



Preferred Drug List (PDL)

Maryland

Effective Date: 1/1/2024



United
Healthcare
Community Plan

Nondiscrimination Statement

It is the policy of UnitedHealthcare Community Plan not to discriminate on the basis of race, color, national origin, sex, age or disability. UnitedHealthcare Community Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Civil Rights Coordinator who has been designated to coordinate the efforts of UnitedHealthcare Community Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for UnitedHealthcare Community Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

You can send a complaint to:

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

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of UnitedHealthcare Community Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at:

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

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

UnitedHealthcare Community Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Declaración Antidiscriminatoria

La política de UnitedHealthcare Community Plan es la de no discriminar en base a la raza, color, nacionalidad, sexo, edad o discapacidad. UnitedHealthcare Community Plan ha adoptado un procedimiento interno en casos de agravios para proveer una pronta y justa resolución a reclamaciones en las cuáles se alegue cualquier acción prohibida por la Sección 1557 del Acta de Cuidados Asequibles (Affordable Care Act - 42 U.S.C. 18116) y la implementación de sus regulaciones en 45 CFR parte 92, emitidas por el Departamento de Salud y Recursos Humanos de los Estados Unidos (U.S. Department of Health and Human Services). La Sección 1557 prohíbe la discriminación en bases de la raza, el color, la nacionalidad, el sexo, la edad o la discapacitación en ciertos programas de salud y de actividades. La Sección 1557 y sus regulaciones implementadas pueden ser examinadas en la oficina del Coordinador de los Derechos Civiles, quien es una persona que ha sido designada para coordinar los esfuerzos de UnitedHealthcare Community Plan para cumplir con los requisitos de la Sección 1557.

Cualquier persona que crea que alguien ha sido discriminado en base a su raza, color, nacionalidad, sexo, edad o discapacidad puede presentar una reclamación siguiendo este procedimiento. Es contra la ley que UnitedHealthcare Community Plan tome represalias en contra de cualquier persona que se oponga a la discriminación, presente una reclamación o participe en una investigación acerca de una acción discriminatoria.

Usted puede enviar una queja a:

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

Procedimiento:

- Las reclamaciones deben presentarse ante el Coordinador de la Sección 1557 dentro de los primeros 60 días, a partir de la fecha en que la persona que presenta la reclamación tomó consciencia de ser objeto de una posible acción discriminatoria.
- Una reclamación debe presentarse por escrito y contener el nombre y la dirección de la persona que la presenta. La reclamación debe declarar cual es el problema o la posible acción discriminatoria y cuál es la solución o asistencia que se desea obtener.
- El Coordinador de la Sección 1557 (o la persona que se designe) podrá conducir una investigación acerca de esta reclamación. Esta investigación puede ser informal, pero será exhaustiva, ofreciendo a todas las personas interesadas una oportunidad para presentar evidencias relevantes a la reclamación. El Coordinador de la Sección 1557 conservará en su poder todos los expedientes y records de UnitedHealthcare Community Plan relativos a tales reclamaciones. En la medida posible y de acuerdo a las leyes vigentes aplicables,

el Coordinador de la Sección 1557 tomará todas las acciones necesarias para preservar la confidencialidad de los expedientes y records relativos a las reclamaciones y compartirá la información solamente con aquellas personas que tengan la necesidad de conocer esa información.

- El Coordinador de la Sección 1557 emitirá una decisión acerca de la reclamación, basándose en la preponderancia de la evidencia, no más tarde de 30 días a partir de la fecha en que se presentó esta reclamación y se incluirá una notificación para el demandante acerca de su derecho para proseguir con esta reclamación por medio de otras resoluciones legales o administrativas.

La disponibilidad y el uso de este procedimiento de reclamaciones no le impide a la persona que la presenta, proseguir con otras reclamaciones legales o administrativas, incluyendo la presentación de una reclamación por discriminación basada en la raza, color, nacionalidad, sexo, edad o discapacidad en la corte o ante el Departamento de Salud y Recursos Humanos de los Estados Unidos, Oficina de los Derechos Civiles (U.S. Department of Health and Human Services, Office for Civil Rights). Una persona puede presentar una reclamación por discriminación electrónicamente a través del portal de la Oficina de Reclamaciones para los Derechos Civiles (Office for Civil Rights Complaint Portal), disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o hacerlo por correo a la dirección:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Las formas para las reclamaciones se encuentran disponibles en: <http://www.hhs.gov/ocr/office/file/index.html>. Estas reclamaciones deben presentarse dentro de los primeros 180 días a partir de la fecha en que esta posible acción discriminatoria tuvo lugar.

UnitedHealthcare Community Plan llevará a cabo todos los arreglos necesarios para asegurar que a las personas con discapacidades o aquellas personas con un limitado dominio del idioma inglés se les provea con apoyos auxiliares y servicios o asistencia en el lenguaje, respectivamente, si existe la necesidad de que estas personas tengan que participar en este procedimiento de reclamación. Tales arreglos pueden incluir, pero no estar limitados a, proveer intérpretes calificados, proveer casetes conteniendo el material para aquellos individuos con problemas de visión o asegurando localidades existentes para los procedimientos que sean libres de barreras que impidan el acceso a los procedimientos. El Coordinador de la Sección 1557 será la parte responsable para esos arreglos.

Language Accessibility Statement

Interpreter Services Are Available for Free

*Help is available in your language:
1-800-318-8821, TTY 711.*

These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: **1-800-318-8821, TTY 711.**
Estos servicios están disponibles de forma gratuita.

አማርኛ/Amharic

እገዛ በቋንቋዎ ማግኘት ይቻላል፡- **1-800-318-8821** መስማት ለተሳናቸው/ **TTY**
:- **711**። እነዚህን አገልግሎቶች ያለ ምንም ክፍያ ማግኘት ይቻላል።

العربية/Arabic

المساعدة متوفرة بلغتك: اتصل على الرقم **1-800-318-8821**، الهاتف النصي:
711. هذه الخدمات متوفرة مجاناً.

中文/Chinese

用您的语言为您提供帮助：**1-800-318-8821, TTY 711**。这些服
务都是免费的。

فارسی/Farsi

خط تلفن کمک به زبانی که شما صحبت می کنید : **1-800-318-8821**، خط تماس
برای افراد ناشنوا **711**. این خدمات به صورت رایگان در دسترس هستند.

Français/French

Vous pouvez disposer d'une assistance dans votre langue :
1-800-318-8821, TTY 711. Ces services sont disponibles
gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: **1-800-318-8821** ટીટીવાય: **711**.
આ સેવાઓ મફત ઉપલબ્ધ છે.

Kreyòl Ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: **1-800-318-8821**, TTY 711. Sèvis sa yo disponib gratis.

Igbo

Ọrụ Ndị Ọkọwa Okwu Dị N'efu Enyemaka dị n'asụsụ gị: **1-800-318-8821**, TTY 711. Ọrụ ndị a dị n'efu.

한국어/Korean

사용하시는 언어로 지원해드립니다: **1-800-318-8821**, TTY 711. 이 서비스는 무료로 제공됩니다.

Português/Portuguese

Está disponível ajuda no seu idioma: **1-800-318-8821**, TTY 711. Estes serviços são disponibilizados gratuitamente.

Русский/Russian

Помощь доступна на вашем языке: **1-800-318-8821**, TTY 711. Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa inyong wika: **1-800-318-8821**, TTY 711. Ang mga serbisyong ito ay makukuha ng libre.

Urdu/اردو

آپ کی زبان میں مدد دستیاب ہے: **1-800-318-8821**، ٹی ٹی وائی: **711**۔ یہ خدمات مفت میں دستیاب ہیں۔

Tiếng Việt/Vietnamese

Có hỗ trợ ngôn ngữ của quý vị: **1-800-318-8821**, TTY 711. Các dịch vụ này được cung cấp miễn phí.

Yorùbá/Yoruba

Ìrànlọwọ wà ní àrọwọtó ní èdè rẹ: **1-800-318-8821**, TTY 711. Àwọn isẹ yìí wà ní àrọwọtó lófèfẹ.

Bassa

U nla kosna mahola ni hop won I nsinga ini: **1-800-318-8821**, TTY 711. Ngui nsaa wogui wo.



Listing of Preferred Drugs

INTRODUCTION

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

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

This edition incorporates drugs added to the Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice.

NOTICE

The information contained in this Listing of Preferred Drugs 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 Listing of Preferred Drugs is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

PREFACE

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

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

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 Listing of Preferred Drugs. Generics should be considered the first line of prescribing.

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 preferred drug listing. Preferred drug listing decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

PRODUCT SELECTION CRITERIA

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

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

When a new drug is considered for inclusion, it will be reviewed relative to similar drugs currently included in the UnitedHealthcare Community Plan Listing of Preferred Drugs. 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 Listing of Preferred Drugs is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

LISTING OF PREFERRED DRUGS PRODUCT DESCRIPTIONS

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

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

carvedilol

Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin Hydrocortisone

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

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

cefixime (400mg tabs only) SUPRAX

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 Listing of Preferred Drugs **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 Listing of Preferred Drugs 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 Listing of Preferred Drugs.

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

DAYS SUPPLY DISPENSING LIMITATIONS

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

MANDATORY GENERIC SUBSTITUTION

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 Listing of Preferred Drugs prior authorization (PA) list does not include branded items where a generic equivalent is covered.

PRIOR AUTHORIZATION OF NON-LISTING OF PREFERRED DRUGS MEDICATIONS

The drugs in the UnitedHealthcare Community Plan Listing of Preferred Drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized 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-preferred drug request. The UnitedHealthcare Community Plan Pharmacy Department will respond to all requests in accordance with state requirements.

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

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

NON-PREFERRED 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 non-preferred drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at 800-310-6826.

QUANTITY LIMITATIONS (QL)

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

Quantity limits based on Efficient Medication Dosing

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

The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Specialty Pharmaceutical Management Program

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

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

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

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

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

MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

STEP THERAPY (ST)

The following preferred 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 preferred alternatives may be appropriate in many instances, other non-preferred alternatives are available with prior authorization (PA).

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

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

LISTING OF PREFERRED DRUGS SUGGESTIONS

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

UnitedHealthcare Community Plan
Pharmacy Services Department
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax 866-940-7328
Phone 800-310-6826
Email pd_l_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 Listing of Preferred Drugs addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current Listing of Preferred Drugs 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 Listing of Preferred Drugs are encouraged. Your input is vital to this Listing of Preferred Drugs' continued success. All responses will be reviewed and considered. Please send your comments to:

UnitedHealthcare Community Plan
Pharmacy Services Department
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax 866-940-7328

LEGEND

#	Only the dosage forms/strengths of the brand name products noted are on the Listing of Preferred Drugs
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

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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 Listing of Preferred Drugs via the Internet, please be advised that the Listing of Preferred Drugs is updated periodically and changes may appear prior to their effective date to allow for notification.

There are certain medications which are carved out of the UnitedHealthcare Community Plan drug benefit and are paid by the Maryland Department of Health Pharmacy Program. Some examples of these medications are:

- **Mental health agents**
- **Specific anticonvulsants**
- **Nicotine replacement products**
- **Parkinson's agents - benzotropine and trihexyphenidyl**
- **Substance use disorder**

Refer to the Maryland Medicaid Mental Health Formulary for a complete listing

<https://mmcp.health.maryland.gov/pap/Pages/paphome.aspx>

UnitedHealthcare Community Plan of Maryland

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Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<p><i>ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL</i></p> <p><i>ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL</i></p> <p><i>ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL</i></p> <p><i>all day pain relief oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</i></p> <p><i>all day relief (generic for MEDIPROXEN) - Tier 1; QL</i></p> <p><i>celecoxib oral (generic for CELEBREX) - Tier 1; QL</i></p> <p><i>diclofenac potassium oral tablet 50 mg - Tier 1; QL</i></p> <p><i>diclofenac sodium er - Tier 1; QL</i></p> <p><i>diclofenac sodium external gel 1 % (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL</i></p> <p><i>diclofenac sodium external solution 1.5 % - Tier 1; PA; QL</i></p> <p><i>diclofenac sodium oral - Tier 1; QL</i></p> <p><i>ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL</i></p> <p><i>etodolac (generic for LODINE) - Tier 1; QL</i></p> <p><i>ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>ibuprofen (generic for IBU) - Tier 1; QL</i></p> <p><i>ibu-200 (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i></p> <p><i>ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL</i></p> <p><i>ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL</i></p> <p><i>ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL</i></p>	<p><i>DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL</i></p> <p><i>ELYXYB - Tier 2; PA; QL</i></p> <p><i>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL</i></p> <p><i>LICART - Tier 2; PA; QL</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL</i></p> <p><i>NAPROSYN ORAL SUSPENSION (brand for naproxen) - Tier 2; PA; QL; AL</i></p> <p><i>NAPROSYN ORAL TABLET (brand for naproxen) - Tier 2; PA; QL</i></p>

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

Preferred Agents**Non-Preferred Agents**

ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL
ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin oral - Tier 1; QL
INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL
ketoprofen oral capsule 50 mg - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
mediproxen (generic for MEDIPROXEN) - Tier 1; QL
meloxicam oral tablet - Tier 1; QL
mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL
MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL
MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL
nabumetone oral - Tier 1; QL
naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL
naproxen oral suspension (generic for NAPROSYN) - Tier 1; QL; AL

Preferred Agents	Non-Preferred Agents
<p><i>naproxen oral tablet (generic for NAPROSYN) - Tier 1; QL</i> <i>naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL</i> <i>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</i> <i>oxaprozin (generic for DAYPRO) - Tier 1; QL</i> <i>piroxicam oral (generic for FELDENE) - Tier 1; QL</i> <i>sulindac oral - Tier 1; QL</i></p>	

Opioid Analgesics, Long-acting

<p><i>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</i> <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</i> <i>hydrocodone bitartrate er oral capsule extended release 12 hour - Tier 1; PA; QL</i> <i>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</i> <i>oxymorphone hcl er - Tier 1; PA; QL</i></p>	<p>BELBUCA - Tier 2; PA; QL BUTRANS (brand for buprenorphine) - Tier 2; PA; QL HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL <i>morphine sulfate er beads - Tier 1; PA; QL</i> NUCYNTA ER - Tier 2; PA; QL OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG - Tier 2; PA; QL; ARL ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG - Tier 2; PA; QL XTAMPZA ER - Tier 2; PA; QL</p>
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Short-acting

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

apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL; ARL
 NUCYNTA - Tier 2; PA; QL; ARL
 SEGLENTIS - Tier 2; PA; QL
 TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL; ARL

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

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

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL

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

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

arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL

betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL

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

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

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

childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

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

Preferred Agents

liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
mapap oral capsule - Tier 1; QL
MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL
pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL
pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL
pain & fever childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

pain & fever infants (generic for PANADOL CHILDRENS) - Tier 1; QL
pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL
pain relief childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1; QL
pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL
pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief extra strength oral capsule 500 mg - Tier 1; QL
pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
pain relief regular strength (generic for PHARBETOL) - Tier 1; QL
pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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

pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

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

pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL

PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL

PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL

PHARBETOL (brand for acetaminophen) - Tier 2; QL

PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL

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 (brand for acetaminophen) - Tier 2; QL

TYLENOL ORAL TABLET 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

Preferred Agents	Non-Preferred Agents
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
<i>salsalate oral - Tier 1; QL</i>	
Opioid Analgesics, Short-acting	
<i>oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL; ARL</i> <i>oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL; ARL</i>	
Anesthetics	
Local Anesthetics	
<i>7T LIDO - Tier 2; QL</i> <i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i> <i>PROXIVOL - Tier 2; QL</i>	
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	<i>ORGOVYX - Tier 2; PA; SP; QL</i>

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

Preferred Agents	Non-Preferred Agents
Antibacterials	
Aminoglycosides	
HUMATIN - Tier 2; QL <i>neomycin sulfate oral</i> - Tier 1; QL <i>streptomycin sulfate intramuscular</i> - Tier 1; QL ZEMDRI - Tier 2; QL	
Antibacterials, Other	
<i>chloramphenicol sod succinate</i> - Tier 1; QL <i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN)</i> - Tier 1; QL <i>clindamycin palmitate hcl (generic for CLEOCIN)</i> - Tier 1; QL <i>clindamycin phosphate vaginal (generic for CLEOCIN)</i> - Tier 1; QL <i>daptomycin (generic for CUBICIN RF)</i> - Tier 1; QL <i>FIRVANQ (brand for vancomycin hcl)</i> - Tier 2; DX2RX; QL <i>lincomycin hcl injection (generic for LINCOCIN)</i> - Tier 1; QL <i>linezolid in sodium chloride</i> - Tier 1; QL <i>linezolid intravenous (generic for ZYVOX)</i> - Tier 1; QL <i>linezolid oral suspension reconstituted (generic for ZYVOX)</i> - Tier 1; DX2RX; QL <i>linezolid oral tablet (generic for ZYVOX)</i> - Tier 1; DX2RX <i>methenamine hippurate (generic for HIPREX)</i> - Tier 1; QL	CLINDESSE - Tier 2; PA <i>FLAGYL (brand for metronidazole)</i> - Tier 2; PA; QL <i>METROGEL (brand for metronidazole)</i> - Tier 2; PA; QL NORITATE - Tier 2; PA NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL <i>VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl)</i> - Tier 2; PA; QL XENLETA ORAL - Tier 2; PA; QL XIFAXAN - Tier 2; PA; QL

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Preferred Agents

metronidazole external (generic for METROCREAM) - Tier 1; QL
metronidazole oral tablet - Tier 1; QL
metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL
nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL
nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL
polymyxin b sulfate injection - Tier 1; QL
SIVEXTRO INTRAVENOUS - Tier 2; QL
tigecycline (generic for TYGACIL) - Tier 1; QL
tinidazole oral tablet 250 mg - Tier 1
tinidazole oral tablet 500 mg - Tier 1; QL
trimethoprim oral - Tier 1; QL
vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml - Tier 1
vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL
VANDAZOLE (brand for metronidazole) - Tier 2; QL
XENLETA INTRAVENOUS - Tier 2
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML - Tier 2; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents****Beta-lactam, Cephalosporins**

cefaclor oral capsule - Tier 1; QL
cefadroxil - Tier 1; QL
cefazolin sodium injection solution reconstituted 1 gm, 10 gm - Tier 1; QL
cefdinir - Tier 1; QL
cefepime hcl intravenous solution reconstituted 2 gm - Tier 1; QL
cefixime oral capsule - Tier 1; QL
cefotetan disodium - Tier 1; QL
cefpodoxime proxetil oral tablet - Tier 1; QL
cefprozil - Tier 1; QL
ceftazidime injection (generic for TAZICEF) - Tier 1; QL
ceftazidime intravenous (generic for TAZICEF) - Tier 1; QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - Tier 1; QL
cefuroxime axetil - Tier 1; QL
cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL
cephalexin oral suspension reconstituted - Tier 1; QL
tazicef injection (generic for TAZICEF) - Tier 1; QL
tazicef intravenous solution reconstituted 1 gm - Tier 1; QL
tazicef intravenous solution reconstituted 2 gm (generic for TAZICEF) - Tier 1; QL
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG - Tier 2; QL

Preferred Agents

Non-Preferred Agents

Beta-lactam, Penicillins

amoxicillin - Tier 1; QL
amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL
ampicillin - Tier 1; QL
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - Tier 1; QL
 BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML - Tier 2; QL
dicloxacillin sodium - Tier 1; QL
nafcillin sodium injection solution reconstituted 1 gm - Tier 1; QL
nafcillin sodium intravenous - Tier 1; QL
oxacillin sodium injection solution reconstituted 1 gm - Tier 1; QL
oxacillin sodium intravenous - Tier 1; QL
penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - Tier 1; QL
penicillin g sodium - Tier 1; 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; QL

Carbapenems

ertapenem sodium - Tier 1; QL
imipenem-cilastatin intravenous solution reconstituted 250 mg - Tier 1; QL
meropenem intravenous solution reconstituted 500 mg - Tier 1; QL
 RECARBRIO - Tier 2

Preferred Agents

Non-Preferred Agents

Macrolides

azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL
azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL
clarithromycin er - Tier 1; QL
clarithromycin oral - Tier 1; QL
 DIFICID - Tier 2; PA; QL
E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL
ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL
erythromycin base oral (generic for ERY-TAB) - Tier 1; QL
erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL
erythromycin oral (generic for ERY-TAB) - Tier 1; QL

Quinolones

BAXDELA INTRAVENOUS - Tier 2; QL
 CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL
ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL
levofloxacin oral tablet (generic for LEVAQUIN) - Tier 1; QL
moxifloxacin hcl in nacl - Tier 1; QL
moxifloxacin hcl oral - Tier 1; QL
ofloxacin oral - Tier 1; QL

Sulfonamides

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

Preferred Agents	Non-Preferred Agents
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Tetracyclines

doxy 100 (generic for DOXY 100) - Tier 1; QL
doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1; QL
doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL
doxycycline hyclate oral tablet 100 mg - Tier 1; QL
doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL
doxycycline monohydrate oral capsule 50 mg - Tier 1; QL
minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL
monodoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL
NUZYRA ORAL - Tier 2; PA; QL

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

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

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

SUTAB - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
Anticonvulsants	
Anticonvulsants, Other	
	FINTEPLA - Tier 2; PA; QL
Calcium Channel Modifying Agents	
<i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i>	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<i>phenobarbital oral - Tier 1; QL</i> <i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i>	
Sodium Channel Agents	
<i>DILANTIN ORAL CAPSULE 30 MG - Tier 2; 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>	
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
Cholinesterase Inhibitors	
<p><i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL</i></p> <p><i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL</i></p> <p><i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL</i></p> <p><i>rivastigmine (generic for EXELON) - Tier 1; Available for an extended day(s) supply Members <18 years of age will require PA; QL; AL</i></p> <p><i>rivastigmine tartrate - Tier 1; QL; AL</i></p>	<p><i>EXELON (brand for rivastigmine) - Tier 2; PA; Available for an extended day(s) supply Members <18 years of age will require PA; QL; AL</i></p>
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<p><i>memantine hcl oral solution - Tier 1; QL</i></p> <p><i>memantine hcl oral tablet (generic for NAMENDA) - Tier 1; Available for an extended day(s) supply Members <18 years of age will require PA; QL; AL</i></p>	
Antidepressants	
Antidepressants, Other	
<p><i>perphenazine-amitriptyline - Tier 1; QL</i></p>	<p><i>SPRAVATO (84 MG DOSE) - Tier 2; PA</i></p>
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
<p><i>fluoxetine hcl oral solution - Tier 1; QL</i></p>	

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Preferred Agents

Non-Preferred Agents

Antiemetics

Antiemetics, Other

BONINE (brand for cvs motion sickness relief) - Tier 2
compro (generic for COMPRO) - Tier 1; QL
driminate (generic for DRIMINATE) - Tier 1
ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
meclizine hcl oral tablet 12.5 mg - Tier 1; QL
meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL
meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1
metoclopramide hcl oral solution - Tier 1; QL
metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL
motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1
motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1
motion-time (generic for BONINE) - Tier 1
prochlorperazine (generic for COMPRO) - Tier 1; QL
prochlorperazine maleate oral - Tier 1; QL
promethazine hcl oral - Tier 1; QL
promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL
promethegan (generic for PROMETHEGAN) - Tier 1; QL
travel ease (generic for BONINE) - Tier 1
trimethobenzamide hcl oral - Tier 1; QL

Emetogenic Therapy Adjuncts

aprepitant (generic for EMEND) - Tier 1; QL
dronabinol (generic for MARINOL) - Tier 1; PA; QL
ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL
ondansetron odt - Tier 1; QL

AKYNZEO ORAL - Tier 2; PA; QL
EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL
SANCUSO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<i>anti-nausea (generic for EMETROL) - Tier 1</i> <i>anti-nausea relief (generic for EMETROL) - Tier 1</i> <i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i> <i>nausea control (generic for EMETROL) - Tier 1</i> <i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i>	
Antifungals	
<i>3 day (generic for MONISTAT 3) - Tier 1</i> <i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>griseofulvin microsize oral - Tier 1; QL</i> <i>griseofulvin ultramicrosize - Tier 1; QL</i> <i>itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL</i> <i>ketoconazole oral - Tier 1; QL</i> <i>miconazole 3 - Tier 1; QL</i> <i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i>	<i>CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL</i> <i>DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL</i> <i>GYNAZOLE-1 - Tier 2; PA; QL</i> <i>NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL</i> <i>NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA</i> <i>NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL</i> <i>VFEND (brand for voriconazole) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
<p><i>miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>miconazole 7 vaginal suppository 100 mg - Tier 1</i></p> <p><i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>nystatin mouth/throat - Tier 1; QL</i></p> <p><i>nystatin oral - Tier 1; QL</i></p> <p><i>terbinafine hcl oral - Tier 1; QL</i></p> <p><i>terconazole vaginal cream - Tier 1; QL</i></p> <p><i>voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</i></p>	

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

<p><i>3 day vaginal - Tier 1</i></p> <p><i>3-day vaginal vaginal cream 2 % - Tier 1</i></p> <p><i>antifungal external cream (generic for MICATIN) - Tier 1</i></p> <p><i>antifungal external powder (generic for DESENEX) - Tier 1; QL</i></p> <p><i>antifungal foot care (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>antifungal miconazole (generic for MICATIN) - Tier 1</i></p> <p><i>athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1</i></p> <p><i>athlete's foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>athlete's foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1</i></p> <p><i>athlete's foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>athlete's foot external powder 2 % (generic for DESENEX) - Tier 1; QL</i></p>	
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Preferred Agents

athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1
baza antifungal (generic for MICATIN) - Tier 1
clotrimazole 3 - Tier 1
clotrimazole 7 - Tier 1; QL
clotrimazole vaginal - Tier 1; QL
clotrimazole vaginal cream 1 % - Tier 1; QL
critic-aid clear af - Tier 1
CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2
DESENX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL
DESENX JOCK ITCH (brand for athletes foot powder spray) - Tier 2
foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
ft antifungal external cream 2 % (generic for MICATIN) - Tier 1
ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL
micaderm (generic for MICATIN) - Tier 1
MICATIN (brand for antifungal) - Tier 2
miconazole antifungal (generic for MICATIN) - Tier 1
miconazole nitrate external cream (generic for MICATIN) - Tier 1
miconazorb af (generic for DESENX) - Tier 1; QL
terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL
terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
ZEASORB-AF (brand for antifungal) - Tier 2; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
Antigout Agents	
<i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i> <i>colchicine oral tablet (generic for COLCRYS) - Tier 1; QL</i> <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i> <i>probenecid - Tier 1; QL</i>	<i>colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL</i> <i>COLCRYS (brand for colchicine) - Tier 2; PA; QL</i> <i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i>
Antimigraine Agents	
Ergot Alkaloids	
<i>dihydroergotamine mesylate injection - Tier 1; QL</i> MIGERGOT - Tier 2; QL	MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL
Prophylactic	
AIMOVIG - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	AJOVY - Tier 2; PA; QL
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
NURTEC - Tier 2; PA; QL	UBRELVY - Tier 2; PA; QL
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<i>naratriptan hcl - Tier 1; ST; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i>	<i>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX (brand for sumatriptan) - Tier 2; PA; QL</i> <i>MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL</i> REYVOW - Tier 2; PA; QL <i>TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL</i> ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL

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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; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i></p>	
Antimycobacterials	
Antimycobacterials, Other	
<p><i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i></p>	
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> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECTOR - Tier 2; QL</p>	

Preferred Agents	Non-Preferred Agents
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP; QL MYLERAN - Tier 2 <i>temozolomide oral capsule 100 mg - Tier 1; PA; SP</i> <i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i>	
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i> TABLOID - Tier 2; SP	PURIXAN - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL	
Molecular Target Inhibitors	
BALVERSA - Tier 2; PA; SP; QL COTELLIC - Tier 2; PA; SP; QL DAURISMO - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL</i> <i>everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL</i> IBRANCE - Tier 2; PA; SP; QL JAKAFI - Tier 2; PA; SP; QL LYNPARZA - Tier 2; PA; SP; QL MEKINIST - Tier 2; PA; SP; QL ODOMZO - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL	<i>AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL</i> BRAFTOVI - Tier 2; PA; SP; QL COPIKTRA - Tier 2; PA; SP; QL EXKIVITY - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - 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 MEKTOVI - Tier 2; PA; SP; QL <i>NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL</i> <i>SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL</i>

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Preferred Agents	Non-Preferred Agents
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 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 TAFINLAR - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG - Tier 2; PA; SP; QL TEPMETKO - Tier 2; PA; SP; QL
Retinoids	
<i>bexarotene (generic for TARGRETIN)</i> - Tier 1; PA; SP; QL <i>tretinoin oral</i> - Tier 1; SP; QL	<i>TARGRETIN (brand for bexarotene)</i> - Tier 2; PA; SP; QL
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg</i> - Tier 1 <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg</i> - Tier 1; QL MESNEX ORAL - Tier 2; SP; QL	
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	
<i>melphalan</i> - Tier 1	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA)</i> - Tier 1; SP; QL	

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Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>ivermectin oral (generic for STROMEKTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL
Antiprotozoals	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> BENZNIDAZOLE - Tier 2; DX2RX; QL <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral (generic for ALINIA) - Tier 1; DX2RX; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1; PA</i> <i>pentamidine isethionate injection (generic for PENTAM) - Tier 1; QL</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i>	

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Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<i>lice killing (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 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>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone (generic for COMTAN) - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	<i>COMTAN (brand for entacapone) - Tier 2; PA; QL</i> <i>GOCOVRI - Tier 2; PA; QL</i> <i>NOURIANZ - Tier 2; PA; QL</i> <i>ONGENTYS - Tier 2; PA; QL</i> <i>OSMOLEX ER - Tier 2; PA; QL</i> <i>TASMAR (brand for tolcapone) - Tier 2; PA; QL</i>
Dopamine Agonists	
<i>pramipexole dihydrochloride - Tier 1; QL</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL</i> <i>NEUPRO - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	<i>carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL</i> DUOPA - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL RYTARY - Tier 2; PA; QL <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>	
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	GEMTESA - Tier 2; PA; QL
Antispasticity Agents	
<i>baclofen oral tablet - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i>	<i>ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; QL</i>
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; SP; QL <i>entecavir (generic for BARACLUDE) - Tier 1; SP; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; SP; QL</i>	VEMLIDY - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET - Tier 2; PA; SP; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL <i>ribavirin oral</i> - Tier 1; QL SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL	EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL SOVALDI - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL
Antitherpetic Agents	
<i>acyclovir oral</i> - Tier 1; QL <i>valacyclovir hcl oral</i> (generic for VALTREX) - Tier 1; QL	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; DX2RX BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; DX2RX; QL DOVATO - Tier 2; DX2RX; QL GENVOYA - Tier 2; DX2RX; QL ISENTRESS - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; DX2RX; QL JULUCA - Tier 2; DX2RX; QL STRIBILD - Tier 2; DX2RX; QL TIVICAY - Tier 2; DX2RX; QL TIVICAY PD - Tier 2; DX2RX; QL; AL	

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

COMPLERA - Tier 2; DX2RX; QL
 DELSTRIGO - Tier 2; DX2RX; QL
 EDURANT - Tier 2; DX2RX; QL
 efavirenz (generic for SUSTIVA) - Tier 1; DX2RX; QL
 efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; DX2RX; QL
 efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; DX2RX; QL
 etravirine (generic for INTELENCE) - Tier 1; DX2RX; QL
 INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; QL
 nevirapine - Tier 1; DX2RX; QL
 nevirapine er - Tier 1; DX2RX; QL

PIFELTRO - Tier 2; PA; QL
 SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL
 SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL

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

abacavir sulfate (generic for ZIAGEN) - Tier 1; DX2RX; QL
 abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; DX2RX; QL
 emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; QL
 emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; PA; QL
 EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL
 lamivudine oral solution (generic for EPIVIR) - Tier 1; DX2RX; QL
 lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; DX2RX; QL
 lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; DX2RX; QL
 ODEFSEY - Tier 2; DX2RX; QL
 tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; DX2RX; QL
 TRIUMEQ - Tier 2; DX2RX; QL

CIMDUO - Tier 2; PA; QL
 DESCOVY - Tier 2; PA; QL
 TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>TRIUMEQ PD - Tier 2; QL TRIZIVIR ORAL TABLET 300-150-300 MG - Tier 2; DX2RX; QL VIREAD ORAL POWDER - Tier 2; DX2RX; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; DX2RX; QL <i>zidovudine (generic for RETROVIR)</i> - Tier 1; DX2RX; QL</p>	
Anti-HIV Agents, Other	
<p>FUZEON - Tier 2; DX2RX; QL <i>maraviroc (generic for SELZENTRY)</i> - Tier 1; DX2RX; QL SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL SELZENTRY ORAL TABLET 25 MG, 75 MG - Tier 2; DX2RX; QL TYBOST - Tier 2; DX2RX; QL</p>	RUKOBIA - Tier 2; PA; QL
Anti-HIV Agents, Protease Inhibitors (PI)	
<p>APTIVUS - Tier 2; DX2RX; QL <i>atazanavir sulfate (generic for REYATAZ)</i> - Tier 1; DX2RX; QL EVOTAZ - Tier 2; DX2RX; QL <i>fosamprenavir calcium (generic for LEXIVA)</i> - Tier 1; DX2RX; QL LEXIVA ORAL SUSPENSION - Tier 2; DX2RX; QL <i>lopinavir-ritonavir (generic for KALETRA)</i> - Tier 1; DX2RX; QL NORVIR ORAL PACKET - Tier 2; DX2RX; QL PREZCOBIX - Tier 2; DX2RX; QL <i>ritonavir (generic for NORVIR)</i> - Tier 1; DX2RX; QL VIRACEPT - Tier 2; DX2RX; QL</p>	<p>KALETRA (<i>brand for lopinavir-ritonavir</i>) - Tier 2; DX2RX; QL REYATAZ (<i>brand for atazanavir sulfate</i>) - Tier 2; DX2RX; QL SYMTUZA - Tier 2; PA; QL</p>
Anti-influenza Agents	
<p><i>oseltamivir phosphate oral capsule (generic for TAMIFLU)</i> - Tier 1; QL <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU)</i> - Tier 1; QL; AL RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl</i> - Tier 1; QL</p>	<p>TAMIFLU ORAL CAPSULE (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL; AL XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; QL; AL
Blood Glucose Regulators	
Antidiabetic Agents	
<i>acarbose oral - Tier 1; QL</i> <i>ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; ST; QL</i> <i>ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; ST; QL</i> <i>ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; ST; QL</i> FARXIGA - Tier 2; PA; QL <i>glimepiride - Tier 1; QL</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glyburide micronized (generic for GLYNASE) - Tier 1; QL</i> <i>glyburide oral - Tier 1; QL</i>	BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL GLYXAMBI - Tier 2; PA; QL INVOKAMET - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; ST; QL

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Preferred Agents	Non-Preferred Agents
<p>glyburide-metformin - Tier 1; QL metformin hcl er - Tier 1; QL metformin hcl er (osm) - Tier 1; PA; QL metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL nateglinide - Tier 1; QL OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL pioglitazone hcl (generic for ACTOS) - Tier 1; QL repaglinide - Tier 1; QL RYBELSUS - Tier 2; PA; QL saxagliptin hcl (generic for ONGLYZA) - Tier 1; QL SEGLUROMET - Tier 2; ST; QL SOLIQUA - Tier 2; ST; QL STEGLATRO - Tier 2; ST; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; ST; QL</p>	<p>KOMBIGLYZE XR (brand for saxagliptin-metformin er) - Tier 2; PA; QL NESINA (brand for alogliptin benzoate) - Tier 2; PA; ST; QL ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL OSENI (brand for alogliptin-pioglitazone) - Tier 2; PA; ST; QL QTERN - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; ST; QL XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG - Tier 2; PA XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL</p>

Glycemic Agents

<p>BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL GLUCAGEN HYPOKIT - Tier 2; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL glucagon emergency kit 1 mg injection - Tier 1; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL</p>	<p>GLUCAGON EMERGENCY KIT 1 MG INJECTION - Tier 2; PA; QL</p>
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Preferred Agents

Non-Preferred Agents

Insulins

HUMALOG MIX 50/50 - Tier 2; QL
 HUMULIN 70/30 VIAL - Tier 2; QL
 HUMULIN N VIAL - Tier 2; QL
 HUMULIN R VIAL - Tier 2; QL
 INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL
 INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL
 INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL
 INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; QL
 INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL
 LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL
 LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL
 NOVOLIN 70/30 RELION - Tier 2; QL
 NOVOLIN 70/30 VIAL - Tier 2; QL
 NOVOLIN N RELION - Tier 2; QL
 NOVOLIN N VIAL - Tier 2; QL
 NOVOLIN R RELION - Tier 2; QL
 NOVOLIN R VIAL - Tier 2; QL
 NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL
 NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL

ADMELOG (brand for insulin lispro) - Tier 2; PA; QL
 ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
 AFREZZA - Tier 2; PA; QL
 APIDRA SOLOSTAR - Tier 2; PA; QL
 APIDRA VIAL - Tier 2; PA; QL
 BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA; QL
 FIASP - Tier 2; PA; QL
 FIASP FLEXTOUCH - Tier 2; PA; QL
 FIASP PENFILL - Tier 2; PA; QL
 HUMALOG (brand for insulin lispro) - Tier 2; PA; QL
 HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL
 HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
 HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL
 HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL
 HUMALOG MIX 75/25 - Tier 2; PA; QL
 HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL
 HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL
 HUMULIN N KWIKPEN - Tier 2; PA; QL
 HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL
 HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL
 INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL
 INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL

Preferred Agents

Non-Preferred Agents

INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL
INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL
 LEVEMIR FLEXPEN - Tier 2; PA; QL
 LEVEMIR U-100 VIAL - Tier 2; PA; QL
 LYUMJEV - Tier 2; PA; QL
 LYUMJEV KWIKPEN - Tier 2; PA; QL
 NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL
 NOVOLIN N FLEXPEN - Tier 2; PA; QL
 NOVOLIN R FLEXPEN - Tier 2; PA; QL
NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL
NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL
NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL
NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL
NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL
SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL
 TOUJEO MAX SOLOSTAR - Tier 2; PA; QL
 TOUJEO SOLOSTAR - Tier 2; PA; QL
TRESIBA (brand for insulin degludec) - Tier 2; PA; QL
TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL

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

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

Preferred Agents	Non-Preferred Agents
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Insulins - Diabetic Drugs

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

Blood Products and Modifiers

Anticoagulants

ELIQUIS - Tier 2; QL
 ELIQUIS DVT/PE STARTER PACK - Tier 2; QL
 enoxaparin sodium (generic for LOVENOX) - Tier 1; QL
 heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL
 heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1
 heparin sodium (porcine) injection solution prefilled syringe - Tier 1; QL
 heparin sodium (porcine) pf - Tier 1
 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
 SAVAYSA - 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

PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL
 PRADAXA ORAL PACKET - Tier 2; PA; QL; AL
 XARELTO - Tier 2; PA; QL
 XARELTO STARTER PACK - Tier 2; PA; QL

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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
 LEUKINE - Tier 2; PA; SP; QL
 MULPLETA - Tier 2; PA; SP; QL
 NEULASTA - Tier 2; PA; SP; QL
 NEULASTA ONPRO - Tier 2; PA; SP; 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
 ZARXIO - Tier 2; PA; SP; QL
 ZIEXTENZO - Tier 2; PA; SP

EPOGEN - Tier 2; PA; SP; QL
 FULPHILA - Tier 2; PA; SP; QL
 GRANIX - Tier 2; PA; SP; QL
 NEUPOGEN - Tier 2; PA; SP; QL
 NIVESTYM - Tier 2; PA; SP; QL
 NYVEPRIA - Tier 2; PA; SP
 OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL
 OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; SP; QL
 OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL
 PROCRIT - Tier 2; PA; SP; QL
 SIKLOS - Tier 2; PA; QL
 UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier
 2; PA; SP; QL

Hemostasis Agents

aminocaproic acid oral - Tier 1; QL
tranexamic acid oral - Tier 1; DX2RX; QL

Preferred Agents	Non-Preferred Agents
Platelet Modifying Agents	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol</i> - Tier 1; QL <i>clopidogrel bisulfate oral (generic for PLAVIX)</i> - Tier 1; QL <i>dipyridamole oral</i> - Tier 1; QL <i>prasugrel hcl (generic for EFFIENT)</i> - Tier 1; DX2RX; QL	DOPTELET - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl)</i> - Tier 2; DX2RX; QL TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
<i>HEMLIBRA</i> - Tier 2; PA; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hcl oral</i> - Tier 1; QL <i>guanfacine hcl</i> - Tier 1; QL METHYLDOPA - Tier 2; QL <i>midodrine hcl</i> - Tier 1; QL	<i>droxidopa oral capsule 100 mg (generic for NORTHERA)</i> - Tier 1; PA; SP; QL
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA)</i> - Tier 1; QL <i>prazosin hcl oral (generic for MINIPRESS)</i> - Tier 1; QL	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO)</i> - Tier 1; QL <i>losartan potassium oral (generic for COZAAR)</i> - Tier 1; QL <i>olmesartan medoxomil oral (generic for BENICAR)</i> - Tier 1; QL <i>telmisartan (generic for MICARDIS)</i> - Tier 1; QL <i>valsartan oral tablet (generic for DIOVAN)</i> - Tier 1; QL	EDARBI - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Angiotensin-converting Enzyme (ACE) Inhibitors

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

Antiarrhythmics

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

BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL
BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL
MULTAQ - Tier 2; PA; QL
PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL
RYTHMOL SR (brand for propafenone hcl er) - Tier 2; PA; QL
TIKOSYN (brand for dofetilide) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
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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

HEMANGEOL - 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
nimodipine oral - Tier 1; QL
 NYMALIZE - Tier 2; QL

KATERZIA - Tier 2; PA; QL
 NORLIQVA - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Calcium Channel Blocking Agents, Nondihydropyridines

cartia xt (generic for CARTIA XT) - Tier 1; QL
diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL
diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL
diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL
diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL
diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL
dilt-xr - Tier 1; QL
taztia xt (generic for TAZTIA XT) - Tier 1; QL
tiadylt er (generic for TAZTIA XT) - Tier 1; QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL
verapamil hcl er oral tablet extended release - Tier 1; QL
verapamil hcl oral - Tier 1; QL

Cardiovascular Agents, Other

ACCURETIC ORAL TABLET 10-12.5 MG - Tier 2; QL
acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide - Tier 1; QL
captopril-hydrochlorothiazide - Tier 1; QL
digoxin oral solution - Tier 1; QL
digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL
ENTRESTO - Tier 2; PA; QL
fosinopril sodium-hctz - Tier 1; QL

BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL
CORLANOR - Tier 2; PA; QL
EDARBYCLOR - Tier 2; PA; QL
KERENDIA - Tier 2; PA; QL
TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
<p><i>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL</i> <i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i> <i>pentoxifylline er - Tier 1; QL</i> <i>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL</i> <i>ranolazine er - Tier 1; QL</i> <i>spironolactone-hctz - Tier 1; QL</i> <i>triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</i></p>	
Diuretics, Loop	
<p><i>bumetanide oral (generic for BUMEX) - Tier 1; QL</i> <i>furosemide oral solution 10 mg/ml - Tier 1; QL</i> <i>furosemide oral tablet (generic for LASIX) - Tier 1; QL</i> <i>SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL</i> <i>torsemide (generic for SOAANZ) - Tier 1; QL</i></p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral - Tier 1; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i></p>	
Diuretics, Thiazide	
<p><i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i></p>	
Dyslipidemics, Fibric Acid Derivatives	
<p><i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet (generic for FENOGLIDE) - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i></p>	<p><i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i> <i>LIPOFEN (brand for fenofibrate) - 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></p>

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Preferred Agents	Non-Preferred Agents
Dyslipidemics, HMG CoA Reductase Inhibitors	
<p><i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i></p>	<p>ALTOPREV - Tier 2; PA; QL ATORVALIQ - Tier 2; PA; QL CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA; QL LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL ZOCOR (brand for simvastatin) - Tier 2; PA; QL ZYPITAMAG - Tier 2; PA; QL</p>
Dyslipidemics, Other	
<p><i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1;</i> <i>Available for an extended day(s) supply Only the bulk products are</i> <i>covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i> REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p>	<p>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</p>
Vasodilators, Direct-acting Arterial	
<p><i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i></p>	
Vasodilators, Direct-acting Arterial/Venous	
<p><i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i> RECTIV - Tier 2; DX2RX; QL</p>	

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Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>guanfacine hcl er (generic for INTUNIV) - Tier 1; PA; PA, for recipients 6-17 years of age, Intuniv is part of the Mental Health Formulary and billed fee-for-service For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit Available for an extended day(s) supply; QL; AL</i>	<i>INTUNIV (brand for guanfacine hcl er) - Tier 2; PA; PA, for recipients 6-17 years of age, Intuniv is part of the Mental Health Formulary and billed fee-for-service For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit Available for an extended day(s) supply; QL; AL</i> <i>KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL; AL</i>
Central Nervous System, Other	
AUSTEDO - Tier 2; PA; SP; QL <i>caffeine citrate oral - Tier 1; QL; AL</i> INGREZZA ORAL CAPSULE - Tier 2; PA; SP; QL NUEDEXTA - Tier 2; DX2RX; QL <i>riluzole (generic for RILUTEK) - Tier 1; QL</i> <i>tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL</i>	GRALISE ORAL TABLET 300 MG, 600 MG - Tier 2; PA; QL RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA; QL <i>XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL</i>
Fibromyalgia Agents	
	<i>LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
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Multiple Sclerosis Agents

<p><i>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i>fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL</i> GILENYA ORAL CAPSULE 0.25 MG - Tier 2; PA; SP; QL <i>glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> <i>glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL <i>teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL</i></p>	<p>AMPYRA (brand for dalfampridine er) - Tier 2; DX2RX; SP; QL AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; QL AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL EXTAVIA - Tier 2; PA; SP; QL GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL KESIMPTA - Tier 2; PA; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL</p>
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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

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Preferred Agents	Non-Preferred Agents
Dental and Oral Agents	
<p><i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>oralone (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>periogard (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL</i></p> <p><i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i></p>	
Dermatological Agents	
Acne and Rosacea Agents	
<p><i>accutane (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>acitretin - Tier 1; PA; QL</i></p> <p><i>amnesteem (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i></p> <p><i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i></p> <p><i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL</i></p> <p><i>zenatane (generic for ACCUTANE) - Tier 1; PA; QL</i></p>	<p><i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i></p> <p><i>ABSORICA LD - Tier 2; PA; QL</i></p> <p><i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p> <p><i>ALTRENO - Tier 2; PA; QL; AL</i></p> <p><i>ARAZLO - Tier 2; PA; QL</i></p> <p><i>ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL</i></p> <p><i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>FINACEA (brand for azelaic acid) - Tier 2; PA; QL</i></p> <p><i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i></p> <p><i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p>

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Preferred Agents

Non-Preferred Agents

	<p><i>RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL</i></p> <p><i>RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL</i></p> <p><i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere pump) - Tier 2; PA; QL; AL</i></p> <p><i>RHOFADE - Tier 2; PA</i></p> <p><i>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</i></p> <p><i>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</i></p> <p><i>VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p> <p><i>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p>
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Dermatitis and Pruritus Agents

<p><i>ala-cort (generic for PREPARATION H) - Tier 1; QL</i></p> <p><i>alclometasone dipropionate external ointment - Tier 1; QL</i></p> <p><i>amcinonide external ointment - Tier 1</i></p> <p><i>ammonium lactate external (generic for AL12) - Tier 1; QL</i></p> <p><i>anti-itch aloe (generic for PREPARATION H) - Tier 1; QL</i></p> <p><i>anti-itch intensive heal (generic for PREPARATION H) - Tier 1; QL</i></p> <p><i>anti-itch max str external cream 1 % (generic for PREPARATION H) - Tier 1; QL</i></p> <p><i>anti-itch maximum strength external cream 1 % (generic for PREPARATION H) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate external lotion - Tier 1</i></p> <p><i>betamethasone dipropionate external ointment - Tier 1; QL</i></p>	<p><i>BRYHALI - Tier 2; PA; QL</i></p> <p><i>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</i></p> <p><i>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</i></p> <p><i>doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL</i></p> <p><i>OLUX-E (brand for clobetasol propionate emulsion) - Tier 2; PA; QL</i></p>
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Preferred Agents**Non-Preferred Agents**

betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1; QL
betamethasone valerate external ointment - Tier 1; QL
clobetasol prop emollient base - Tier 1; QL
clobetasol propionate e - Tier 1; QL
clobetasol propionate external cream - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone maximum strength external cream (generic for PREPARATION H) - Tier 1; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; QL
fluocinonide emulsified base - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
halobetasol propionate external cream - Tier 1; QL

Preferred Agents

hydrocortisone anti-itch (generic for PREPARATION H) - Tier 1; QL
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL
hydrocortisone external cream 1 % (generic for PREPARATION H) - Tier 1; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL
hydrocortisone external ointment 0.5 % - Tier 1
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL
hydrocortisone external ointment 2.5 % - Tier 1; QL
hydrocortisone max st external cream (generic for PREPARATION H) - Tier 1; QL
hydrocortisone max st/12 moist (generic for PREPARATION H) - Tier 1; QL
hydrocortisone plus 12 (generic for PREPARATION H) - Tier 1; QL
hydrocortisone plus external cream 1 % (generic for PREPARATION H) - Tier 1; QL
hydrocortisone ultra-moisture (generic for PREPARATION H) - Tier 1; QL
hydrocortisone/aloe (generic for PREPARATION H) - Tier 1; QL
hydrocortisone/aloe max str (generic for PREPARATION H) - Tier 1; QL
hydrocortisone-aloe max st external cream 1 % (generic for PREPARATION H) - Tier 1; QL
instacort 5 - Tier 1; QL
LAC-HYDRIN FIVE - Tier 2; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>mometasone furoate external - Tier 1; QL</i></p> <p><i>pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL</i></p> <p><i>PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2; QL</i></p> <p><i>selenium sulfide external lotion - Tier 1; QL</i></p> <p><i>tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL</i></p> <p><i>tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL</i></p> <p><i>triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL</i></p> <p><i>triamcinolone acetonide external lotion 0.025 % - Tier 1</i></p> <p><i>triamcinolone acetonide external lotion 0.1 % - Tier 1; QL</i></p> <p><i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL</i></p> <p><i>triderm (generic for TRIDERM) - Tier 1; QL</i></p>	
Dermatological Agents, Other	
<p><i>calcipotriene external cream - Tier 1; ST; QL</i></p> <p><i>calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL</i></p> <p><i>calcipotriene external solution - Tier 1; QL</i></p> <p><i>calcitriol external (generic for VECTICAL) - Tier 1; ST; QL</i></p> <p><i>clotrimazole-betamethasone - Tier 1; QL</i></p> <p><i>fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL</i></p> <p><i>fluorouracil external solution - Tier 1</i></p> <p><i>imiquimod external cream 5 % - Tier 1; QL</i></p> <p><i>methoxsalen rapid - Tier 1</i></p> <p><i>podofilox external - Tier 1; QL</i></p> <p><i>silver sulfadiazine external (generic for SSD) - Tier 1; QL</i></p> <p><i>ssd (generic for SSD) - Tier 1; QL</i></p>	<p><i>CARAC (brand for fluorouracil) - Tier 2; PA; QL</i></p> <p><i>DUOBRII - Tier 2; PA; QL</i></p> <p><i>EFUDEX (brand for fluorouracil) - Tier 2; PA; QL</i></p> <p><i>ENSTILAR - Tier 2; PA; QL</i></p> <p><i>PROCTOFOAM HC - Tier 2; PA</i></p> <p><i>QBREXZA - Tier 2; PA; QL</i></p> <p><i>SORILUX (brand for calcipotriene) - Tier 2; PA; QL</i></p> <p><i>TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL</i></p> <p><i>VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL</i></p> <p><i>ZYCLARA (brand for imiquimod) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Pediculicides/Scabicides	
<p>CROTAN - Tier 2; QL <i>lice killing (generic for NIX CREME RINSE) - Tier 1</i> <i>lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i> <i>lice treatment external lotion 1 % - Tier 1</i> <i>malathion (generic for OVIDE) - Tier 1; QL</i> <i>permethrin external - Tier 1; QL</i> <i>spinosad (generic for NATROBA) - Tier 1; QL</i></p>	<p>SOOLANTRA (<i>brand for ivermectin</i>) - Tier 2; PA; QL</p>
Topical Anti-infectives	
<p><i>ciclodan (generic for CICLODAN) - Tier 1; QL</i> <i>ciclopirox external solution (generic for CICLODAN) - Tier 1; QL</i> <i>clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i> <i>clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL</i> <i>clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL</i> <i>clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL</i> <i>clindamycin phosphate external solution - Tier 1; QL</i> <i>clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i> <i>clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i> <i>clotrimazole external solution 1 % - Tier 1; QL</i> <i>erythromycin external (generic for ERYGEL) - Tier 1; QL</i> <i>gentamicin sulfate external - Tier 1; QL</i> <i>ketoconazole external cream - Tier 1; QL</i> <i>ketoconazole external shampoo - Tier 1; QL</i> <i>mupirocin external - Tier 1; QL</i> <i>nyamyc (generic for NYAMYC) - Tier 1; QL</i> <i>nystatin external (generic for NYAMYC) - Tier 1; QL</i> <i>nystop (generic for NYAMYC) - Tier 1; QL</i></p>	<p>AMZEEQ - Tier 2; PA; QL JUBLIA - Tier 2; PA; QL KERYDIN (<i>brand for tavaborole</i>) - Tier 2; PA; QL XEPI - Tier 2; PA; QL</p>

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Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

advanced healing external ointment (generic for HYDROLATUM) - Tier 1
astringent solution (generic for DOMEBORO) - Tier 1
AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2
AVAR-E GREEN (brand for sss 10-5) - Tier 2
baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
beauty 360 pure glycerin - Tier 1
beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1
boro-packs (generic for DOMEBORO) - Tier 1
boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL
bp 10-1 - Tier 1
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
DR SMITHS ADULT BARRIER EXTERNAL OINTMENT 10 % - Tier 2; QL
DR SMITHS DIAPER - Tier 2; QL
glycerin external - Tier 1
glycerin external liquid 99.5 % - Tier 1
hydrolatum (generic for HYDROLATUM) - Tier 1
hydrophor (generic for HYDROLATUM) - Tier 1
ointment base (generic for HYDROLATUM) - Tier 1

Preferred Agents	Non-Preferred Agents
<p>renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1</p> <p>sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1</p> <p>sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1</p> <p>sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</p> <p>sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</p> <p>sulfamez wash - Tier 1</p> <p>SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL</p> <p>zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</p>	
<p>Dermatological Agents - Skin Agents</p>	
<p>ABREVA (brand for docosanol) - Tier 2; QL</p> <p>calamine external lotion , 8-8 % - Tier 1</p> <p>calamine-zinc oxide external lotion - Tier 1</p> <p>cerovel (generic for CEROVEL) - Tier 1; QL</p> <p>docosanol external (generic for ABREVA) - Tier 1; QL</p> <p>ft docosanol (generic for ABREVA) - Tier 1; QL</p> <p>gormel - Tier 1; QL</p> <p>gormel 10 (generic for NUTRAPLUS) - Tier 1; QL</p> <p>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1</p> <p>NUTRAPLUS (brand for gormel 10) - Tier 2; QL</p> <p>urea 20 intensive hydrating - Tier 1; QL</p> <p>urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL</p> <p>urea external cream 20 % - Tier 1; QL</p> <p>urea external lotion (generic for CEROVEL) - Tier 1; QL</p> <p>ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL</p> <p>ureacin-20 - Tier 1; QL</p> <p>XERAC AC - Tier 2</p>	<p>CIBINQO - Tier 2; PA; SP; QL</p> <p>OPZELURA - Tier 2; PA; SP; QL</p> <p>ZILXI - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL</p> <p>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</p> <p>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL</p> <p>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL</p> <p>CHEMSTRIP 10 MD - Tier 2</p> <p>CHEMSTRIP 10/SG - Tier 2</p> <p>CHEMSTRIP 2 GP - Tier 2</p> <p>CHEMSTRIP 5 OB - Tier 2</p> <p>CHEMSTRIP 7 - Tier 2</p> <p>CHEMSTRIP 9 - Tier 2</p> <p>CHEMSTRIP K (brand for ketone test) - Tier 2; QL</p> <p>CHEMSTRIP UGK - Tier 2; QL</p> <p>DEXCOM G6 RECEIVER - Tier 2; PA; QL</p> <p>DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p>	<p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA</p> <p>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
DEXCOM G7 RECEIVER - Tier 2; PA; QL	FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL
DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL	FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL
EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL	GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL
GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL	GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL
FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL	INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL
FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL
FREESTYLE LIBRE 2 READER - Tier 2; PA; QL	ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
FREESTYLE LIBRE READER - Tier 2; PA; QL	ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
KETO-DIASTIX - Tier 2; QL	ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
KETONE CARE - Tier 2; QL	ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
KETONE TEST (brand for ketone test) - Tier 2; QL	PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL
KETOSTIX (brand for ketone test) - Tier 2; QL	RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
LANCETS (brand for cvs lancets original) - Tier 2; QL	
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL	
MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL	
NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL	
ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL	

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

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

ACCRUFER - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Electrolytes/Minerals/Metals/Vitamins

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

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

Preferred Agents	Non-Preferred Agents
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PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2
PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
sf (generic for DENTAGEL) - Tier 1
sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride dental gel (generic for DENTAGEL) - Tier 1
sodium fluoride oral solution - Tier 1; QL
sodium fluoride oral tablet chewable - Tier 1; QL

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

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

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Preferred Agents**Non-Preferred Agents**

calcium citrate +d3 (generic for CALCITRATE) - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d - Tier 1; QL
calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for BIOLYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferosul (generic for FEROSUL) - Tier 1; QL
ferretts - Tier 1
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2

Preferred Agents

ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral tablet delayed release - Tier 1; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iferex 150 (generic for FERREX 150) - Tier 1
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1

Non-Preferred Agents

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

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Preferred Agents	Non-Preferred Agents
Potassium Binders	
LOKELMA - Tier 2; PA; QL <i>sps - Tier 1; QL</i> VELTASSA - Tier 2; PA; QL	
Vitamins	
<i>a-25 - Tier 1; QL</i> AQUASOL A - Tier 2; QL <i>aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</i> <i>b complex - Tier 1; QL</i> <i>b complex vitamins - Tier 1; QL</i> <i>b-complex oral tablet - Tier 1</i> <i>b-complex with b-12 - Tier 1</i> <i>b-complex/b-12 oral - Tier 1</i> <i>BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL</i> CENTRUM SPECIALIST PRENATAL - Tier 2 <i>classic prenatal - Tier 1; QL</i> <i>d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1</i> <i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL</i> <i>d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1</i> <i>d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1</i> <i>d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1</i> <i>d3-50 (generic for D3-50) - Tier 1; QL</i> <i>DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL</i> <i>DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2</i> <i>DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL</i>	

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Preferred Agents

DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2
D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL
d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
ENFAMIL EXPECTA - Tier 2; QL
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
NEONATAL PLUS (brand for prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL
NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral capsule extended release 500 mg - Tier 1
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1
NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; QL
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
phytonadione injection - Tier 1; QL
phytonadione oral - Tier 1; QL
prenatal formula - Tier 1
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL
prenatal multi+dha - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

prenatal multivitamins - Tier 1; QL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL
prenataliron - Tier 1; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SLO-NIACIN (brand for niacin er) - Tier 2
thiamine mononitrate oral - Tier 1; QL
tri-vite pediatric - Tier 1; QL
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) - Tier 1; QL
vitamin b complex oral capsule - Tier 1; QL
vitamin b-1 oral tablet 100 mg - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL

vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1

vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1

vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1

vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL

vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1

vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1

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

vitamin k1 injection - Tier 1; QL

vitamin-b complex - Tier 1

weekly-d (generic for D3-50) - Tier 1; QL

WESTAB PLUS (brand for prenatal) - Tier 2; QL

womens prenatal+dha - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	MYFEMBREE - Tier 2; PA; QL NEXTSTELLIS - Tier 2; PA; QL; GE
Gastrointestinal Agents	
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>lactulose encephalopathy - Tier 1; QL</i> <i>lactulose oral solution - Tier 1; QL</i> <i>lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i> MOTTEGRITY - Tier 2; ST; QL MOVANTIK - Tier 2; DX2RX; ST; QL	AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; ST; QL LINZESS - Tier 2; PA; QL RELISTOR - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL TRULANCE - Tier 2; DX2RX; ST; QL
Anti-Constipation AgentsOther	
	IBSRELA - Tier 2; PA; QL
Anti-Diarrheal Agents	
<i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i> MYTESI - Tier 2; DX2RX; QL	VIBERZI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral tablet - Tier 1; QL</i> <i>glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1</i> <i>glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1</i>	
Gastrointestinal Agents, Other	
GATTEX - Tier 2; PA; SP; QL <i>gavilyte-c - Tier 1; QL</i> <i>gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL</i> <i>peg 3350-kcl-na bicarb-nacl - Tier 1; QL</i> <i>peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL</i> <i>ursodiol oral capsule 300 mg - Tier 1; QL</i> <i>ursodiol oral tablet (generic for URSO 250) - Tier 1</i>	CLENPIQ - Tier 2; PA; QL <i>MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL</i> OMECLAMOX-PAK - Tier 2; PA PLENVU - Tier 2; PA; QL <i>PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA</i> <i>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL</i> TALICIA - Tier 2; PA; QL
Histamine2 (H2) Receptor Antagonists	
<i>acid controller (generic for PEPCID AC) - Tier 1; QL</i> <i>acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL</i> <i>acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; QL</i> <i>cimetidine oral (generic for TAGAMET HB 200) - Tier 1; QL</i> <i>famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i> <i>famotidine oral suspension reconstituted - Tier 1; QL; AL</i> <i>famotidine oral tablet (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL</i> <i>famotidine orig st (generic for PEPCID AC) - Tier 1; QL</i> <i>ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL</i> <i>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i> <i>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</i> <i>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; QL</i> TAGAMET HB 200 (brand for cimetidine) - Tier 2; QL	

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Preferred Agents

Non-Preferred Agents

Protectants

misoprostol oral (generic for CYTOTEC) - Tier 1; QL
sucralfate oral suspension (generic for CARAFATE) - Tier 1; Available for an extended day(s) supply||Members 10 years of age up to 65 years of age will require PA; QL
sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL

Proton Pump Inhibitors

acid reducer oral capsule delayed release - Tier 1; QL
esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Available for an extended day(s) supply||Members >= 2 years of age will require PA; QL; AL
ft acid reducer oral capsule delayed release (generic for PREVACID 24HR) - Tier 1; QL
lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL
lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL
lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL
NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Available for an extended day(s) supply||Members >= 2 years of age will require PA; QL; AL
omeprazole magnesium oral capsule delayed release - Tier 1; QL
omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL
pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL
PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

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

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

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

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Preferred Agents

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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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

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

antacid regular strength oral suspension (generic for MINTOX) - Tier 1; QL

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

antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1

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

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

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

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

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

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

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

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

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

Preferred Agents

anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMP TOM RELIEF) - Tier 1
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
biotinex (generic for ABATINEX) - Tier 1
bismuth (generic for SOOTHE) - Tier 1; QL
bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL
calcium antacid (generic for CAL-GEST ANTACID) - Tier 1
calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
calcium carbonate antacid oral suspension - Tier 1; QL
calcium carbonate antacid oral tablet - Tier 1
calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1
cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1
chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
childrens soothe - Tier 1
comfort gel (generic for MINTOX) - Tier 1; QL
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
diarrhea (generic for SOOTHE) - Tier 1
diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

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

diotame instydose (generic for SOOTHE) - Tier 1

enema (generic for FLEET ENEMA) - Tier 1

enema disposable (generic for FLEET ENEMA) - Tier 1

enema ready-to-use (generic for FLEET ENEMA) - Tier 1

enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1

FLEET ENEMA (brand for cvs enema disposable) - Tier 2

FLEET PEDIATRIC (brand for enema pediatric) - Tier 2

FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL

floranex tablet oral (generic for FLORANEX) - Tier 1

FLORANEX TABLET ORAL (brand for acidophilus//sporogenes) - Tier 2; QL

FLORASTOR (brand for cvs digestive probiotic) - Tier 2

foaming antacid oral tablet chewable 80-20 mg - Tier 1

freeze dried acidophilus (generic for ABATINEX) - Tier 1

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

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

ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1

ft gas relief - Tier 1

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

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

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

Preferred Agents**Non-Preferred Agents**

ft stomach relief oral suspension (generic for SOOTHE) - Tier 1
ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1;
QL
gas relief extra strength (generic for GAS-X EXTRA STRENGTH) -
Tier 1
gas relief extra strength oral tablet chewable 125 mg (generic for GAS-
X EXTRA STRENGTH) - Tier 1
gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief oral capsule 125 mg (generic for GAS-X EXTRA
STRENGTH) - Tier 1
gas relief oral capsule 180 mg (generic for GAS-X ULTRA
STRENGTH) - Tier 1
gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA
STRENGTH) - Tier 1
gas relief oral tablet chewable 80 mg - Tier 1
gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier
1
gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1
GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief)
- Tier 2
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for
cvs gas relief extra strength) - Tier 2
GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) -
Tier 2
GAVISCON - Tier 2
GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief
ex st) - Tier 2

Preferred Agents**Non-Preferred Agents**

GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2
GELUSIL - Tier 2
geri-lanta (generic for MINTOX) - Tier 1; QL
geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
geri-mox (generic for MINTOX) - Tier 1; QL
heartburn antacid (generic for ACID GONE) - Tier 1
heartburn antacid ex st (generic for ACID GONE) - Tier 1
heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
heartland gas relief - Tier 1
high potency probiotic (generic for FLORA VANCE) - Tier 1; QL
IMODIUM MULTI-SYMPTOM RELIEF (brand for eqi anti-diarrheal anti-gas) - Tier 2
intestinex (generic for ABATINEX) - Tier 1
KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2
MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL
mag-al plus (generic for MINTOX) - Tier 1; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
milk of magnesia (generic for DULCOLAX) - Tier 1
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1

Preferred Agents

Non-Preferred Agents

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

Preferred Agents

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

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

smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

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

sodium bicarbonate oral tablet - Tier 1

soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

soothe oral suspension (generic for SOOTHE) - Tier 1

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

stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1

stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1

stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL

stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
TUMS (brand for antacid) - Tier 2
TUMS CHEWY BITES (brand for antacid) - Tier 2
TUMS E-X 750 (brand for antacid) - Tier 2
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2
TUMS LASTING EFFECTS (brand for antacid) - Tier 2
TUMS SMOOTHIES (brand for antacid) - Tier 2
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2
VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Laxatives - Bowel Treatment Drugs

clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
enema mineral oil (generic for FLEET OIL) - Tier 1
EVAC (brand for cvs natural fiber supplement) - Tier 2
fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
fiber oral powder 48.57 % (generic for REGULOID) - Tier 1
fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1

Preferred Agents**Non-Preferred Agents**

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

FLEET OIL (brand for cvs mineral oil enema) - Tier 2

ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

ft mineral oil - Tier 1

gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

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

laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

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

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

mineral oil heavy oral - Tier 1

mineral oil oral oil - Tier 1

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

MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL

mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

natural daily fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1

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

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

Preferred Agents

Non-Preferred Agents

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

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
citroma (generic for CITROMA) - Tier 1; QL
CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2; QL
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate mini (generic for DOCUSOL MINI) - Tier 1; QL
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
DOCUSOL MINI (brand for docusate mini) - Tier 2; QL
docuzen (generic for SENEXON-S) - Tier 1
dss (generic for COLACE) - Tier 1; QL

Preferred Agents

easy-lax plus (generic for SENEXON-S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ft fiber laxative (generic for CITRUCCEL) - Tier 1
ft magnesium citrate (generic for CITROMA) - Tier 1; QL
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENEXON-S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENEXON-S) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

glycerin childrens - Tier 1
glycerin pediatric rectal suppository 1.2 gm - Tier 1
laxacin (generic for SENEXON-S) - Tier 1
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL
mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for SENOKOT) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ONELAX SENNA (brand for senna) - Tier 2
p col-rite (generic for SENEXON-S) - Tier 1
PEDIA-LAX ORAL LIQUID - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2
sb docusate sodium/senna (generic for SENEXON-S) - Tier 1
senexon-s (generic for SENEXON-S) - Tier 1
senna lax (generic for SENOKOT) - Tier 1; QL

Preferred Agents

senna laxative (generic for SENOKOT) - Tier 1; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for SENEXON-S) - Tier 1
senna s (generic for SENEXON-S) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-docusate sodium (generic for SENEXON-S) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1; QL
senna-plus (generic for SENEXON-S) - Tier 1
senna-s oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENEXON-S) - Tier 1
sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCEL) - Tier 1
stimulant laxative oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1
stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1
stool softener oral capsule 250 mg - Tier 1; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1
stool softener pls laxative (generic for SENEXON-S) - Tier 1
stool softener plus laxative (generic for SENEXON-S) - Tier 1
stool softener/laxative (generic for SENEXON-S) - Tier 1
stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1
vegetable lax+stool softener (generic for SENEXON-S) - Tier 1
vegetable laxative (generic for SENOKOT) - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<p>CHOLBAM - Tier 2; PA; SP; QL CREON - Tier 2; QL CYSTAGON - Tier 2; SP; QL NITYR - Tier 2; DX2RX; SP; QL RAVICTI - Tier 2; PA; SP; QL <i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL</i> <i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL</i> STRENSIQ - Tier 2; PA; SP; QL TEGSEDI - Tier 2; PA; SP; QL VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL</p>	<p><i>betaine (generic for CYSTADANE) - Tier 1; PA; SP; QL</i> CERDELGA - Tier 2; PA; SP; QL <i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL</i> PERTZYE - Tier 2; PA; QL VIOKACE - Tier 2; PA; QL <i>ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL</i> ZENPEP - Tier 2; PA; QL</p>
Genitourinary Agents	
Antispasmodics, Urinary	
<p><i>oxybutynin chloride er - Tier 1; QL</i> <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i> OXYTROL FOR WOMEN - Tier 2; QL <i>tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL</i> <i>tropium chloride - Tier 1; ST; QL</i></p>	<p><i>DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL</i> <i>DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; QL</i> MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL</i> <i>VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</i></p>
Benign Prostatic Hypertrophy Agents	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other	
<i>bethanechol chloride oral - Tier 1</i> ELMIRON - Tier 2; DX2RX; QL <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i>	<i>CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP; QL</i> <i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</i> <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL</i> THIOLA EC - Tier 2; PA; SP; QL
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<i>azo (generic for PHENAZO) - Tier 1</i> <i>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>phenazopyridine hcl oral (generic for PHENAZO) - Tier 1; QL</i> <i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	

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

Preferred Agents

Non-Preferred Agents

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

dexamethasone intensol - Tier 1
dexamethasone oral elixir - Tier 1; QL
dexamethasone oral solution - Tier 1; QL
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1
dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL
fludrocortisone acetate oral - Tier 1; QL
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL
 MEDROL ORAL TABLET 2 MG - Tier 2
methylprednisolone oral (generic for MEDROL) - Tier 1; QL
prednisolone oral solution - Tier 1; QL
prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL
prednisone oral solution - Tier 1; QL
prednisone oral tablet - Tier 1; QL
prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL
prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1

ACTHAR - Tier 2; PA; SP; QL
 CORTROPHIN - Tier 2; PA; SP; QL
 EMFLAZA ORAL SUSPENSION - Tier 2; PA; SP; QL
 TAPERDEX 12-DAY - Tier 2; PA; QL
 TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA
 TAPERDEX 7-DAY - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p><i>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX</i> <i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i> <i>desmopressin acetate spray - Tier 1; QL</i> EGRIFTA SV - Tier 2; DX2RX; SP; QL GENOTROPIN - Tier 2; PA; SP; QL INCRELEX - Tier 2; PA; SP; QL NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPOR - Tier 2; PA; SP; QL <i>NOVAREL (brand for chorionic gonadotropin) - Tier 2; DX2RX</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 <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX</i></p>	<p>GENOTROPIN MINIQICK - Tier 2; PA; SP; QL HUMATROPE - Tier 2; PA; SP; QL OMNITROPE - Tier 2; PA; SP; QL SAIZEN - 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	
OVIDREL - Tier 2; DX2RX	SKYTROFA SUBCUTANEOUS CARTRIDGE 4.3 MG - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<p>KORLYM - Tier 2; PA; SP; QL <i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1; QL</i></p> <p><i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1; QL</i></p> <p><i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p>	<p><i>ANDRODERM - Tier 2; PA; QL</i></p> <p><i>FORTESTA (brand for testosterone) - Tier 2; PA</i></p> <p><i>NATESTO - Tier 2; PA; QL</i></p> <p><i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i></p> <p><i>VOGELXO (brand for testosterone) - Tier 2; PA; QL</i></p> <p><i>XYOSTED - Tier 2; PA; QL</i></p>
Estrogens	
<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>ALORA (brand for estradiol) - Tier 2; QL</i></p> <p><i>altavera (generic for ALTAVERA) - Tier 1; QL; GE</i></p> <p><i>alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE</i></p> <p><i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE</i></p> <p><i>amethia (generic for AMETHIA) - Tier 1; QL; GE</i></p> <p><i>apri - Tier 1; QL; GE</i></p> <p><i>aranelle - Tier 1; QL; GE</i></p> <p><i>ashlyna (generic for AMETHIA) - Tier 1; QL; GE</i></p> <p><i>aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE</i></p> <p><i>aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE</i></p> <p><i>aurovela 24 fe - Tier 1; QL; GE</i></p> <p><i>aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE</i></p>	<p><i>ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL</i></p> <p><i>ANGELIQ - Tier 2; PA; QL</i></p> <p><i>ANNOVERA - Tier 2; PA; QL; GE</i></p> <p><i>BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL; GE</i></p> <p><i>BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE</i></p> <p><i>BIJUVA - Tier 2; PA; QL</i></p> <p><i>CLIMARA (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>CLIMARA PRO - Tier 2; PA; QL</i></p> <p><i>COMBIPATCH - Tier 2; PA; QL</i></p> <p><i>DIVIGEL (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>ELESTRIN - Tier 2; PA</i></p> <p><i>ESTRACE (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>estradiol transdermal gel (generic for DIVIGEL) - Tier 1; PA; QL</i></p>

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Preferred Agents

aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
aviane (generic for AFIRMELLE) - Tier 1; QL; GE
ayuna (generic for ALTAVERA) - Tier 1; QL; GE
azurette (generic for AZURETTE) - Tier 1; QL; GE
balziva (generic for BALZIVA) - Tier 1; QL; GE
blisovi 24 fe - Tier 1; QL; GE
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
briellyn (generic for BALZIVA) - Tier 1; QL; GE
camrese (generic for AMETHIA) - Tier 1; QL; GE
camrese lo (generic for CAMRESE LO) - Tier 1; QL; GE
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE
cryselle-28 - Tier 1; QL; GE

cyred eq - Tier 1; QL; GE
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
daysee (generic for AMETHIA) - Tier 1; QL; GE
delyla (generic for AFIRMELLE) - Tier 1; QL; GE
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1; QL; GE
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL; GE
DUAVEE - Tier 2; QL
elinest - Tier 1; QL; GE
eluryng (generic for ELURYNG) - Tier 1; QL; GE
enilloring (generic for ELURYNG) - Tier 1; QL; GE

Non-Preferred Agents

EVAMIST - Tier 2; PA; QL
FEMRING - Tier 2; PA; QL
fyavolv - Tier 1; PA; QL
jinteli - Tier 1; PA; QL
LO LOESTRIN FE - Tier 2; PA; QL; GE
MENEST - Tier 2; PA; QL
mimvey - Tier 1; PA; QL
MINIVELLE (brand for estradiol) - Tier 2; PA; QL
NATAZIA - Tier 2; PA; QL; GE
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE
PREMARIN VAGINAL - Tier 2; PA; QL
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL

YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE

Preferred Agents**Non-Preferred Agents**

enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; GE
enskyce - Tier 1; QL; GE
estarylla (generic for ESTARYLLA) - Tier 1; QL; GE
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
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL; GE
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE
falmina (generic for AFIRMELLE) - Tier 1; QL; GE
finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
hailey 24 fe - Tier 1; QL; GE
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
haloette (generic for ELURYNG) - Tier 1; QL; GE
iclevia (generic for ICLEVIA) - Tier 1; QL; GE
introvale (generic for ICLEVIA) - Tier 1; QL; GE
isibloom - Tier 1; QL; GE
jaimiess (generic for AMETHIA) - Tier 1; QL; GE
jasmiel (generic for JASMIEL) - Tier 1; QL; GE
jolessa (generic for ICLEVIA) - Tier 1; QL; GE
juleber - Tier 1; QL; GE
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE

Preferred Agents**Non-Preferred Agents**

kalliga - Tier 1; QL; GE
kariva (generic for AZURETTE) - Tier 1; QL; GE
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE
kurvelo (generic for ALTAVERA) - Tier 1; QL; GE
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
larin 24 fe - Tier 1; QL; GE
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
leena - Tier 1; QL; GE
lessina (generic for AFIRMELLE) - Tier 1; QL; GE
levonest (generic for ENPRESSE-28) - Tier 1; QL; GE
levonorgest-eth estrad 91-day (generic for AMETHIA) - Tier 1; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE
lojaimiess (generic for CAMRESE LO) - Tier 1; QL; GE
loryna (generic for JASMIEL) - Tier 1; QL; GE
low-ogestrel - Tier 1; QL; GE
lo-zumandimine (generic for JASMIEL) - Tier 1; QL; GE
luteru (generic for AFIRMELLE) - Tier 1; QL; GE
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL; GE

Preferred Agents**Non-Preferred Agents**

mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
microgestin 24 fe - Tier 1; QL; GE
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
mili (generic for ESTARYLLA) - Tier 1; QL; GE
mono-lynyah (generic for ESTARYLLA) - Tier 1; QL; GE
necon 0.5/35 (28) - Tier 1; QL; GE
nikki (generic for JASMIEL) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL; GE
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; QL; GE
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL; GE
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
nortrel 0.5/35 (28) - Tier 1; QL; GE
nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL; GE
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL; GE
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE

Preferred Agents**Non-Preferred Agents**

nylia 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
nymyo (generic for ESTARYLLA) - Tier 1; QL; GE
ocella (generic for OCELLA) - Tier 1; QL; GE
philith (generic for BALZIVA) - Tier 1; QL; GE
pimtrea (generic for AZURETTE) - Tier 1; QL; GE
portia-28 (generic for ALTAVERA) - Tier 1; QL; GE
PREMARIN ORAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL; GE
setlakin (generic for ICLEVIA) - Tier 1; QL; GE
simliya (generic for AZURETTE) - Tier 1; QL; GE
simpesse (generic for AMETHIA) - Tier 1; QL; GE
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE
sronyx (generic for AFIRMELLE) - Tier 1; QL; GE
syeda (generic for OCELLA) - Tier 1; QL; GE
tarina 24 fe - Tier 1; QL; GE
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
tilia fe (generic for TILIA FE) - Tier 1; QL; GE
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-legest fe (generic for TILIA FE) - Tier 1; QL; GE
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL; GE

Preferred Agents

tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL; GE
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
turqoz - Tier 1; QL; GE
tyblume - Tier 1; QL; GE
velivet - Tier 1; QL; GE
vestura (generic for JASMIEL) - Tier 1; QL; GE
vienva (generic for AFIRMELLE) - Tier 1; QL; GE
viorele (generic for AZURETTE) - Tier 1; QL; GE
volnea (generic for AZURETTE) - Tier 1; QL; GE
vyfemla (generic for BALZIVA) - Tier 1; QL; GE
vylibra (generic for ESTARYLLA) - Tier 1; QL; GE
wera - Tier 1; QL; GE
wymzya fe (generic for WYMZYA FE) - Tier 1; QL; GE
xulane - Tier 1; QL; GE
yuvaferm (generic for YUVAFERM) - Tier 1; QL
zafemy - Tier 1; QL; GE
zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE
zumandimine (generic for OCELLA) - Tier 1; QL; GE

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
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Progestins

camila (generic for CAMILA) - Tier 1; QL; GE
deblitane (generic for CAMILA) - Tier 1; QL; GE
 ELLA - Tier 2; Emergency contraception does not require a prescription; QL
errin (generic for CAMILA) - Tier 1; QL; GE
heather (generic for CAMILA) - Tier 1; QL; GE
incassia (generic for CAMILA) - Tier 1; QL; GE
jencycla (generic for CAMILA) - Tier 1; QL; GE
lyleq (generic for CAMILA) - Tier 1; QL; GE
lyza (generic for CAMILA) - Tier 1; QL; GE
medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE
medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL
megestrol acetate oral suspension 40 mg/ml - Tier 1; QL
megestrol acetate oral tablet 20 mg - Tier 1
megestrol acetate oral tablet 40 mg - Tier 1; QL
nora-be (generic for CAMILA) - Tier 1; QL; GE
norethindrone acetate oral - Tier 1; QL
norethindrone oral (generic for CAMILA) - Tier 1; QL; GE
norlyroc (generic for CAMILA) - Tier 1; QL; GE
progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL
sharobel (generic for CAMILA) - Tier 1; QL; GE

DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL; GE

Selective Estrogen Receptor Modifying Agents

raloxifene hcl (generic for EVISTA) - Tier 1; QL

EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL
 OSPHENA - Tier 2; PA; QL; GE

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Preferred Agents**Non-Preferred Agents**

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

Progestins - Hormone Replacement/Modifying Drugs

aftera (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
curae (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
econtra one-step (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
her style (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
levonorgestrel (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
my choice (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
my way (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
new day (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
opcicon one-step (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
option 2 (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; Emergency contraception does not require a prescription; QL; GE
react (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE
take action (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE

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

Preferred Agents	Non-Preferred Agents
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>	ERMEZA - Tier 2; PA; QL TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL TIROSINT-SOL - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; QL</i> <i>leuprolide acetate injection - Tier 1; PA; SP; QL</i> LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL <i>octreotide acetate (generic for SANDOSTATIN) - Tier 1; SP; QL</i> ORLISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil oral - Tier 1; QL</i>	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR) - Tier 1; PA; SP; QL</i> RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL</i>	BERINERT - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL
Immunological Agents, Other	
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; QL ILARIS - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG - Tier 2; SP; QL OLUMIANT ORAL TABLET 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP OTEZLA - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL DUPIXENT - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
XOLAIR - Tier 2; PA; SP; QL	TALTZ - Tier 2; PA; SP; QL TREMIFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP; QL PEGASYS - Tier 2; PA; SP; QL	
Immunosuppressants	
<p><i>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</i></p> <p><i>CIMZIA VIAL KIT - Tier 2; PA; SP; QL</i></p> <p><i>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA; SP; QL</i></p> <p><i>cyclosporine modified (generic for GENGRAF) - Tier 1; QL</i></p> <p><i>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</i></p> <p><i>ENBREL - Tier 2; PA; SP; QL</i></p> <p><i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1</i></p> <p><i>gengraf oral capsule (generic for GENGRAF) - Tier 1; QL</i></p> <p><i>leflunomide oral (generic for ARAVA) - Tier 1; QL</i></p> <p><i>methotrexate sodium - Tier 1</i></p> <p><i>methotrexate sodium (pf) - Tier 1</i></p> <p><i>mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL</i></p> <p><i>mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL</i></p> <p><i>sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL</i></p> <p><i>sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL</i></p> <p><i>sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1</i></p> <p><i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i></p> <p><i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i></p>	<p><i>ENSPRYNG - Tier 2; PA; SP; QL</i></p> <p><i>HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL</i></p> <p><i>HUMIRA PEN-PSOR/UEVIT STARTER - Tier 2; PA; SP; QL</i></p> <p><i>HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL</i></p> <p><i>HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL</i></p> <p><i>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML - Tier 2; PA; SP; QL</i></p> <p><i>OTREXUP - Tier 2; PA; QL</i></p> <p><i>RASUVO - Tier 2; PA; QL</i></p> <p><i>SIMPONI - Tier 2; PA; SP; QL</i></p> <p><i>TREXALL - Tier 2; PA</i></p>

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Preferred Agents**Non-Preferred Agents**

Vaccines

ACTHIB - Tier 2; QL; AL
ADACEL - Tier 2; QL
BCG VACCINE - Tier 2; QL; AL
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; AL
IMOVAX RABIES - Tier 2; QL; AL
INFANRIX - Tier 2; QL
IPOL - Tier 2; QL; AL
IXIARO - Tier 2; QL; AL
MENACTRA - Tier 2; QL
MENQUADFI - Tier 2; QL
MENVEO - Tier 2; QL
M-M-R II - Tier 2; QL
PEDIARIX - Tier 2; QL
PEDVAX HIB - Tier 2; QL; AL
PENTACEL - Tier 2; QL
PREHEVBRIO - Tier 2; QL
PRIORIX - Tier 2; QL
PROQUAD - Tier 2; QL
QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL
RABAVERT - Tier 2; QL; AL
RECOMBIVAX HB - Tier 2; QL
ROTARIX - Tier 2; AL

Preferred Agents	Non-Preferred Agents
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ROTATEQ - Tier 2; QL; AL
 SHINGRIX - Tier 2; QL; AL
 STAMARIL - Tier 2; QL; AL
TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TENIVAC - Tier 2; QL
TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TRUMENBA - Tier 2; QL
 TWINRIX - Tier 2; QL
 TYPHIM VI - Tier 2; QL; AL
 VAQTA - Tier 2; QL
 VARIVAX - Tier 2; QL
 VAXNEUVANCE - Tier 2; QL
 YF-VAX - Tier 2; QL; AL

Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
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Vaccines	
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AFLURIA QUADRIVALENT - Tier 2
 BIOTHRAX - Tier 2; QL; AL
 DENG VAXIA - Tier 2; QL
 FLUAD QUADRIVALENT - Tier 2
 FLUARIX QUADRIVALENT - Tier 2
 FLUBLOK QUADRIVALENT - Tier 2
 FLUCELVAX QUADRIVALENT - Tier 2
 FLULAVAL QUADRIVALENT - Tier 2
 FLUMIST QUADRIVALENT - Tier 2
 FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2
 FLUZONE QUADRIVALENT - Tier 2
 HEPLISAV-B - Tier 2; QL; AL
 HYPERTET - Tier 2; QL
 NOVAVAX COVID-19 VACCINE - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
PNEUMOVAX 23 - Tier 2; QL PREVNAR 13 - Tier 2; QL PREVNAR 20 - Tier 2; QL VAXCHORA - Tier 2; QL; AL VIVOTIF - Tier 2; QL; AL	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> SFROWASA - Tier 2; QL <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> <i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL <i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i> PENTASA - Tier 2; PA; QL
Glucocorticoids	
<i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</i>	CORTIFOAM - Tier 2; PA; QL <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents	
<p><i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA Available for an extended day(s) supply; QL; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> <i>TYMLOS - Tier 2; PA; SP; QL</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> <i>EVENITY - Tier 2; PA</i> <i>FORTEO (brand for teriparatide (recombinant)) - Tier 2; PA; SP; QL</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i> <i>FOSAMAX PLUS D - Tier 2; PA; QL</i> <i>RAYALDEE - Tier 2; PA; QL</i> <i>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</i></p>
Miscellaneous Therapeutic Agents	
<p><i>ABRYSVO - Tier 2; QL</i> <i>acne control cleanser (generic for CLEARSKIN) - Tier 1</i> <i>acne medication 10 external lotion - Tier 1; QL</i> <i>acne medication 5 external lotion - Tier 1</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i> <i>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</i> <i>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</i> <i>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</i> <i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</i> <i>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL</i></p>	<p><i>AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA; SP; QL</i> <i>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL</i> <i>ARMONAIR DIGIHALER - Tier 2; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i> <i>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</i></p>

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Preferred Agents	Non-Preferred Agents
<p><i>antifungal tolnaftate (generic for TINACTIN) - Tier 1; QL</i> <i>AREXVY - Tier 2; QL</i> <i>arthritis pain relieving - Tier 1; QL</i> <i>aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i> <i>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</i> <i>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i> <i>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i> <i>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i> <i>aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i></p>	<p><i>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i> <i>EMPAVELI - Tier 2; PA; SP; QL</i> <i>GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL</i> <i>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL</i> <i>HYFTOR - Tier 2; PA; QL</i> <i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i> <i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i> <i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL</i></p>
<p><i>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</i> <i>aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i> <i>aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i> <i>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2; QL</i> <i>aspirin rectal suppository 300 mg - Tier 1</i> <i>aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i> <i>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</i></p>	<p><i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL</i> <i>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL</i> <i>INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i> <i>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</i> <i>OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL</i> <i>OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL</i> <i>ORLADEYO - Tier 2; PA; SP; QL</i> <i>PREZISTA (brand for darunavir) - Tier 2; DX2RX; QL</i> <i>RELYVRIO - Tier 2; PA; SP; QL</i></p>

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Preferred Agents

athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
athletes foot relief (generic for TINACTIN) - Tier 1
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL
bacitracin zinc external - Tier 1; QL
bacitracin zinc first aid - Tier 1; QL
bacitracin zinc-aloe - Tier 1; QL
BAYER ASPIRIN ORAL TABLET (brand for aspirin) - Tier 2; QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL
BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
calamine external lotion - Tier 1
CALQUENCE - Tier 2; PA; SP; QL

Non-Preferred Agents

RYALTRIS - Tier 2; PA; QL; AL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL
SOTYKTU - Tier 2; PA; SP; QL
STIMUFEND - Tier 2; PA; SP
SUNLENCA ORAL - Tier 2; PA; QL; AL
VIVJOA - Tier 2; PA; QL
VTAMA - Tier 2; PA; QL
WINLEVI - Tier 2; PA; QL
YONSA - Tier 2; PA; SP; QL
ZORYVE - Tier 2; PA; QL; AL

Preferred Agents**Non-Preferred Agents**

capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL

capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL

capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL

capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL

CAPZASIN-HP (brand for capsaicin) - Tier 2; QL

capzix (generic for CAPZASIN-HP) - Tier 1; QL

CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL

CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL

CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL

CASTIVA WARMING - Tier 2; QL

childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL

c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL

clearskin (generic for CLEARSKIN) - Tier 1

COMIRNATY - Tier 2; QL

CONDOMS - Tier 2; QL (available without a written order)

COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL

COOL MIST HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL

corn & callus remover (generic for COMPOUND W) - Tier 1

corn and callus remover (generic for COMPOUND W) - Tier 1

Preferred Agents**Non-Preferred Agents**

daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH)
- Tier 1

darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL

DERMELEVE ADVANCED FORMULA - Tier 2

DEXCOM G6 TRANSMITTER - Tier 2; PA; QL

double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1

DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL

DUREX EXTRA SENSITIVE THIN (brand for aimsco lubricated) - Tier 2; QL

EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL

EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL

EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL

EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL

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

FLEET BISACODYL - Tier 2; QL

folic acid injection solution 5 mg/ml - Tier 1; QL

folic acid oral tablet 1 mg - Tier 1; QL

folic acid oral tablet 400 mcg, 800 mcg - Tier 1

foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1

FORMULA 3 THE TREATMENT (brand for tinaspore) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

FORMULA 7 THE SOLUTION (brand for tinaspore) - Tier 2; QL
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
HADLIMA - Tier 2; PA; SP; QL
HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL
INSPIREASE RESERVOIR BAGS - Tier 2; QL
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1

Preferred Agents**Non-Preferred Agents**

jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1

laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL

laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL

liquid corn & callus rem (generic for COMPOUND W) - Tier 1

liquid wart remover max st (generic for COMPOUND W) - Tier 1

magnesium oxide oral tablet 400 mg - Tier 1

magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1

MAOX (brand for magnesium oxide) - Tier 2

MASK VORTEX/CHILD/FROG - Tier 2; QL

MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL

medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1

medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL

medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL

MICOMITIN (brand for tinaspore) - Tier 2; QL

mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL

MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL

MOUNJARO - Tier 2; PA; QL

MYCOZYL AL (brand for tinaspore) - Tier 2; QL

NEODOT THERMOMETER - Tier 2; QL

NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2

NULEV (brand for hyoscyamine sulfate) - Tier 2; QL

OMNIFLEX DIAPHRAGM - Tier 2; QL; GE

ONELAX (brand for bisacodyl) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2
PANOXYL (brand for bp wash) - Tier 2
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL
poly bacitracin (generic for POLYSPORIN) - Tier 1
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1
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
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL
tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
tm-tolnaftate (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
tm-tolnaftate lr (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
TOLNAFI-AL (brand for tinaspore) - Tier 2; QL

Preferred Agents	Non-Preferred Agents
<p><i>tolnaftate antifungal (generic for TINACTIN) - Tier 1; QL</i> <i>tolnaftate external cream (generic for TINACTIN) - Tier 1; QL</i> <i>tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1</i> VAPORIZER WARM STEAM - Tier 2; QL VAXELIS - Tier 2; QL <i>wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1</i> <i>wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1</i> <i>womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i> <i>womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</i> ZOSTRIX HP (brand for capsaicin) - Tier 2; QL</p>	

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

<p>ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP; QL CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL</i> <i>gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL</i> GILOTRIF - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL <i>imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL</i></p>	<p>GAVRETO - Tier 2; PA; SP; QL GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; SP; QL TABRECTA - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL VIZIMPRO - Tier 2; PA; SP; QL VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL</p>
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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IMBRUVICA - Tier 2; PA; SP; QL
 INLYTA - Tier 2; PA; SP; QL
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL
 LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL
 SPRYCEL - Tier 2; PA; SP; QL
 TASIGNA - Tier 2; PA; SP; QL
 TURALIO - Tier 2; PA; SP; QL; AL
 XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL

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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

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Preferred Agents	Non-Preferred Agents
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - Tier 2; PA; QL TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL XALATAN (brand for latanoprost) - Tier 2; PA; QL XELPROS - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL
Ophthalmic Agents, Other	
<i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic ointment - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYICIN HC) - Tier 1; QL</i> <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i> <i>neo-polycin hc (generic for NEO-POLYICIN HC) - Tier 1; QL</i> <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> sulfacetamide-prednisolone - Tier 1 TOBRADEX - Tier 2; QL <i>tobramycin-dexamethasone - Tier 1; QL</i> XIIDRA - Tier 2; PA; QL	CEQUA - Tier 2; PA; QL COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL RESTASIS (brand for cyclosporine) - Tier 2; PA; QL RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Ophthalmic Anti-allergy Agents

azelastine hcl ophthalmic - Tier 1; ST
cromolyn sodium ophthalmic - Tier 1; QL
olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL

Ophthalmic Anti-Infectives

bacitracin ophthalmic - Tier 1; QL
bacitracin-polymyxin b ophthalmic (generic for POLYCIN) - Tier 1
ciprofloxacin hcl ophthalmic - Tier 1; QL
erythromycin ophthalmic - Tier 1; QL
gentamicin sulfate ophthalmic - Tier 1; QL
neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1; QL
neomycin-polymyxin-gramicidin - Tier 1; QL
neo-polycin (generic for NEO-POLYCIN) - Tier 1; QL
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL
polycin (generic for POLYCIN) - Tier 1
polymyxin b-trimethoprim - Tier 1; QL
sulfacetamide sodium ophthalmic - Tier 1; QL
tobramycin ophthalmic - Tier 1; QL
trifluridine - Tier 1; QL

AZASITE - Tier 2; PA; QL
BESIVANCE - Tier 2; PA; QL
VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL
ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
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Ophthalmic Anti-inflammatories

<p><i>dexamethasone sodium phosphate ophthalmic - Tier 1</i> <i>diclofenac sodium ophthalmic - Tier 1; QL</i> <i>fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL</i> <i>flurbiprofen sodium - Tier 1; QL</i> <i>ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1</i> <i>ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL</i> <i>prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL</i> <i>PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL</i> <i>prednisolone sodium phosphate ophthalmic - Tier 1</i></p>	<p><i>ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA</i> <i>ACUVAIL - Tier 2; PA; QL</i> <i>BROMSITE - Tier 2; PA; QL</i> <i>EYSUVIS - Tier 2; PA; QL</i> <i>FLAREX - Tier 2; PA; QL</i> <i>FML FORTE - Tier 2; PA; QL</i> <i>ILEVRO - Tier 2; PA; QL</i> <i>INVELTYS - Tier 2; PA; QL</i> <i>LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL</i> <i>LOTEMAX SM - Tier 2; PA; QL</i> <i>NEVANAC - Tier 2; PA; QL</i> <i>PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL</i> <i>PROLENSA - Tier 2; PA; QL</i></p>
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Ophthalmic Beta-Adrenergic Blocking Agents

<p><i>betaxolol hcl ophthalmic - Tier 1; QL</i> <i>carteolol hcl - Tier 1; QL</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i></p>	<p><i>BETIMOL - Tier 2; PA; QL</i> <i>BETOPTIC-S - Tier 2; PA; QL</i> <i>ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL</i> <i>TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL</i></p>
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Ophthalmic Intraocular Pressure Lowering Agents, Other

<p><i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> <i>DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL</i> <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> <i>PHOSPHOLINE IODIDE - Tier 2</i> <i>pilocarpine hcl ophthalmic - Tier 1; QL</i></p>	<p><i>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>AZOPT (brand for brinzolamide) - Tier 2; PA; QL</i> <i>RHOPRESSA - Tier 2; PA; QL</i> <i>SIMBRINZA - Tier 2; PA; QL</i></p>
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Preferred Agents**Non-Preferred Agents****Ophthalmic Agents - Drugs to Treat Eye Conditions****Ophthalmic Agents, Other - Miscellaneous Eye Drugs**

altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1
altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
altalube (generic for ALTALUBE) - Tier 1; QL
artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1
astringent eye drops (generic for VISINE-AC) - Tier 1; QL
BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2
BION TEARS PF (brand for cvs natural tears pf) - Tier 2
carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL
dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1; QL
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye drops advanced relief - Tier 1; QL
eye drops long lasting (generic for SYSTANE) - Tier 1; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL
eye irritation relief drops (generic for VISINE-AC) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
for sty relief (generic for ALTALUBE) - Tier 1; QL
GENTEAL SEVERE - Tier 2; QL
GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2

GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2

GENTEAL TEARS SEVERE DAYINIGHT (brand for dry eye relief) - Tier 2; QL

HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; QL

lubricant drops fast act (generic for SYSTANE) - Tier 1; QL

lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL

lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL

lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL

lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1

lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL

lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL

lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL

lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1

lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL

lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL

lubricant pm (generic for ALTALUBE) - Tier 1; QL

lubricating eye drop (generic for BIOLLE TEARS) - Tier 1

lubricating eye drops (generic for SYSTANE) - Tier 1; QL

lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL

Preferred Agents

lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1
lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL
MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL
natural tears pf (generic for BION TEARS PF) - Tier 1
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1
pure & gentle lubricant - Tier 1
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL
relief eye drops (generic for VISINE-AC) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
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sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE CONTACTS (brand for artificial tears) - Tier 2
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
ultra fresh (generic for ULTRA FRESH) - Tier 1; QL
ultra fresh pm (generic for ALTALUBE) - Tier 1; QL
ultra lubricant drop (generic for SYSTANE) - Tier 1; QL
ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL
ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL

Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs

NAPHCON-A (brand for allergy eye) - Tier 2
VISINE (brand for allergy eye) - Tier 2

Preferred Agents	Non-Preferred Agents
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Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL
ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL
allergy eye drops (generic for ALAWAY) - Tier 1; QL
eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL
ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL
ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL

Otic Agents

acetic acid otic - Tier 1; QL
ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL
hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1; QL
neomycin-polymyxin-hc otic - Tier 1; QL
ofloxacin otic - Tier 1; QL

CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL
CIPRO HC - Tier 2; PA; QL
OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL

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 (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

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

Respiratory Tract/Pulmonary Agents

Antihistamines

all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL allergy medication (generic for BANOPHEN) - Tier 1; QL allergy medicine (generic for BANOPHEN) - Tier 1; QL allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL	DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL
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Preferred Agents**Non-Preferred Agents**

allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL

allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL

allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL

allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL

allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL

allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL

allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL

allergy relief(indoor/outdoor) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL

aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL

anti-hist allergy (generic for BANOPHEN) - Tier 1; QL

azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL

banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL

banophen oral tablet (generic for BANOPHEN) - Tier 1; QL

BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL
BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL
BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL
cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL
cetirizine hcl oral solution 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL
childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
clemastine fumarate oral syrup - Tier 1; QL
clemastine fumarate oral tablet 2.68 mg - Tier 1; QL
complete allergy (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL
complete allergy relief (generic for BANOPHEN) - Tier 1; QL
cyproheptadine hcl oral - Tier 1; QL
DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate) - Tier 2; QL
diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

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

levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL

liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

MM ALLER-BEN (brand for allergy relief) - Tier 2; QL

NARAMIN (brand for allergy childrens) - Tier 2; QL

pharbedryl (generic for BANOPHEN) - Tier 1; QL

siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

total allergy (generic for BANOPHEN) - Tier 1; QL

total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL

Preferred Agents

Non-Preferred Agents

Anti-inflammatories, Inhaled Corticosteroids

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; Available for an extended day(s) supply||Members >= 8 years of age will require PA; QL
budesonide inhalation (generic for PULMICORT) - Tier 1; Available for an extended day(s) supply||Members >= 5 years of age will require PA; QL; AL
FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL
fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL

ALVESCO - Tier 2; PA; QL
 ARNUITY ELLIPTA - Tier 2; PA; QL
 BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY - Tier 2; PA; QL
FLOVENT DISKUS (brand for fluticasone propionate diskus) - Tier 2; PA; QL
FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; PA; QL
 OMNARIS - Tier 2; PA; QL
 PULMICORT FLEXHALER - Tier 2; PA; QL
PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Available for an extended day(s) supply||Members >= 5 years of age will require PA; QL; AL
 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

ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL
SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL
zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL
 ZYFLO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
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Bronchodilators, Anticholinergic

<p>ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i></p>	<p><i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL</i> SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL</p>
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Bronchodilators, Sympathomimetic

<p><i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation (generic for PROVENTIL HFA) - Tier 1; QL</i> ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/LACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i> ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% - Tier 2; QL <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>albuterol sulfate oral syrup - Tier 1; QL</i> <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i> <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i> STRIVERDI RESPIMAT - Tier 2; QL SYMJEPI - Tier 2; QL</p>	<p><i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i> <i>BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL</i> <i>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i> <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i> PROAIR RESPICLICK - Tier 2; PA; QL <i>PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> SEREVENT DISKUS - Tier 2; PA; QL <i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i> <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</i></p>
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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Cystic Fibrosis Agents

<p>CAYSTON - Tier 2; DX2RX; SP; QL KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL KALYDECO ORAL PACKET 5.8 MG - Tier 2; SP; QL KALYDECO ORAL TABLET - Tier 2; PA; SP; QL ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i> TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p><i>BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL</i> TOBI PODHALER - Tier 2; PA; SP; QL</p>
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Mast Cell Stabilizers

<p><i>cromolyn sodium inhalation - Tier 1; QL</i></p>	
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Phosphodiesterase Inhibitors, Airways Disease

<p><i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> THEO-24 - Tier 2; QL <i>theophylline (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <i>theophylline er - Tier 1; QL</i></p>	
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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Pulmonary Antihypertensives

<p>ADEMPAS - Tier 2; DX2RX; SP; QL <i>ambrisentan (generic for LETAIRIS)</i> - Tier 1; DX2RX; SP; QL <i>bosentan (generic for TRACLEER)</i> - Tier 1; DX2RX; SP; QL OPSUMIT - Tier 2; DX2RX; SP; QL <i>sildenafil citrate oral suspension reconstituted (generic for REVATIO)</i> - Tier 1; DX2RX; SP; QL <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO)</i> - Tier 1; DX2RX; SP; QL</p>	<p>ADCIRCA (<i>brand for tadalafil (pah)</i>) - Tier 2; PA; SP; QL LETAIRIS (<i>brand for ambrisentan</i>) - Tier 2; DX2RX; 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 (<i>brand for sildenafil citrate</i>) - Tier 2; DX2RX; SP; QL <i>tadalafil (pah) (generic for ADCIRCA)</i> - Tier 1; PA; SP; QL TADLIQ - Tier 2; PA; SP; QL TRACLEER (<i>brand for bosentan</i>) - Tier 2; DX2RX; SP; QL TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL UPTRAVI ORAL TABLET - Tier 2; PA; SP; QL</p>
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Pulmonary Fibrosis Agents

<p>OFEV - Tier 2; PA; SP; QL <i>pirfenidone oral capsule (generic for ESBRIET)</i> - Tier 1; PA; SP; QL <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET)</i> - Tier 1; PA; SP; QL</p>	<p>ESBRIET (<i>brand for pirfenidone</i>) - Tier 2; PA; SP; QL</p>
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Respiratory Tract Agents, Other

<p><i>acetylcysteine inhalation solution 10 %</i> - Tier 1; QL <i>acetylcysteine inhalation solution 20 %</i> - Tier 1 FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL <i>promethazine vc</i> - Tier 1; QL; AL</p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p>
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

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

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

Preferred Agents**Non-Preferred Agents**

ft chest congestion relief (generic for XPECT) - Tier 1
ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION) - 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 er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1
MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL
maxi-tuss pe max - Tier 1; AL
medifin 400 (generic for XPECT) - Tier 1
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
MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL
mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1

Preferred Agents**Non-Preferred Agents**

mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal four (generic for 4-WAY FAST ACTING) - Tier 1
nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1
NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1

Preferred Agents

Non-Preferred Agents

NEO-SYNEPHRINE COLD/ALLERGY EXT (brand for cvs nasal spray) - Tier 2
non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1
nose drops nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
OCEAN FOR KIDS (brand for altamist spray) - Tier 2
OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2
pharbinex (generic for XPECT) - Tier 1
phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL
refenesen 400 (generic for XPECT) - Tier 1
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL; AL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2

Preferred Agents**Non-Preferred Agents**

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

Preferred Agents

Non-Preferred Agents

Antihistamines - Allergy Drugs

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

Preferred Agents

Non-Preferred Agents

Antihistamines - Drugs to Treat Allergies

12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL
 24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL
 all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
 ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL
 ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL
 allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL
 aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
 aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL
 allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
 allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
 allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
 allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL

allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL

allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL

allergy relief indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL

childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL

CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL

CLARITIN REDITABS JUNIORS (brand for cvs allergy relief) - Tier 2; QL

CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; QL

ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL

fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL

ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL

ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL

ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL

loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL

loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL

TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

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

Preferred Agents	Non-Preferred Agents
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Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

<p>24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</p>	
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Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

<p>ANORO ELLIPTA - Tier 2; QL breyndra - Tier 1; PA; QL COMBIVENT RESPIMAT - Tier 2; QL FLUTICASONES FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL FLUTICASONES-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL ipratropium-albuterol - Tier 1; QL STIOLTO RESPIMAT - Tier 2; QL wixela inhub (generic for WIXELA INHUB) - Tier 1; QL</p>	<p>ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL BEVESPI AEROSPHERE - Tier 2; PA; QL BREQ ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL BREQ TRI AEROSPHERE - Tier 2; PA; QL DUAKLIR PRESSAIR - Tier 2; PA; QL DULERA - Tier 2; PA; QL SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL TRELEGY ELLIPTA - Tier 2; PA; QL</p>
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Mast Cell Stabilizers - Drugs for the Lungs

<p>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL NASALCROM (brand for cromolyn sodium) - Tier 2; QL</p>	
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Respiratory Tract Agents, Other - Asthma/Lung Drugs

12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1
 12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1
 12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1
 12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
 ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL
 AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2
 ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; QL; AL
 allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
 allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
 allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
 allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
 allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
 allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

Preferred Agents**Non-Preferred Agents**

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

Preferred Agents

cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
cough dm childrens oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL
cough dm er (generic for DELSYM) - Tier 1; QL; AL
cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL
DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL
DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL
dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL
dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL
ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
ft nasal decongestant max str (generic for SUDOGEST) - Tier 1; QL
g tussin ac - Tier 1; QL; AL
geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
guaifenesin ac - Tier 1; QL; AL
guaifenesin-codeine - Tier 1; QL; AL
guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2
ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL

Preferred Agents

ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL
long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
maxi-tuss ac - Tier 1; QL; AL
maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2

MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2

MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL

MUCINEX D MAX STRENGTH (brand for cvs mucus d max strength) - Tier 2; AL

MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL; AL

MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2

MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2

MUCINEX SINUS-MAX SINUS/ALLERGY (brand for 12 hour decongestant) - Tier 2

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

mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus d extended release (generic for MUCINEX D) - Tier 1; AL

mucus d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL

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

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

mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

Preferred Agents

mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
mucus-d (generic for MUCINEX D) - Tier 1; AL
mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL
nasal decongestant 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
nebulal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1
promethazine vcl/codeine - Tier 1; QL; AL
promethazine-codeine - Tier 1; QL; AL
promethazine-dm - Tier 1; QL; AL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL

Preferred Agents**Non-Preferred Agents**

pulmosal (generic for PULMOSAL) - Tier 1
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
rynex pe - Tier 1; AL
rynex pse - Tier 1; AL
siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for PULMOSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2

Preferred Agents

sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL

sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

tussin cf oral liquid 30-10-100 mg/5ml - Tier 1

tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL

tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

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

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</i></p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p><i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i></p> <p><i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>methocarbamol oral - Tier 1; QL</i></p> <p><i>orphenadrine citrate er - Tier 1; QL</i></p>	<p><i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i></p> <p><i>LORZONE (brand for chlorzoxazone) - Tier 2; PA; QL</i></p>

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Preferred Agents**Non-Preferred Agents**

Sleep Disorder Agents - Drugs for Sedation and Sleep

Sleep Disorders, Other - Drugs for Sleeping

ft nighttime sleep aid (generic for NYTOL QUICKCAPS) - Tier 1; QL
night time sleep aid (generic for NYTOL QUICKCAPS) - Tier 1; QL
nighttime sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1; QL
NYTOL QUICKCAPS (brand for cvs sleep aid) - Tier 2; QL
rest simply (generic for NYTOL QUICKCAPS) - Tier 1; QL
SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; QL
sleep aid (diphenhydramine) (generic for NYTOL QUICKCAPS) - Tier 1; QL
sleep aid nighttime (generic for NYTOL QUICKCAPS) - Tier 1; QL
sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1; QL
sleep tabs (generic for NYTOL QUICKCAPS) - Tier 1; QL
SOMINEX (brand for cvs sleep aid) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

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

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

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

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Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL

effer-k oral tablet effervescent 25 meq - Tier 1; QL

ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL

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

fruity c - Tier 1; QL

INFED - Tier 2; QL

klor-con/ef - Tier 1; QL

k-prime - Tier 1; QL

little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL

multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL

multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL

nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

OBTREX - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
vit c/rose hips - Tier 1; QL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c/rose hips oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL
vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
b6 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1
e-400-clear - Tier 1; QL
natural vitamin e - Tier 1; QL
pyridoxine hcl oral - Tier 1; QL
pyridoxine hcl solution 100 mg/ml injection - Tier 1; QL
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION - Tier 2; QL
thiamine hcl injection - Tier 1; QL
thiamine hcl oral - Tier 1; QL
vitamin b1 - Tier 1; QL
vitamin b-1 oral tablet 250 mg - Tier 1; QL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1
vitamin b12 oral tablet extended release 1000 mcg - Tier 1
vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1
vitamin b-6 - Tier 1; QL
vitamin b-6 er - Tier 1; QL
vitamin e natural - Tier 1
vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1; QL

NASCOBAL - Tier 2; PA; QL

Prior Authorization / Class Criteria

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

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3 day vaginal.....	25	ACCUTREND GLUCOSE CONTROL.....	60	<i>acidophilus probiotic oral tablet , 0.5 mg</i>	75
3-day vaginal vaginal cream 2 %.....	25	<i>acebutolol hcl oral</i>	46	<i>acidophilus/l-sporogenes</i>	75
4-WAY FAST ACTING.....	136	<i>acetaminophen 8 hour</i>	8	<i>acitretin</i>	52
4-WAY MENTHOL.....	136	<i>acetaminophen 8 hours</i>	8	<i>acne control cleanser</i>	110
7T LIDO.....	14	<i>acetaminophen 8hr arth pain</i>	8	<i>acne medication 10 external lotion</i>	110
8 hour arthritis pain.....	8	<i>acetaminophen 8hr musc ache</i>	8	<i>acne medication 5 external lotion</i>	110
8 hour arthritis relief.....	8	<i>acetaminophen childrens</i>	8	<i>acne treatment external cream 10 %</i>	110
8 hour pain relief oral tablet extended		<i>acetaminophen er</i>	8	ACTEMRA ACTPEN.....	105
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<i>abiraterone acetate</i>	29	<i>mg/5ml, 650 mg/20.3ml</i>	9	ADACEL.....	107
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<i>acarbose oral</i>	38	<i>acetaminophen rectal suppository 650 mg</i>	9	<i>adult 50+ probiotic</i>	75
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ACCRUFER.....	62	<i>acetazolamide er</i>	47	<i>adv acne spot treatment</i>	110
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<i>advanced antacid</i>	75	<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	110	<i>allergy relief adult</i>	129
<i>advanced healing external ointment</i>	58	<i>alendronate sodium oral tablet 70 mg</i>	110	<i>allergy relief cetirizine</i>	129
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<i>afirmelle</i>	95	<i>all day allergy relief oral tablet 10 mg</i>	142	<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	141
AFLURIA QUADRIVALENT.....	108	<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	141	<i>allergy relief d-12</i>	145
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<i>alendronate sodium oral solution</i>	110	<i>allergy nasal mist no drip</i>	145		
		<i>allergy oral capsule 25 mg</i>	128		
		<i>allergy oral liquid 12.5 mg/5ml</i>	128		
		<i>allergy oral tablet 25 mg</i>	128		
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<i>amantadine hcl oral capsule</i>	33	<i>antacid & antigas oral suspension 2400-</i>		<i>antacid ultra strength</i>	77
<i>amantadine hcl oral solution</i>	33	<i>2400-240 mg/30ml</i>	75	<i>antacid ultra strength oral tablet chewable</i>	
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<i>amcinonide external ointment</i>	53	<i>400-40 mg/5ml</i>	75	<i>antacid/antigas</i>	77
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<i>aminocaproic acid oral</i>	43	<i>400-400-40 mg/5ml</i>	75	<i>antacid/anti-gas oral suspension 400-400-</i>	
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<i>antifungal tolnaftate</i>	110	<i>ascorbic acid oral tablet 500 mg</i>	157	<i>athletes foot powder spray external aerosol</i>	
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<i>d-vite pediatric</i>	69	ELESTRIN.....	96	ENSPRYNG.....	106
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ESTRACE.....	97	eye irritation relief drops.....	123	ferrous sulfate oral solution 75 (15 fe) mg/ml.....	66
estradiol oral.....	97	eye itch relief ophthalmic solution 0.035 %.....	127	ferrous sulfate oral tablet 325 (65 fe) mg.....	66
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ethambutol hcl oral tablet 400 mg.....	28	famotidine acid reducer oral tablet 10 mg....	73	FEVERALL INFANTS.....	10
ethosuximide oral.....	21	famotidine oral suspension reconstituted.....	73	FEVERALL JUNIOR STRENGTH.....	10
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etoposide oral.....	30	FASENRA PEN.....	135	FIASP FLEXTOUCH.....	40
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EULEXIN.....	29	felodipine er.....	46	fiber laxative oral capsule 0.52 gm.....	85
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EVAC.....	85	fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg.....	48		
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<i>fiber oral powder 48.57 %</i>	85	<i>fludrocortisone acetate oral</i>	93	<i>for sty relief</i>	123
<i>fiber oral powder 58.6 %</i>	85	FLULAVAL QUADRIVALENT.....	108	FORMULA 3 THE TREATMENT.....	114
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<i>fiber therapy oral capsule 0.52 gm</i>	85	<i>fluocinolone acetonide external cream</i>		FORTESTA.....	95
<i>fiber therapy oral powder 28.3 %</i>	85	<i>0.025 %</i>	54	FOSAMAX.....	110
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<i>fiber therapy oral tablet 625 mg</i>	88	<i>fluocinolone acetonide external solution</i>	54	<i>fosamprenavir calcium</i>	37
<i>fiber-caps</i>	88	<i>fluocinolone acetonide scalp</i>	54	<i>fosinopril sodium</i>	45
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<i>ft antacid regular strength</i>	79	<i>ft stool softener oral tablet 50-8.6 mg</i>	88	GAVRETO.....	118
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<i>ft milk of magnesia</i>	79	<i>gas relief oral capsule 125 mg</i>	80	<i>genuine aspirin</i>	115
<i>ft mineral oil</i>	86	<i>gas relief oral capsule 180 mg</i>	80	GENVOYA.....	35
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<i>glycerin childrens</i>	88	<i>hailey fe 1.5/30</i>	97	SOLUTION PEN-INJECTOR 100 UNIT/ML.	40
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HUMULIN N VIAL.....	40	<i>hydrocortisone/aloe</i>	55	<i>ibuprofen oral suspension 100 mg/5ml</i>	5
HUMULIN R U-500 KWIKPEN.....	40	<i>hydrocortisone/aloe max str</i>	55	<i>ibuprofen oral tablet 200 mg</i>	5
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<i>hydrocortisone butyrate external solution</i>	55	<i>hyoscyamine sulfate sublingual</i>	115	<i>imiquimod external cream 5 %</i>	56
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<i>hydrocortisone external cream 1 %</i>	55	HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %.....	148	IMODIUM A-D ORAL TABLET.....	72
<i>hydrocortisone external lotion 2.5 %</i>	55	HYPERTET.....	108	IMODIUM MULTI-SYMPTOM RELIEF.....	81
<i>hydrocortisone external ointment 0.5 %</i>	55	HYPOTEARs.....	124	IMOVAX RABIES.....	107
<i>hydrocortisone external ointment 1 %</i>	55	HYSINGLA ER.....	6	INBRIJA.....	34
<i>hydrocortisone external ointment 2.5 %</i>	55	IBRANCE.....	30	<i>incassia</i>	102
<i>hydrocortisone max st external cream</i>	55	IBSRELA.....	72	INCRELEX.....	94
<i>hydrocortisone max st/12 moist</i>	55	<i>ibu-200</i>	4	INCRUSE ELLIPTA.....	133
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	93	<i>ibuprofen</i>	4	<i>indapamide</i>	48
		<i>ibuprofen childrens oral tablet chewable 100 mg</i>	4	<i>indomethacin oral</i>	5
		<i>ibuprofen cold & sinus</i>	148	<i>indoor/outdoor allergy rlf</i>	131
		<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	148	INFANRIX.....	107
		<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	149	INFANTS ADVIL.....	5
		149	<i>infants ibuprofen</i>	5
		<i>ibuprofen ib childrens</i>	4	<i>infants pain & fever</i>	10
		<i>ibuprofen ib oral tablet 200 mg</i>	4	<i>infants pain relief drops</i>	10
				<i>infants pain/fever</i>	10

INFED.....	158	INVOKANA.....	39	<i>jock itch external cream 1 %</i>	26
INGREZZA ORAL CAPSULE.....	50	IPOL.....	107	<i>jock itch max st</i>	115
INLYTA.....	119	<i>ipratropium bromide inhalation</i>	133	<i>jock itch spray powder</i>	115
INSPIREASE.....	115	<i>ipratropium bromide nasal</i>	133	<i>jolessa</i>	97
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<i>instacort 5</i>	55	<i>irbesartan</i>	44	<i>juleber</i>	97
INSULIN ASPART.....	40	IRESSA.....	119	JULUCA.....	35
INSULIN ASPART PROT & ASPART.....	40	<i>iron (ferrous sulfate) oral solution</i>	66	<i>junel 1.5/30</i>	97
INSULIN GLARGINE.....	40	<i>iron infant/toddler</i>	66	<i>junel 1/20</i>	97
INSULIN GLARGINE SOLOSTAR.....	40	<i>iron oral tablet 240 (27 fe) mg</i>	66	<i>junel fe</i>	97
INSULIN GLARGINE-YFGN.....	41	<i>iron oral tablet 325 (65 fe) mg</i>	66	JYNARQUE ORAL TABLET THERAPY	
INSULIN LISPRO.....	41	<i>iron supplement childrens</i>	66	PACK 15 MG.....	67
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INSULIN LISPRO JUNIOR KWIKPEN.....	41	ISENTRESS HD.....	35	<i>kalliga</i>	97
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INSULIN PEN NEEDLES 29G X 12MM ,		<i>isosorbide mononitrate</i>	49	KALYDECO ORAL TABLET.....	134
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30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,		<i>mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	42	<i>ketoconazole external cream</i>	57
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<i>introvale</i>	97	<i>jasmiel</i>	97	<i>ketoprofen oral capsule 50 mg</i>	5
INTUNIV.....	50	<i>jencycla</i>	102	<i>ketorolac tromethamine ophthalmic</i>	
INVELTYS.....	122	JENTADUETO.....	39	<i>solution 0.4 %</i>	122
INVOKAMET.....	39	JENTADUETO XR.....	39	<i>ketorolac tromethamine ophthalmic</i>	
INVOKAMET XR.....	39	<i>jinteli</i>	97	<i>solution 0.5 %</i>	122

<i>ketorolac tromethamine oral</i>	5	<i>lansoprazole oral capsule delayed release</i>		<i>lessina</i>	98
KETOSTIX.....	61	15 mg.....	74	LETAIRIS.....	135
<i>ketotifen fumarate ophthalmic</i>	127	<i>lansoprazole oral capsule delayed release</i>		<i>letrozole oral</i>	30
KEVZARA.....	105	30 mg.....	74	<i>leucovorin calcium oral tablet 10 mg</i>	31
KINERET.....	105	<i>lansoprazole oral tablet delayed release</i>		<i>leucovorin calcium oral tablet 15 mg, 25</i>	
KISQALI (200 MG DOSE).....	30	<i>dispersible 15 mg</i>	74	mg, 5 mg.....	31
KISQALI (400 MG DOSE).....	30	LANTUS SOLOSTAR.....	41	LEUKERAN.....	29
KISQALI (600 MG DOSE).....	30	LANTUS U-100 VIAL.....	41	LEUKINE.....	43
KISQALI FEMARA (200 MG DOSE).....	30	<i>lapatinib ditosylate</i>	119	<i>leuprolide acetate injection</i>	104
KISQALI FEMARA (400 MG DOSE).....	30	<i>larin 1.5/30</i>	98	<i>levabuterol hcl inhalation</i>	133
KISQALI FEMARA (600 MG DOSE).....	30	<i>larin 1/20</i>	98	LEVEMIR FLEXPEN.....	41
<i>klor-con</i>	63	<i>larin 24 fe</i>	98	LEVEMIR U-100 VIAL.....	41
<i>klor-con 10</i>	63	<i>larin fe 1.5/30</i>	98	<i>levobunolol hcl</i>	122
<i>klor-con m10</i>	63	<i>larin fe 1/20</i>	98	<i>levocetirizine dihydrochloride oral tablet</i>	131
<i>klor-con m20</i>	63	<i>latanoprost ophthalmic</i>	120	<i>levofloxacin oral tablet</i>	19
<i>klor-con/ef</i>	158	<i>laxacin</i>	89	<i>levonest</i>	98
KOMBIGLYZE XR.....	39	<i>laxaclear</i>	86	<i>levonorgest-eth estrad 91-day</i>	98
<i>konsyl daily fiber oral powder 28.3 %</i>	86	<i>laxative max str</i>	89	<i>levonorgestrel</i>	103
KORLYM.....	94	<i>laxative maximum strength oral tablet 25</i>		<i>levonorgestrel-ethinyl estrad oral tablet</i>	
KOSELUGO.....	30	mg.....	89	<i>0.1-20 mg-mcg</i>	98
<i>kourzeq</i>	52	<i>laxative oral powder 17 gm/scoop</i>	86	<i>levonorgestrel-ethinyl estrad oral tablet</i>	
K-PHOS.....	66	<i>laxative oral tablet delayed release 5 mg</i> ...	116	<i>0.15-30 mg-mcg</i>	98
<i>k-prime</i>	158	<i>laxative pills max st</i>	89	<i>levonorg-eth estrad triphasic</i>	98
KRINTAFEL.....	32	<i>laxative pills oral tablet 25 mg</i>	89	<i>levora 0.15/30 (28)</i>	98
<i>kurvelo</i>	98	<i>laxative rectal suppository 10 mg</i>	116	<i>levo-t</i>	104
<i>labetalol hcl oral</i>	46	<i>laxative regular strength</i>	89	<i>levothyroxine sodium oral tablet</i>	104
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<i>lactobacillus oral tablet</i>	81	<i>leena</i>	98	LEXIVA ORAL SUSPENSION.....	37
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<i>lactulose encephalopathy</i>	72	<i>lenalidomide</i>	29	LICART.....	5
<i>lactulose oral solution</i>	72	LENVIMA (10 MG DAILY DOSE).....	119	<i>lice killing</i>	33, 57
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LAMISIL AT EXTERNAL CREAM.....	26	LENVIMA (14 MG DAILY DOSE).....	119	%.....	33
LAMISIL AT JOCK ITCH.....	26	LENVIMA (18 MG DAILY DOSE).....	119	<i>lice killing max strength</i>	33
<i>lamivudine oral solution</i>	36	LENVIMA (20 MG DAILY DOSE).....	119	<i>lice killing maximum strength</i>	33
<i>lamivudine oral tablet 100 mg</i>	34	LENVIMA (24 MG DAILY DOSE).....	119	<i>lice maximum strength</i>	33
<i>lamivudine oral tablet 150 mg, 300 mg</i>	36	LENVIMA (4 MG DAILY DOSE).....	119	<i>lice treatment external liquid 1 %</i>	57
<i>lamivudine-zidovudine</i>	36	LENVIMA (8 MG DAILY DOSE).....	119	<i>lice treatment external lotion 1 %</i>	57
LANCETS.....	61	LESCOL XL.....	49	<i>lice treatment external shampoo 0.33-4 %</i> ...	33

<i>lidocaine external cream</i>	14	<i>loratadine allergy relief oral tablet</i>		<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	
<i>lidocaine external patch 5 %</i>	14	<i>dispersible 10 mg</i>	143	124
<i>lidocaine hcl external cream 3 %</i>	14	<i>loratadine childrens oral solution</i>	143	<i>lubricant pm</i>	124
<i>lidocaine viscous hcl</i>	14	<i>lorata-dine d</i>	149	<i>lubricating eye drop</i>	124
<i>lidocaine-prilocaine external cream</i>	14	<i>loratadine d 12hr</i>	149	<i>lubricating eye drops</i>	124
<i>lidopin external cream 3 %</i>	14	<i>loratadine oral solution</i>	143	<i>lubricating eyel/overnight</i>	124
<i>lincomycin hcl injection</i>	15	<i>loratadine oral tablet</i>	143	<i>lubricating plus eye drops</i>	124
<i>linezolid in sodium chloride</i>	15	<i>loratadine oral tablet dispersible</i>	143	<i>lubricating plus ophthalmic solution 0.5 %</i>	125
<i>linezolid intravenous</i>	15	<i>loratadine-d</i>	149	<i>lubricating tears ophthalmic solution 0.4-</i>	
<i>linezolid oral suspension reconstituted</i>	15	<i>loratadine-d 12hr</i>	149	<i>0.3 %</i>	125
<i>linezolid oral tablet</i>	15	<i>loratadine-d 24hr</i>	149	<i>lubrifresh p.m.</i>	125
LINZESS.....	72	LORBRENA.....	119	LUMAKRAS.....	32
<i>liothyronine sodium oral</i>	104	<i>loryna</i>	98	LUMIGAN.....	120
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<i>liquid acetaminophen</i>	10	<i>losartan potassium-hctz</i>	48	LUPRON DEPOT (3-MONTH).....	104
<i>liquid allergy relief</i>	131	LOTEMAX.....	122	LUPRON DEPOT (4-MONTH)	
<i>liquid corn & callus rem</i>	116	LOTEMAX SM.....	122	INTRAMUSCULAR KIT 30MG.....	104
<i>liquid pain relief</i>	10	<i>lovastatin oral</i>	49	LUPRON DEPOT (6-MONTH)	
<i>liquid wart remover max st</i>	116	LOVAZA.....	49	INTRAMUSCULAR KIT 45MG.....	104
<i>lisinopril oral</i>	45	<i>low-ogestrel</i>	98	LUPRON DEPOT-PED (1-MONTH).....	104
<i>lisinopril-hydrochlorothiazide</i>	47	<i>lo-zumandimine</i>	98	LUPRON DEPOT-PED (3-MONTH).....	104
<i>little ones childrens</i>	158	<i>lubiprostone</i>	72	LUPRON DEPOT-PED (6-MONTH).....	104
LIVALO.....	49	<i>lubricant drops fast act</i>	124	<i>lutura</i>	98
LMX 4.....	14	<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	124	<i>lyleq</i>	102
LO LOESTRIN FE.....	98	<i>lubricant drops ophthalmic solution</i>	124	<i>lyllana</i>	98
<i>lojaimiess</i>	98	<i>lubricant eye drops (pf) ophthalmic solution</i>		LYNPARZA.....	30
LOKELMA.....	68	<i>0.4-0.3 %</i>	124	LYRICA CR.....	50
<i>long acting nasal spray</i>	149	<i>lubricant eye drops (pf) ophthalmic solution</i>		<i>lysiplex plus oral tablet</i>	158
<i>long lasting antacid</i>	81	<i>0.5 %</i>	124	LYSODREN.....	104
<i>long lasting nasal spray</i>	149	<i>lubricant eye drops ophthalmic solution</i>		LYUMJEV.....	41
LONSURF.....	30	<i>0.4-0.3 %</i>	124	LYUMJEV KWIKPEN.....	41
<i>loperamide hcl oral capsule</i>	72	<i>lubricant eye drops ophthalmic solution 0.5</i>		<i>lyza</i>	102
<i>loperamide hcl oral tablet</i>	72	<i>%</i>	124	MAALOX CHILDRENS.....	81
<i>loperamide-simethicone</i>	81	<i>lubricant eye drops ophthalmic solution 0.6</i>		MAALOX MAX ORAL SUSPENSION.....	81
<i>lopinavir-ritonavir</i>	37	<i>%</i>	124	MAALOX MULTI SYMPTOM MAX ST.....	81
<i>loradamed</i>	143	<i>lubricant eye drops pf</i>	124	<i>mag-al plus</i>	82
<i>lorata-d</i>	149	<i>lubricant eye nighttime</i>	124	<i>mag-al plus xs</i>	82
<i>loratadine allergy relief oral tablet 10 mg</i> ...	143			<i>magnesium citrate oral solution</i>	89

<i>magnesium oral tablet 500 mg</i>	66	<i>meclizine hcl oral tablet chewable</i>	23	<i>mesalamine oral capsule delayed release</i>	
<i>magnesium oxide -mg supplement oral</i>		<i>medicated spot</i>	116	<i>400 mg</i>	109
<i>tablet 400 (240 mg) mg</i>	66	<i>medifin 400</i>	137	<i>mesalamine rectal</i>	109
<i>magnesium oxide -mg supplement oral</i>		<i>medifin mucus relief child</i>	137	MESNEX ORAL	31
<i>tablet 500 mg</i>	66	<i>medi-first aspirin</i>	116	<i>metformin hcl er</i>	39
<i>magnesium oxide oral tablet 400 mg</i>	116	<i>medi-first ibuprofen</i>	5	<i>metformin hcl er (osm)</i>	39
<i>magnesium oxide oral tablet 420 mg</i>	116	<i>medi-first triple antibiotic</i>	20	<i>metformin hcl oral tablet 1000 mg, 500 mg,</i>	
<i>magnesium-aluminum-simethicone</i>	82	<i>mediproxen</i>	5	<i>850 mg</i>	39
<i>magnesium-oxide</i>	66	<i>medique aspirin</i>	116	<i>methazolamide oral</i>	122
<i>malathion</i>	57	MEDISENSE GLUCOSE KETONE		<i>methenamine hippurate</i>	15
MAOX	116	CONTR	61	<i>methergine</i>	94
<i>mapap acetaminophen extra str</i>	11	MEDISENSE HI/MID/LOW CONTROL	61	<i>methimazole oral</i>	105
<i>mapap childrens</i>	11	MEDROL ORAL TABLET 2 MG	93	<i>methocarbamol oral</i>	155
<i>mapap oral capsule</i>	11	<i>medroxyprogesterone acetate</i>		<i>methotrexate sodium</i>	106
<i>maraviroc</i>	37	<i>intramuscular</i>	102	<i>methotrexate sodium (pf)</i>	106
<i>marlissa</i>	98	<i>medroxyprogesterone acetate oral</i>	102	<i>methoxsalen rapid</i>	56
MASK VORTEX/CHILD/FROG	116	<i>mefloquine hcl</i>	32	METHYLDOPA	44
MASK VORTEX/TODDLER/LADYBUG	116	<i>mega probiotic</i>	82	<i>methylergonovine maleate oral</i>	94
MATULANE	29	<i>megestrol acetate oral suspension 40</i>		<i>methylprednisolone oral</i>	93
MAVENCLAD (10 TABS)	51	<i>mg/ml</i>	102	<i>metoclopramide hcl oral solution</i>	23
MAVENCLAD (4 TABS)	51	<i>megestrol acetate oral tablet 20 mg</i>	102	<i>metoclopramide hcl oral tablet</i>	23
MAVENCLAD (5 TABS)	51	<i>megestrol acetate oral tablet 40 mg</i>	102	<i>metolazone</i>	48
MAVENCLAD (6 TABS)	51	<i>meijer allergy relief-d</i>	149	<i>metoprolol succinate er</i>	46
MAVENCLAD (7 TABS)	51	<i>meijer antacid</i>	82	<i>metoprolol tartrate oral</i>	46
MAVENCLAD (8 TABS)	51	<i>meijer anti-diarrheal</i>	72	METROGEL	15
MAVENCLAD (9 TABS)	51	MEKINIST	30	<i>metronidazole external</i>	15
MAVYRET ORAL PACKET	35	MEKTOVI	30	<i>metronidazole oral tablet</i>	16
MAVYRET ORAL TABLET	35	<i>meloxicam oral tablet</i>	5	<i>metronidazole vaginal</i>	16
MAX RELIEF JUNIOR	11	<i>melphalan</i>	31	<i>mexiletine hcl oral</i>	45
MAX TUSSIN MUCUS & CHEST CONG ..	137	<i>memantine hcl oral solution</i>	22	<i>mibelas 24 fe</i>	98
MAXALT	27	<i>memantine hcl oral tablet</i>	22	<i>micaderm</i>	26
<i>maxi-tuss ac</i>	149	MENACTRA	107	MICATIN	26
<i>maxi-tuss gmx</i>	149	MENEST	98	MICOMITIN	116
<i>maxi-tuss pe max</i>	137	MENQUADFI	107	<i>miconazole 3</i>	24
MAYZENT	51	MENVEO	107	<i>miconazole 3 applicator vaginal kit 200 & 2</i>	
MAYZENT STARTER PACK	51	<i>mercaptopurine oral</i>	29	<i>mg-% (9gm)</i>	24
<i>m-dryl</i>	131	<i>meropenem intravenous solution</i>		<i>miconazole 3 combo pack app vaginal kit</i>	
<i>meclizine hcl oral tablet 12.5 mg</i>	23	<i>reconstituted 500 mg</i>	18	<i>200 & 2 mg-% (9gm)</i>	24
<i>meclizine hcl oral tablet 25 mg</i>	23				

<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	24	<i>mm arthritis pain</i>	11	MUCINEX D.....	150
<i>miconazole 7 day treatment</i>	24	<i>mm aspirin</i>	116	MUCINEX D MAX STRENGTH.....	150
<i>miconazole 7 vaginal cream 2 %</i>	25	<i>mm clearlax</i>	86	MUCINEX DM.....	150
<i>miconazole 7 vaginal suppository 100 mg</i> ...	25	<i>mm ibuprofen</i>	5	MUCINEX FAST-MAX CHEST CONG MS	137
<i>miconazole antifungal</i>	26	<i>mm stool softener laxative</i>	89	MUCINEX FAST-MAX DM MAX.....	150
<i>miconazole nitrate external cream</i>	26	M-M-R II.....	107	MUCINEX MAXIMUM STRENGTH.....	137
<i>miconazole nitrate vaginal</i>	25	M-NATAL PLUS.....	69	MUCINEX SINUS-MAX CLEAR & COOL..	150
<i>miconazorb af</i>	26	MODERNA COVID-19 VAC 6M-11Y.....	116	MUCINEX SINUS-MAX SINUS/ALLRGY..	150
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<i>microgestin 1/20</i>	99	<i>mondoxyne nl</i>	20	<i>mucus d</i>	150
<i>microgestin 24 fe</i>	99	MONOJECT HYPODERMIC NEEDLE 18G		<i>mucus d extended release</i>	150
<i>microgestin fe 1.5/30</i>	99	X 1".....	42	<i>mucus d max st er</i>	150
<i>microgestin fe 1/20</i>	99	<i>mono-lynh</i>	99	<i>mucus dm</i>	150
<i>midodrine hcl</i>	44	<i>montelukast sodium oral</i>	132	<i>mucus dm extended release oral tablet</i>	
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<i>migraine formula oral tablet 250-250-65 mg</i>	11	<i>morphine sulfate (concentrate)</i>	7	<i>mucus er maximum str</i>	137
<i>migraine headache relief</i>	11	<i>morphine sulfate er</i>	6	<i>mucus er oral tablet extended release 12</i>	
<i>migraine relief</i>	11	<i>morphine sulfate er beads</i>	6	<i>hour 1200 mg</i>	137
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<i>mili</i>	99	<i>morphine sulfate rectal</i>	7	<i>extended release 12 hour 1200 mg</i>	137
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PLAN B ONE-STEP.....	103	<i>release 15 meq (1620 mg)</i>	63	<i>prenatal formula oral tablet 28-0.8 mg</i>	69
PLEGRIDY INTRAMUSCULAR.....	51	<i>potassium citrate er oral tablet extended</i>		<i>prenatal gummy oral tablet chewable 0.4-</i>	
PLEGRIDY STARTER PACK.....	51	<i>release 5 meq (540 mg)</i>	63	<i>113.5 mg</i>	159
PLEGRIDY SUBCUTANEOUS.....	51	<i>potassium citrate-citric acid</i>	67	<i>prenatal gummy oral tablet chewable 0.4-</i>	
PLENVU.....	73	<i>povidone iodine</i>	20	<i>25 mg</i>	69
<i>plerixafor</i>	43	<i>povidone-iodine external solution</i>	20	<i>prenatal multi+dha</i>	69
PNEUMOVAX 23.....	108	PRADAXA ORAL CAPSULE.....	42	<i>prenatal multivitamins</i>	69
<i>podofilox external</i>	56	PRADAXA ORAL PACKET.....	42	<i>prenatal oral tablet 27-0.8 mg</i>	70

<i>prenatal oral tablet 27-1 mg</i>	70	PROMACTA.....	43	QBREXZA.....	56
<i>prenatal oral tablet 28-0.8 mg</i>	70	<i>promethazine hcl oral</i>	23	QELBREE.....	38
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	70	<i>promethazine hcl rectal</i>	23	QNASL.....	132
<i>prenatalliron</i>	70	<i>promethazine vc</i>	135	QNASL CHILDRENS.....	132
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%.....	56	<i>promethazine-codeine</i>	152	QUADRACEL INTRAMUSCULAR	
PREVACID 24HR.....	74	<i>promethazine-dm</i>	152	SUSPENSION.....	107
<i>prevalite oral powder</i>	49	<i>promethegan</i>	23	<i>quinapril hcl</i>	45
PREVIDENT.....	63	PRONUTRIENTS VITAMIN D3.....	70	<i>quinapril-hydrochlorothiazide</i>	48
PREVIDENT 5000 DRY MOUTH.....	63	<i>propafenone hcl</i>	45	<i>quinidine gluconate er</i>	45
PREVIDENT 5000 PLUS.....	64	<i>propranolol hcl er</i>	46	<i>quinidine sulfate</i>	45
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PREZISTA.....	117	PROVENTIL HFA.....	133	RABAVERT.....	107
PRIFTIN.....	28	PROXIVOL.....	14	<i>radiance platinum vitamin d3</i>	70
<i>primaquine phosphate</i>	32	<i>pseudoephedrine hcl 12 hr</i>	152	RADICAVA ORS.....	50
<i>primidone oral tablet 250 mg, 50 mg</i>	21	<i>pseudoephedrine hcl er</i>	152	RADICAVA ORS STARTER KIT.....	50
PRIORIX.....	107	<i>pseudoephedrine hcl oral tablet 30 mg</i>	152	<i>raloxifene hcl</i>	102
PROAIR RESPICLICK.....	133	<i>pseudoephedrine-bromphen-dm</i>	139	<i>ramipril</i>	45
<i>probenecid</i>	27	<i>pseudoephedrine-guaifenesin er</i>	152	<i>ranolazine er</i>	48
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<i>probiotic colon care</i>	83	<i>pulmosal</i>	152	RAYALDEE.....	110
<i>probiotic complex</i>	83	PULMOZYME.....	134	<i>react</i>	103
<i>probiotic extra strength</i>	83	<i>pure & gentle lubricant</i>	125	<i>ready-to-use enema rectal enema</i>	83
<i>probiotic maximum strength</i>	83	<i>purelax oral powder</i>	87	REBIF.....	51
<i>probiotic oral capsule</i>	83	PURIXAN.....	29	REBIF REBIDOSE.....	51
<i>probiotic oral capsule 250 mg</i>	83	PYLERA.....	73	REBIF REBIDOSE TITRATION PACK.....	51
<i>probiotic pearls ex st</i>	83	<i>pyrazinamide oral</i>	28	REBIF TITRATION PACK.....	51
<i>prochlorperazine</i>	23	PYRIDIDIUM.....	92	RECARBRIO.....	18
<i>prochlorperazine maleate oral</i>	23	<i>pyridostigmine bromide er</i>	28	<i>reclipsen</i>	100
PROCRIT.....	43	<i>pyridostigmine bromide oral solution</i>	28	RECOMBIVAX HB.....	107
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<i>procto-med hc</i>	109	<i>pyridoxine hcl oral</i>	160	<i>refenesen 400</i>	139
<i>proctosol hc</i>	109	<i>pyridoxine hcl solution 100 mg/ml injection</i>	160	REFRESH LACRI-LUBE.....	125
<i>proctozone-hc</i>	109	PYRIDOXINE HCL SOLUTION 100		REFRESH PLUS.....	125
<i>progesterone oral</i>	102	MG/ML INJECTION.....	160	REFRESH TEARS.....	125
PROLENSA.....	122	<i>pyrimethamine oral</i>	32	REHYDRALYTE.....	67

RELENZA DISKHALER.....	37	<i>rifabutin</i>	28	SAFYRAL.....	100
<i>relief eye drops</i>	125	<i>rifampin oral</i>	28	SAIZEN.....	94
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RELPAK.....	27	RINVOQ.....	105	<i>saline mist spray</i>	139
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<i>restore plus lubricant eye</i>	125	DM ORAL LIQUID 20-400 MG/20ML.....	153	<i>sb pain reliever childrens</i>	13
<i>restore pm</i>	125	ROBITUSSIN PEAK COLD MULTI-SYM...	141	<i>scalp relief external liquid 3 %</i>	117
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4000 UNIT/ML, 40000 UNIT/ML.....	43	<i>rosuvastatin calcium</i>	49	SEGLENTIS.....	7
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RETIN-A MICRO PUMP EXTERNAL GEL		RUCONEST.....	105	<i>senior probiotic</i>	83
0.08 %.....	53	RUKOBIA.....	37	<i>senna lax</i>	89
REVATIO ORAL.....	135	RYALTRIS.....	117	<i>senna laxative</i>	89
REVITAFLOR.....	83	RYBELSUS.....	39	<i>senna oral liquid</i>	90
REVLIMID.....	29	RYDAPT.....	31	<i>senna oral syrup</i>	90
REYATAZ.....	37	<i>rynex dm</i>	153	<i>senna oral tablet</i>	90
REYVOW.....	27	<i>rynex pe</i>	153	<i>senna plus oral tablet</i>	90
REZVOGLAR KWIKPEN.....	42	<i>rynex pse</i>	153	<i>senna s</i>	90
RHOFADE.....	53	RYTARY.....	34	<i>senna smooth</i>	90
RHOPRESSA.....	122	RYTHMOL SR.....	45	<i>senna-docusate sodium</i>	90
<i>ribavirin oral</i>	35	<i>saccharomyces boulardii</i>	83	<i>senna-lax</i>	90

<i>senna-plus</i>	90	<i>sinus congestion max strength</i>	153	<i>sodium chloride inhalation nebulization solution 3 %</i>	153
<i>senna-s oral tablet 8.6-50 mg</i>	90	<i>sinus nasal spray</i>	153	<i>sodium chloride inhalation nebulization solution 7 %</i>	153
<i>senna-tabs</i>	90	<i>sinus pe decongestant</i>	139	<i>sodium chloride ophthalmic ointment 5 %</i> ..	125
<i>senna-time</i>	90	<i>sinus relief extra strength</i>	139	<i>sodium chloride ophthalmic solution 5 %</i> ...	126
<i>senna-time s</i>	90	<i>sinus/congestion relief pe</i>	139	<i>sodium fluoride 5000 plus</i>	64
<i>sennazon</i>	90	<i>sirolimus oral solution</i>	106	<i>sodium fluoride 5000 ppm dental cream</i>	64
SENOKOT.....	90	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	106	<i>sodium fluoride dental cream</i>	64
SENOKOT S.....	90	<i>sirolimus oral tablet 2 mg</i>	106	<i>sodium fluoride dental gel</i>	64
SEREVENT DISKUS.....	133	SIRTURO.....	28	<i>sodium fluoride oral solution</i>	64
<i>setlakin</i>	100	SIVEXTRO INTRAVENOUS.....	16	<i>sodium fluoride oral tablet chewable</i>	64
<i>sevelamer carbonate oral tablet</i>	67	SKYRIZI PEN.....	105	<i>sodium phenylbutyrate oral powder</i>	91
<i>sf</i>	64	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE.....	117	<i>sodium sulfacetamide wash</i>	117
<i>sf 5000 plus</i>	64	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	105	SOFOSBUVIR-VELPATASVIR.....	35
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<i>sharobel</i>	102	<i>sleep aid (diphenhydramine)</i>	156	SOLIQUA.....	39
SHINGRIX.....	108	<i>sleep aid nighttime</i>	156	SOLODYN.....	20
SIGNIFOR.....	104	<i>sleep aid oral tablet 25 mg</i>	156	SOLOSEC.....	16
SIKLOS.....	43	<i>sleep tabs</i>	156	<i>soluble fiber therapy</i>	90
<i>siladryl allergy</i>	131	SLO-NIACIN.....	70	SOMAVERT.....	104
<i>sildenafil citrate oral suspension reconstituted</i>	135	<i>smooth antacid ex st oral tablet chewable 750 mg</i>	84	SOMINEX.....	156
<i>sildenafil citrate oral tablet 20 mg</i>	135	<i>smooth antacid extra st</i>	84	SOOLANTRA.....	57
SILIQ.....	105	<i>smooth antacid extra strength</i>	84	<i>soothe maximum strength</i>	84
<i>siltussin sa</i>	139	<i>smooth lax oral powder</i>	87	<i>soothe oral suspension</i>	84
<i>siltussin-dm alcohol free</i>	153	SOAANZ ORAL TABLET 20 MG.....	48	<i>soothe oral tablet chewable</i>	84
<i>silver sulfadiazine external</i>	56	<i>sod chloride hypertonicity</i>	125	<i>sorafenib tosylate</i>	31
SIMBRINZA.....	122	<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	67	<i>sorbitol oral</i>	87
<i>simethicone oral capsule</i>	83	<i>sodium bicarbonate oral tablet</i>	84	SORILUX.....	56
<i>simethicone oral tablet chewable</i>	83	<i>sodium chloride (hypertonic) ophthalmic ointment</i>	125	<i>sotalol hcl (af)</i>	45
<i>simethicone ultra strength</i>	83	<i>sodium chloride (hypertonic) ophthalmic solution</i>	125	<i>sotalol hcl oral</i>	45
<i>simliya</i>	100	<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>	153	SOTYKTU.....	117
<i>simpesse</i>	100			SOVALDI.....	35
SIMPLY SLEEP.....	156			SPIKEVAX.....	117
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<i>simvastatin oral</i>	49			SPIRIVA HANDIHALER.....	133
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SINGULAIR.....	132			<i>spironolactone oral tablet</i>	48
<i>sinus 12 hour</i>	153			<i>spironolactone-hctz</i>	48
<i>sinus 12-hour</i>	153				

SPRAVATO (84 MG DOSE).....	22	<i>streptomycin sulfate intramuscular</i>	15	<i>suphedrine oral tablet 30 mg</i>	154
<i>sprintec 28</i>	100	<i>stress formulal/iron</i>	159	<i>suphedrine oral tablet extended release 12</i>	
SPRYCEL.....	119	STRIBILD.....	35	<i>hour 120 mg</i>	154
<i>sps</i>	68	STRIVE DUAL ZONE PEAK FLOW MTR..	117	SUPREP BOWEL PREP KIT.....	73
<i>sronyx</i>	100	STRIVERDI RESPIMAT.....	133	<i>sure result sr relief</i>	117
<i>ssd</i>	56	<i>sucralfate oral suspension</i>	74	SUTAB.....	20
<i>sss 10-5 external cream</i>	59	<i>sucralfate oral tablet</i>	74	SUTENT.....	31
ST JOSEPH LOW DOSE ORAL TABLET		SUDAFED.....	153	<i>syeda</i>	100
CHEWABLE.....	117	SUDAFED PE CONGESTION ORAL		SYMBICORT.....	144
STAMARIL.....	108	TABLET 10 MG.....	139	SYMDEKO.....	134
STEGLATRO.....	39	SUDAFED PE SINUS CONGESTION.....	139	SYMFI.....	36
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STIMUFEND.....	117	<i>sudogest 12 hour</i>	153	SYMLINPEN 120.....	39
<i>stimulant laxative oral tablet 8.6-50 mg</i>	90	<i>sudogest maximum strength</i>	154	SYMLINPEN 60.....	39
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<i>stomach relief extra strength</i>	84	<i>sulfacetamide sodium ophthalmic</i>	121	SYNAGIS.....	105
<i>stomach relief max st oral suspension 525</i>		<i>sulfacetamide sodium-sulfur external</i>		SYNAREL.....	104
<i>mg/15ml</i>	84	<i>cream 10-5 %</i>	59	SYNJARDY.....	39
<i>stomach relief oral suspension 1050</i>		<i>sulfacetamide sodium-sulfur external liquid</i>		SYNJARDY XR.....	39
<i>mg/30ml, 525 mg/15ml</i>	84	<i>9-4.5 %</i>	59	SYSTANE.....	126
<i>stomach relief oral suspension 262</i>		<i>sulfacetamide sod-sulfur wash external</i>		SYSTANE BALANCE.....	126
<i>mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	84	<i>liquid 9-4.5 %</i>	59	SYSTANE COMPLETE.....	126
<i>stomach relief oral tablet 262 mg</i>	84	<i>sulfacetamide-prednisolone</i>	120	SYSTANE CONTACTS.....	126
<i>stomach relief oral tablet chewable 262 mg</i>	84	<i>sulfamethoxazole-trimethoprim oral</i>	19	SYSTANE HYDRATION PF.....	126
<i>stomach relief plus</i>	84	<i>sulfamez wash</i>	59	SYSTANE NIGHTTIME.....	126
<i>stomach relief ultra oral suspension 525</i>		<i>sulfasalazine oral</i>	109	SYSTANE PRESERVATIVE FREE.....	126
<i>mg/15ml</i>	84	<i>sulfatrim pediatric</i>	19	SYSTANE ULTRA.....	126
<i>stool softener laxative oral capsule</i>	90	<i>sulindac oral</i>	6	SYSTANE ULTRA PF.....	126
<i>stool softener oral capsule 100 mg</i>	90	SUMADAN WASH.....	59	<i>tab tussin</i>	139
<i>stool softener oral capsule 240 mg</i>	90	<i>sumatriptan nasal</i>	27	TABLOID.....	29
<i>stool softener oral capsule 250 mg</i>	90	<i>sumatriptan succinate oral</i>	27	TABRECTA.....	119
<i>stool softener oral capsule 50 mg</i>	90	<i>sumatriptan succinate refill</i>	27	TACLONEX.....	56
<i>stool softener pls laxative</i>	90	<i>sumatriptan succinate subcutaneous</i>	27	<i>tacrolimus external ointment 0.03 %</i>	56
<i>stool softener plus laxative</i>	90	<i>sunitinib malate</i>	31	<i>tacrolimus external ointment 0.1 %</i>	56
<i>stool softener/laxative</i>	90	SUNLENCA ORAL.....	117	<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	106
<i>stool softener/laxative oral tablet</i>	90	<i>suphedrine 12hour</i>	154	<i>tacrolimus oral capsule 1 mg</i>	106
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TAGRISSE.....	119	RELEASE.....	51	<i>thiamine hcl injection</i>	160
<i>take action</i>	103	TEFLARO INTRAVENOUS SOLUTION		<i>thiamine hcl oral</i>	160
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SOLUTION.....	105	TEGSEDI.....	91	THIOLA.....	92
TAKHZYRO SUBCUTANEOUS		TEKTURNA.....	48	THIOLA EC.....	92
SOLUTION PREFILLED SYRINGE 150		<i>telmisartan</i>	44	<i>tiadytl er</i>	47
MG/ML.....	105	<i>temozolomide oral capsule 100 mg</i>	29	TIBSOVO.....	31
TAKHZYRO SUBCUTANEOUS		<i>temozolomide oral capsule 140 mg, 180</i>		<i>tigecycline</i>	16
SOLUTION PREFILLED SYRINGE 300		<i>mg, 20 mg, 250 mg, 5 mg</i>	29	TIGLUTIK.....	50
MG/2ML.....	105	TENCON.....	7	TIKOSYN.....	45
TALICIA.....	73	TENIVAC.....	108	<i>tilia fe</i>	100
TALTZ.....	105	<i>tenofovir disoproxil fumarate</i>	36	<i>timolol maleate ophthalmic solution</i>	122
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0.5 MG, 0.75 MG, 1 MG.....	31	<i>terazosin hcl</i>	91	TINACTIN EXTERNAL CREAM.....	117
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RECONSTITUTED.....	37	<i>terbinafine hydrochloride external cream 1</i>		<i>tinidazole oral tablet 500 mg</i>	16
<i>tamoxifen citrate oral</i>	29	%.....	26	TIROSINT ORAL CAPSULE 100 MCG,	
<i>tamsulosin hcl</i>	91	<i>terconazole vaginal cream</i>	25	112 MCG, 125 MCG, 13 MCG, 137 MCG,	
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TARGRETIN.....	31	TESTIM.....	95	TIVICAY PD.....	35
<i>tarina 24 fe</i>	100	<i>testosterone cypionate intramuscular</i>	95	<i>tizanidine hcl oral tablet</i>	34
<i>tarina fe 1/20 eq</i>	100	<i>testosterone enanthate intramuscular</i>	95	<i>tm-tolnaftate</i>	117
TASIGNA.....	119	<i>testosterone transdermal gel 12.5 mg/lact</i>		<i>tm-tolnaftate lr</i>	117
TASMAR.....	33	(1%).....	95	TOBI PODHALER.....	134
TAVALISSE.....	44	<i>testosterone transdermal gel 25 mg/2.5gm</i>		TOBRADEX.....	120
<i>tazicef injection</i>	17	(1%).....	95	TOBRADEX ST.....	120
<i>tazicef intravenous solution reconstituted 1</i>		TETANUS-DIPHThERIA TOXOIDS TD....	108	<i>tobramycin inhalation nebulization solution</i>	
<i>gm</i>	17	<i>tetrabenazine</i>	50	<i>300 mg/4ml</i>	134
<i>tazicef intravenous solution reconstituted 2</i>		TEZSPIRE SUBCUTANEOUS SOLUTION		<i>tobramycin ophthalmic</i>	121
<i>gm</i>	17	AUTO-INJECTOR.....	135	<i>tobramycin-dexamethasone</i>	120
TAZORAC EXTERNAL CREAM 0.1 %.....	53	THALOMID.....	29	<i>tolcapone</i>	33
TAZORAC EXTERNAL GEL.....	53	<i>the magic bullet</i>	117	TOLNAFI-AL.....	117

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<i>tolnaftate external cream</i>	118	<i>triderm</i>	56	TRULICITY.....	39
<i>tolnaftate external powder</i>	118	<i>tri-estarylla</i>	100	TRUMENBA.....	108
<i>tolterodine tartrate</i>	91	<i>trifluridine</i>	121	TRUVADA.....	37
<i>tolvaptan oral tablet 15 mg</i>	67	<i>trihexyphenidyl hcl</i>	33	TUMS.....	85
<i>toremifene citrate</i>	29	TRIJARDY XR.....	39	TUMS CHEWY BITES.....	85
<i>torse mide</i>	48	TRIKAFTA ORAL TABLET THERAPY		TUMS E-X 750.....	85
<i>total allergy</i>	131	PACK.....	134	TUMS EXTRA STRENGTH 750.....	85
<i>total allergy medicine</i>	131	TRIKAFTA ORAL THERAPY PACK.....	134	TUMS LASTING EFFECTS.....	85
TOUJEO MAX SOLOSTAR.....	41	<i>tri-legest fe</i>	100	TUMS SMOOTHIES.....	85
TOUJEO SOLOSTAR.....	41	<i>tri-linyah</i>	100	TUMS ULTRA 1000.....	85
TOVIAZ.....	91	TRILIPIX.....	48	TURALIO.....	119
TRACLEER.....	135	<i>tri-lo-estarylla</i>	100	<i>turqoz</i>	101
TRADJENTA.....	39	<i>tri-lo-marzia</i>	100	<i>tusnel-ex</i>	140
<i>tramadol hcl oral tablet 50 mg</i>	7	<i>tri-lo-mili</i>	100	<i>tussin adult chest congest</i>	140
<i>trandolapril</i>	45	<i>tri-lo-sprintec</i>	100	<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	154
<i>tranexamic acid oral</i>	43	<i>trimethobenzamide hcl oral</i>	23	<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	141
TRAVATAN Z.....	120	<i>trimethoprim oral</i>	16	<i>tussin chest congestion oral liquid 100</i>	
<i>travel ease</i>	23	<i>tri-mili</i>	100	<i>mg/5ml</i>	140
TRECTOR.....	28	<i>tri-nymyo</i>	100	<i>tussin cough dm sugar free</i>	154
TRELEGY ELLIPTA.....	144	<i>triple antibiotic external ointment , 3.5-400-</i>		<i>tussin cough long acting</i>	140
TREMFYA.....	106	<i>5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	20	<i>tussin cough oral syrup</i>	140
TRESIBA.....	41	<i>triple antibiotic original</i>	20	<i>tussin cough/chest congest oral syrup 100-</i>	
TRESIBA FLEXTOUCH.....	41	TRIPTODUR.....	104	<i>10 mg/5ml</i>	154
<i>tretinoin external cream</i>	53	<i>tri-sprintec</i>	101	<i>tussin cough/chest dm max oral liquid 10-</i>	
<i>tretinoin oral</i>	31	TRIUMEQ.....	36	<i>200 mg/5ml</i>	154
TREXALL.....	106	TRIUMEQ PD.....	36	<i>tussin cough/chest dm max oral liquid 20-</i>	
TREXIMET.....	27	<i>tri-vite pediatric</i>	70	<i>400 mg/20ml</i>	154
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<i>triamcinolone acetonide external cream</i>	56	<i>tri-vylibra</i>	101	<i>mg/20ml</i>	154
<i>triamcinolone acetonide external lotion</i>		<i>tri-vylibra lo</i>	101	<i>tussin dm cough/chest cong</i>	154
<i>0.025 %</i>	56	TRIZIVIR ORAL TABLET 300-150-300 MG.....	37	<i>tussin dm cough/chest oral syrup 10-100</i>	
<i>triamcinolone acetonide external lotion 0.1</i>		<i>trospium chloride</i>	91	<i>mg/5ml</i>	154
<i>%</i>	56	TRUECONTROL GLUCOSE CONT LEV 0.....	62	<i>tussin dm max adult</i>	154
<i>triamcinolone acetonide external ointment</i>		TRUECONTROL GLUCOSE CONT LEV 1.....	62	<i>tussin dm max daytime</i>	154
<i>0.025 %, 0.1 %, 0.5 %</i>	56	TRUELYTE.....	67	<i>tussin dm max oral liquid 20-400 mg/20ml</i>	155
<i>triamcinolone acetonide mouth/throat</i>	52	TRUEPLUS GLUCOSE ON THE GO.....	41	<i>tussin dm max st</i>	155
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<i>triamterene-hctz</i>	48	CHEWABLE.....	41	<i>tussin expectorant adult</i>	140

<i>tussin maximum strength oral syrup 15 mg/5ml</i>	140	<i>urea external cream 10 %</i>	59	<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	47
<i>tussin mucus & chest cong</i>	140	<i>urea external cream 20 %</i>	59	<i>verapamil hcl er oral tablet extended release</i>	47
<i>tussin mucus & chest congest</i>	140	<i>urea external lotion</i>	59	<i>verapamil hcl oral</i>	47
<i>tussin mucus/chest congest</i>	140	<i>ureacin-10</i>	59	VERKAZIA.....	120
<i>tussin mucus/congestion</i>	140	<i>ureacin-20</i>	59	VERQUVO.....	50
<i>tussin mucus+chest congest</i>	140	<i>urinary pain relief oral tablet 95 mg</i>	92	VERZENIO.....	31
<i>tussin mucus+chest congest sf</i>	140	<i>ursodiol oral capsule 300 mg</i>	73	VESICARE.....	91
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<i>vitamin c cr oral tablet extended release 500 mg</i>	159	<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	71	<i>wera</i>	101
<i>vitamin c er oral tablet extended release 1500 mg</i>	159	<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	71	<i>wes-phos 250 neutral</i>	67
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<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	70	<i>VIVJOA</i>	118	<i>XARELTO</i>	42
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<i>vitamin d oral liquid</i>	70	<i>VOGELXO</i>	95	<i>XELJANZ XR</i>	106
<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	70	<i>volnea</i>	101	<i>XELPROS</i>	120
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<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> ..	71	<i>VOTRIENT</i>	119	<i>XENLETA ORAL</i>	16
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		<i>VYZULTA</i>	120	<i>XIMINO</i>	20
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