	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG.....	83
XERMELO.....	119	YF-VAX.....	158	ZEPOSIA.....	85
XGEVA.....	160	YONSA.....	176	ZEPOSIA 7-DAY STARTER PACK.....	86
XHANCE.....	193	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	176	ZEPOSIA STARTER KIT.....	86
XIFAXAN.....	21	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	176	ZERUVIA.....	17
XIGDUO XR.....	62	YUFLYMA (2 PEN).....	176	ZERVIAE.....	182
XIIDRA.....	181	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML.....	176	ZESTORETIC.....	76
XIMINO.....	25	YUFLYMA-CD/UC/HS STARTER.....	176	ZESTRIL.....	71
XOFLUZA (40 MG DOSE).....	57	YUPELRI.....	194	ZETIA.....	78
XOFLUZA (80 MG DOSE).....	57	YUSIMRY.....	176	ZETONNA.....	193
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	154	<i>yuvafem</i>	148	ZIAGEN.....	57
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML.....	154	<i>zafemy</i>	148	ZIANA.....	89
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.....	154	<i>zafirlukast</i>	193	<i>zidovudine</i>	57
XOPENEX HFA.....	195	<i>zaleplon</i>	210	ZIEXTENZO.....	68
XOSPATA.....	179	ZANAFLEX ORAL CAPSULE 2 MG.....	54	<i>zileuton er</i>	193
XPHOZAH.....	176	ZANAFLEX ORAL CAPSULE 4 MG, 6 MG.....	54	ZILRETTA.....	137
XPOVIO (100 MG ONCE WEEKLY).....	42	ZANAFLEX ORAL TABLET.....	54	ZIMHI.....	17
XPOVIO (40 MG ONCE WEEKLY).....	42	ZARONTIN.....	27	ZIOPTAN.....	180
XPOVIO (40 MG TWICE WEEKLY).....	42	ZARXIO.....	68	<i>ziprasidone hcl</i>	53
XPOVIO (60 MG ONCE WEEKLY).....	42	ZAVZPRET.....	177	<i>ziprasidone mesylate</i>	53
XPOVIO (60 MG TWICE WEEKLY).....	42	ZEGERID.....	124	ZIPSOR.....	6
XPOVIO (80 MG ONCE WEEKLY).....	42	ZEJULA.....	44	ZIRGAN.....	54
XPOVIO (80 MG TWICE WEEKLY).....	42	ZELAC.....	128	ZITHROMAX ORAL.....	23
XTAMPZA ER.....	7	ZELAPAR.....	50	ZITHROMAX TRI-PAK.....	23
XTANDI.....	41	ZELBORAF.....	44	ZITHROMAX Z-PAK.....	23
<i>xulane</i>	147	ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG.....	132	ZITUVIO.....	177
XULTOPHY.....	62	ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG....	132	ZMA CLEAR.....	97
XYBIOTIC.....	128	ZEMBRACE SYMTOUCH.....	39		
XYLIDERM.....	17	ZEMPLAR ORAL.....	160		
XYOSTED.....	140				

ZOCOR.....	77	ZYVOX ORAL SUSPENSION	
<i>zoledronic acid intravenous concentrate</i>	160	RECONSTITUTED	21
<i>zoledronic acid intravenous solution</i>	160	ZYVOX ORAL TABLET	21
ZOLINZA.....	42		
<i>zolmitriptan</i>	39		
ZOLOFT	33		
<i>zolpidem tartrate er</i>	210		
ZOLPIDEM TARTRATE ORAL CAPSULE	210		
<i>zolpidem tartrate oral tablet</i>	210		
<i>zolpidem tartrate sublingual</i>	210		
ZOMACTON.....	138		
ZOMIG NASAL SOLUTION 2.5 MG.....	39		
ZOMIG NASAL SOLUTION 5 MG.....	39		
ZONALON.....	92		
ZONEGRAN.....	29		
ZONISADE.....	29		
<i>zonisamide oral</i>	29		
ZONTIVITY	67		
ZORTRESS.....	156		
ZORYVE.....	177		
<i>zovia 1/35 (28)</i>	148		
ZOVIRAX.....	55		
ZTLIDO.....	16		
ZUBSOLV.....	17		
<i>zumandimine</i>	148		
ZURZUVAE.....	177		
ZYCLARA.....	94		
ZYCLARA PUMP.....	94		
ZYDELIG.....	44		
ZYFLO.....	193		
ZYKADIA.....	45		
ZYLET.....	181		
ZYPITAMAG.....	77		
ZYPREXA INTRAMUSCULAR.....	53		
ZYPREXA ORAL.....	53		
ZYPREXA RELPREVV.....	53		
ZYPREXA ZYDIS.....	53		
ZYRTEC-D ALLERGY & SINUS.....	202		
ZYTIGA.....	41		