



Preferred Drug List (PDL)

Health Plan of Nevada

Effective Date: 1/1/2024



Health Plan of Nevada
A UnitedHealthcare Company 



HEALTH PLAN OF NEVADA

A UnitedHealthcare Company

Preferred Drug List

INTRODUCTION

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

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

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

NOTICE

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

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

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

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

PREFACE

The Health Plan of Nevada Medicaid PDL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state.

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

The Health Plan of Nevada Medicaid PDL covers selected over-the-counter (OTC) products. You are encouraged to prescribe OTC medications when clinically appropriate.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

PRODUCT SELECTION CRITERIA

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

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

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

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

PDL PRODUCT DESCRIPTIONS

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.
Extended-release and delayed-release products require their own entry.

diltiazem sustained release CARDIZEM SR

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

**Neomycin/polymyxin B/
Hydrocortisone**

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

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

citalopram 40 mg tabs Celexa tabs

DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

GENERIC SUBSTITUTION

The Health Plan of Nevada Medicaid PDL **requires** generic substitution on the majority of products when a generic equivalent is available.

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

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

The Health Plan of Nevada Medicaid 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. Health Plan of Nevada Medicaid's PDL does not cover DESI "less than fully effective" drug products.

PLAN EXCLUSIONS

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

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

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

DAYS SUPPLY DISPENSING LIMITATIONS

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

The drugs in the Health Plan of Nevada Medicaid PDL have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through Health Plan of Nevada Medicaid. 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:

Health Plan of Nevada Medicaid
Fax 1-800-997-9672
Phone 1-800-443-8197

A prior authorization request form is available in the Health Plan of Nevada Medicaid provider manual and should be used for all prior authorization requests if possible.

Appropriate documentation must be provided to support the medical necessity of the non-PDL request. The Health Plan of Nevada Medicaid Pharmacy Department will respond to all requests in accordance with state requirements.

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

Please contact the Health Plan of Nevada Medicaid at 1-800-443-8197 with questions concerning the prior authorization process.

NON-PDL DRUGS 4-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 4-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 4 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 4-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 1-800-443-8197.

The pharmacy should contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to the Health Plan of Nevada Medicaid at 1-800-443-8197.

QUANTITY LIMITATIONS (QL)

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

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

The limits for the program are established based on FDA approval for dosing and the availability of the total daily

dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Controlled Substances

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

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

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

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process. Please contact the Health Plan of Nevada Medicaid at 1-800-443-8197 with questions.

Specialty Pharmaceutical Management Program

Health Plan of Nevada Medicaid is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps Health Plan of Nevada Medicaid 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 Health Plan of Nevada Medicaid via fax at 1-800-997-9672.

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

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

Prior Authorization request forms can be requested by calling the Health Plan of Nevada Medicaid at 1-800-443-8197.

MEDICATIONS REQUIRING DIAGNOSIS

Health Plan of Nevada Medicaid 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 section on the PDL.

The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. If a matching

diagnosis is not found in the medical claim file or on the pharmacy drug claim, the prescription will be rejected at the pharmacy. The pharmacist may then contact the prescriber to verify the diagnosis and submit it on the claim.

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

STEP THERAPY (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process. While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)	
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.	GLP-1/Insulin Combinations (Soliqua) Trial of one drug from the following classes: GLP-1 or Basal Insulin
Aricept 23mg	90 day trial of Aricept 10mg daily	lubiprostone For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Calcipotriene cream & oint 0.005%	Trial of two medium to high potency topical corticosteroids	Motegrity For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Calcitriol 3mcg/gm DPP4 Inhibitors (Nesina, Kazano, Oseni)	Trial of two topical corticosteroids At least a 90 day trial of 1500mg/day of metformin.	Movantik For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Elidel	Minimum age of 2. Trial of one topical corticosteroid.	Trulance For chronic idiopathic constipation or irritable bowel syndrome-constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Eucrisa	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment	Optivar 14 day trial of ketotifen within previous 90 days required first.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.	Ranexa Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
Fluticasone propionate/ salmeterol	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR 2) 60 day trial of a long-acting beta2- agonist (e.g. Arcapta, Striverdi) OR 60 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).	Renvela 8 week trial of calcium acetate
GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2-pack)	At least a 90 day trial of 1500mg/day of metformin	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.
		Uloric 8 week trial of up to 600mg of allopurinol required first.
		Xopenex Respules 30 day trial of Albuterol 0.083% or 0.5% respules.

PDL SUGGESTIONS

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

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

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

EDITOR

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

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

LEGEND

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

NOTICE

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

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

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

Health Plan of Nevada Medicaid

Table of Contents

Informational Section	1
Analgesics	1
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	3
Anesthetics	6
Anti-Addiction/Substance Abuse Treatment Agents	7
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	8
Antibacterials	8
Antibacterials - Drugs to Treat Bacterial Infections	10
Anticonvulsants	10
Antidementia Agents	12
Antidepressants	13
Antiemetics	14
Antiemetics - Drugs to Treat Nausea and Vomiting	15
Antifungals	15
Antifungals - Drugs to Treat Fungal Infections	15
Antigout Agents	16
Antimigraine Agents	17
Antimigraine Agents - Drugs to Treat Migraines	17
Antimyasthenic Agents	17
Antimycobacterials	17
Antineoplastics	18
Antineoplastics - Drugs to Treat Cancer	20
Antineoplastics, Other - Chemotherapy Agents	20
Antiparasitics	20
Antiparasitics - Drugs to Treat Parasitic Infections	21
Antiparkinson Agents	21
Antipsychotics	22
Antispasticity Agents	22
Antivirals	23
Antivirals - Drugs to Treat Viral Infections	25
Anxiolytics	25
Bipolar Agents	26
Blood Glucose Regulators	26
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	28
Blood Products and Modifiers	28
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	30
Cardiovascular Agents	30
Central Nervous System Agents	34
Dental and Oral Agents	36
Dermatological Agents	36
Dermatological Agents - Drugs to Treat Skin Conditions	39
Diabetes - Glucose Monitoring	40
Electrolytes/Minerals/Metals/Vitamins	42
Gastrointestinal Agents	49
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	51
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	60
Genitourinary Agents	61
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	61
Glycemic Agents - Diabetic Drugs	62
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	62

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	62
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones.....	63
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	63
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	63
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	63
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones.....	69
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	69
Hormonal Agents, Suppressant (Adrenal).....	69
Hormonal Agents, Suppressant (Pituitary).....	70
Hormonal Agents, Suppressant (Thyroid).....	70
Immunological Agents.....	70
Immunological Agents - Drugs that Stimulate or Suppress the Immune System.....	72
Inflammatory Bowel Disease Agents.....	73
Metabolic Bone Disease Agents.....	73
Miscellaneous Therapeutic Agents	74
Molecular Target Inhibitors - Chemotherapy Agents.....	79
Ophthalmic Agents.....	80
Ophthalmic Agents - Drugs to Treat Eye Conditions.....	82
Otic Agents.....	84
Otic Agents - Drugs to Treat Ear Conditions.....	85
Respiratory Tract/Pulmonary Agents.....	85
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	89
Skeletal Muscle Relaxants.....	100
Sleep Disorder Agents.....	100
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies.	100

Drug Name	Drug Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
ADVIL JUNIOR STRENGTH (ibuprofen)	Tier 2	QL
ADVIL ORAL TABLET (ibuprofen)	Tier 2	QL
ALEVE ORAL TABLET (naproxen sodium)	Tier 2	QL
all day pain relief oral tablet 220 mg	Tier 1	QL
all day relief	Tier 1	QL
celecoxib oral	Tier 1	QL
diclofenac potassium oral tablet 50 mg	Tier 1	QL
diclofenac sodium er	Tier 1	QL
diclofenac sodium external gel 1 %	Tier 1	Brand OTC and Generic; QL
diclofenac sodium external solution 1.5 %	Tier 1	PA; QL
diclofenac sodium oral	Tier 1	QL
ec-naproxen	Tier 1	QL
etodolac	Tier 1	QL
ibuprofen	Tier 1	QL
ibu-200	Tier 1	QL
ibuprofen childrens oral tablet chewable 100 mg	Tier 1	QL
ibuprofen ib childrens	Tier 1	QL
ibuprofen ib oral tablet 200 mg	Tier 1	QL
ibuprofen infants oral suspension 50 mg/1.25ml	Tier 1	QL
ibuprofen jr oral tablet 100 mg	Tier 1	QL
ibuprofen junior	Tier 1	QL
ibuprofen junior strength	Tier 1	QL
ibuprofen oral suspension 100 mg/5ml	Tier 1	QL
ibuprofen oral tablet	Tier 1	QL
indomethacin oral	Tier 1	QL
INFANTS ADVIL (ibuprofen)	Tier 2	QL
infants ibuprofen	Tier 1	QL
ketoprofen oral capsule 50 mg	Tier 1	QL
ketorolac tromethamine oral	Tier 1	QL
medi-first ibuprofen	Tier 1	QL
mediproxen	Tier 1	QL
meloxicam oral tablet	Tier 1	QL
mm ibuprofen	Tier 1	QL
MOTRIN CHILDRENS (ibuprofen)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
<i>MOTRIN IB ORAL TABLET (ibuprofen)</i>	Tier 2	QL
<i>MOTRIN INFANTS DROPS (ibuprofen)</i>	Tier 2	QL
<i>nabumetone oral</i>	Tier 1	QL
<i>naproxen dr</i>	Tier 1	QL
<i>naproxen oral suspension</i>	Tier 1	QL; AL
<i>naproxen oral tablet</i>	Tier 1	QL
<i>naproxen oral tablet delayed release</i>	Tier 1	QL
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	QL
<i>oxaprozin</i>	Tier 1	QL
<i>piroxicam oral</i>	Tier 1	QL
<i>sulindac oral</i>	Tier 1	QL
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	Tier 1	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL
<i>morphine sulfate er oral tablet extended release</i>	Tier 1	PA; QL
<i>oxymorphone hcl er</i>	Tier 1	PA; QL
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine</i>	Tier 1	QL; ARL
<i>ascomp-codeine</i>	Tier 1	QL
<i>bac</i>	Tier 1	QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Tier 1	QL
<i>butalbital-apap-caffeine oral tablet</i>	Tier 1	QL
<i>butalbital-asa-caff-codeine</i>	Tier 1	QL
<i>butalbital-aspirin-caffeine</i>	Tier 1	QL
<i>butorphanol tartrate nasal</i>	Tier 1	QL
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	Tier 1	QL; ARL
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL; ARL
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 1	QL; ARL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL; ARL
<i>hydromorphone hcl oral</i>	Tier 1	QL; ARL
<i>hydromorphone hcl rectal</i>	Tier 1	QL; ARL
<i>morphine sulfate (concentrate)</i>	Tier 1	QL; ARL

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

Drug Name	Drug Tier	Notes
<i>morphine sulfate oral</i>	Tier 1	QL; ARL
<i>morphine sulfate rectal</i>	Tier 1	QL; ARL
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	QL; ARL
<i>oxycodone hcl oral solution</i>	Tier 1	QL; ARL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	Tier 2	QL; ARL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL; ARL
<i>pentazocine-naloxone hcl</i>	Tier 1	QL; ARL
<i>TENCON (butalbital-acetaminophen)</i>	Tier 2	QL
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL; ARL
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants		
<i>buprenorphine hcl sublingual</i>	Tier 1	QL
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Analgesics - Miscellaneous Analgesics		
<i>8 hour arthritis pain</i>	Tier 1	QL
<i>8 hour arthritis relief</i>	Tier 1	QL
<i>8 hour pain relief oral tablet extended release 650 mg</i>	Tier 1	QL
<i>8 hour pain reliever</i>	Tier 1	QL
<i>8 hr arthritis pain relief</i>	Tier 1	QL
<i>8hr arthritis pain relief</i>	Tier 1	QL
<i>8hr muscle aches & pain</i>	Tier 1	QL
<i>acetaminophen 8 hour</i>	Tier 1	QL
<i>acetaminophen 8 hours</i>	Tier 1	QL
<i>acetaminophen 8hr arth pain</i>	Tier 1	QL
<i>acetaminophen 8hr musc ache</i>	Tier 1	QL
<i>acetaminophen childrens</i>	Tier 1	QL
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Tier 1	QL
<i>acetaminophen er</i>	Tier 1	QL
<i>acetaminophen ex st oral liquid 500 mg/15ml</i>	Tier 1	
<i>acetaminophen ex st oral tablet 500 mg</i>	Tier 1	QL
<i>acetaminophen extra strength</i>	Tier 1	QL
<i>acetaminophen infants</i>	Tier 1	QL
<i>acetaminophen oral liquid 160 mg/5ml</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	Tier 1	QL
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Tier 1	QL
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	Tier 1	QL
<i>acetaminophen oral tablet chewable 160 mg</i>	Tier 1	QL
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Tier 1	QL
<i>apra</i>	Tier 1	QL
<i>arthritis pain oral tablet extended release 650 mg</i>	Tier 1	QL
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Tier 1	QL
<i>arthritis pain reliever oral</i>	Tier 1	QL
<i>betatemp childrens</i>	Tier 1	QL
<i>childrens acetaminophen</i>	Tier 1	QL
<i>childrens apap</i>	Tier 1	QL
<i>childrens non-aspirin</i>	Tier 1	QL
<i>childrens silapap</i>	Tier 1	QL
<i>child's non-aspirin</i>	Tier 1	QL
<i>ed-apap</i>	Tier 1	QL
<i>EXCEDRIN EXTRA STRENGTH (aspirin-acetaminophen-caffeine)</i>	Tier 2	
<i>EXCEDRIN MIGRAINE (aspirin-acetaminophen-caffeine)</i>	Tier 2	
<i>fever reducer/pain reliever</i>	Tier 1	QL
<i>fever reducing childrens</i>	Tier 1	QL
<i>feverall adults</i>	Tier 1	QL
<i>feverall childrens</i>	Tier 1	QL
<i>FEVERALL INFANTS (acetaminophen)</i>	Tier 2	QL
<i>FEVERALL JUNIOR STRENGTH (acetaminophen)</i>	Tier 2	QL
<i>ft 8 hour pain relief</i>	Tier 1	QL
<i>ft children's pain/fever</i>	Tier 1	QL
<i>ft pain relief</i>	Tier 1	QL
<i>ft pain relief adult extra st</i>	Tier 1	QL
<i>headache formula</i>	Tier 1	
<i>headache relief extra str</i>	Tier 1	
<i>headache relief oral tablet 250-250-65 mg</i>	Tier 1	
<i>infants pain & fever</i>	Tier 1	QL
<i>infants pain relief drops</i>	Tier 1	QL
<i>infants pain/fever</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>liquid acetaminophen</i>	Tier 1	QL
<i>liquid pain relief</i>	Tier 1	QL
<i>mapap acetaminophen extra str</i>	Tier 1	
<i>mapap childrens</i>	Tier 1	QL
<i>mapap oral capsule</i>	Tier 1	QL
MAX RELIEF JUNIOR (acetaminophen)	Tier 2	QL
<i>migraine formula oral tablet 250-250-65 mg</i>	Tier 1	
<i>migraine headache relief</i>	Tier 1	
<i>migraine relief</i>	Tier 1	
<i>mm acetaminophen ex str</i>	Tier 1	QL
<i>mm arthritis pain</i>	Tier 1	QL
<i>m-pap</i>	Tier 1	QL
<i>non-aspirin</i>	Tier 1	QL
<i>non-aspirin 8 hour</i>	Tier 1	QL
<i>non-aspirin childrens</i>	Tier 1	QL
<i>non-aspirin extra strength</i>	Tier 1	QL
<i>non-aspirin jr strength</i>	Tier 1	QL
<i>non-aspirin pain relief</i>	Tier 1	QL
<i>pain & fever child</i>	Tier 1	QL
<i>pain & fever childrens</i>	Tier 1	QL
<i>pain & fever childrens oral tablet chewable 160 mg</i>	Tier 1	QL
<i>pain & fever infants oral suspension 160 mg/5ml</i>	Tier 1	QL
<i>pain relief childrens oral elixir 160 mg/5ml</i>	Tier 1	QL
<i>pain relief childrens oral suspension</i>	Tier 1	QL
<i>pain relief childrens oral tablet chewable 160 mg</i>	Tier 1	QL
<i>pain relief extra st</i>	Tier 1	QL
<i>pain relief extra strength oral capsule 500 mg</i>	Tier 1	QL
<i>pain relief extra strength oral liquid 500 mg/15ml</i>	Tier 1	
<i>pain relief extra strength oral tablet 500 mg</i>	Tier 1	QL
<i>pain relief oral liquid 500 mg/15ml</i>	Tier 1	
<i>pain relief oral tablet 325 mg, 500 mg</i>	Tier 1	QL
<i>pain relief oral tablet extended release 650 mg</i>	Tier 1	QL
<i>pain relief regular strength</i>	Tier 1	QL
<i>pain relief/rapid burst</i>	Tier 1	
<i>pain reliever</i>	Tier 1	QL
<i>pain reliever childrens oral suspension 160 mg/5ml</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>pain reliever ex st oral liquid 500 mg/15ml</i>	Tier 1	
<i>pain reliever ex st oral tablet 500 mg</i>	Tier 1	QL
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	Tier 1	
<i>pain reliever extra strength oral tablet 500 mg</i>	Tier 1	QL
<i>pain reliever plus</i>	Tier 1	
<i>pain-off</i>	Tier 1	
PANADOL CHILDRENS (acetaminophen)	Tier 2	QL
PANADOL EXTRA STRENGTH (acetaminophen)	Tier 2	QL
PANADOL INFANTS (acetaminophen)	Tier 2	QL
PHARBETOL (acetaminophen)	Tier 2	QL
PHARBETOL EXTRA STRENGTH (acetaminophen)	Tier 2	QL
<i>sb arthritis pain relief</i>	Tier 1	QL
<i>sb pain reliever childrens</i>	Tier 1	QL
TYLENOL FOR CHILDREN + ADULTS (acetaminophen)	Tier 2	QL
TYLENOL ORAL SUSPENSION 160 MG/5ML (acetaminophen)	Tier 2	QL
TYLENOL ORAL TABLET 325 MG (acetaminophen)	Tier 2	QL
TYLENOL ORAL TABLET 500 MG (acetaminophen)	Tier 2	QL
TYLENOL ORAL TABLET CHEWABLE 160 MG (acetaminophen)	Tier 2	QL
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Tier 2	QL
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs		
<i>salsalate oral</i>	Tier 1	QL
Opioid Analgesics, Short-acting		
<i>oxycodone hcl oral tablet</i>	Tier 1	QL; ARL
Anesthetics		
Local Anesthetics		
<i>7T LIDO (lidocaine hcl)</i>	Tier 2	QL
<i>ANECREAM EXTERNAL CREAM (lidocaine)</i>	Tier 2	QL
<i>ASPERFLEX LIDOCAIN EXTERNAL CREAM (lidocaine)</i>	Tier 2	QL
<i>lidocaine external cream</i>	Tier 1	QL
<i>lidocaine external patch 5 %</i>	Tier 1	DX2RX; QL
<i>lidocaine hcl external cream 3 %</i>	Tier 1	QL
<i>lidocaine viscous hcl</i>	Tier 1	QL
<i>lidocaine-prilocaine external cream</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>lidopin external cream 3 %</i>	Tier 1	QL
<i>LMX 4 (lidocaine)</i>	Tier 2	QL
<i>PROXIVOL (lidocaine hcl)</i>	Tier 2	QL
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium</i>	Tier 1	QL
<i>disulfiram oral tablet 250 mg</i>	Tier 1	QL
<i>disulfiram oral tablet 500 mg</i>	Tier 1	
<i>naltrexone hcl oral</i>	Tier 1	
<i>VIVITROL (naltrexone)</i>	Tier 2	
Opioid Dependence		
<i>BRIXADI (buprenorphine)</i>	Tier 2	
<i>BRIXADI (WEEKLY) (buprenorphine)</i>	Tier 2	
<i>buprenorphine hcl-naloxone hcl</i>	Tier 1	QL
<i>LUCEMYRA (lofexidine hcl)</i>	Tier 2	QL
<i>SUBLOCADE (buprenorphine)</i>	Tier 2	
<i>ZUBSOLV (buprenorphine hcl-naloxone hcl)</i>	Tier 2	QL
Opioid Reversal Agents		
<i>naloxone hcl injection</i>	Tier 1	QL
<i>naloxone hcl nasal</i>	Tier 1	QL
<i>NARCAN (naloxone hcl)</i>	Tier 2	QL
Smoking Cessation Agents		
<i>habitrol</i>	Tier 1	QL
<i>NICODERM CQ (nicotine)</i>	Tier 2	QL
<i>nicotine step 1</i>	Tier 1	QL
<i>nicotine step 2</i>	Tier 1	QL
<i>nicotine step 3</i>	Tier 1	QL
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	QL
<i>nicotine transdermal system</i>	Tier 1	QL
<i>varenicline tartrate</i>	Tier 1	PA; QL
<i>varenicline tartrate (starter)</i>	Tier 1	PA; QL
<i>varenicline tartrate(continue)</i>	Tier 1	PA; QL

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

Drug Name	Drug Tier	Notes
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence		
Smoking Cessation Agents - Deterrents		
<i>mini nicotine</i>	Tier 1	QL
<i>NICORETTE (nicotine polacrilex)</i>	Tier 2	QL
<i>NICORETTE MINI (nicotine polacrilex)</i>	Tier 2	QL
<i>NICORETTE STARTER KIT (nicotine polacrilex)</i>	Tier 2	QL
<i>nicotine gum mouth/throat gum 2 mg, 4 mg</i>	Tier 1	QL
<i>nicotine gum mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	QL
<i>nicotine mini</i>	Tier 1	QL
<i>nicotine mouth/throat gum 2 mg, 4 mg</i>	Tier 1	QL
<i>nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	QL
<i>nicotine polacrilex mini</i>	Tier 1	QL
<i>nicotine polacrilex mouth/throat</i>	Tier 1	QL
<i>quit2</i>	Tier 1	QL
<i>quit4</i>	Tier 1	QL
<i>THRIVE (nicotine polacrilex)</i>	Tier 2	QL
Antibacterials		
Aminoglycosides		
<i>HUMATIN (paromomycin sulfate)</i>	Tier 2	QL
<i>neomycin sulfate oral</i>	Tier 1	QL
Antibacterials, Other		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Tier 1	QL
<i>clindamycin palmitate hcl</i>	Tier 1	QL
<i>clindamycin phosphate vaginal</i>	Tier 1	QL
<i>FIRVANQ (vancomycin hcl)</i>	Tier 2	DX2RX; QL
<i>linezolid oral suspension reconstituted</i>	Tier 1	DX2RX; QL
<i>linezolid oral tablet</i>	Tier 1	DX2RX
<i>methenamine hippurate</i>	Tier 1	QL
<i>metronidazole external</i>	Tier 1	QL
<i>metronidazole oral tablet</i>	Tier 1	QL
<i>metronidazole vaginal</i>	Tier 1	QL
<i>nitrofurantoin macrocrystal</i>	Tier 1	QL
<i>nitrofurantoin monohydrate macrocrystals</i>	Tier 1	QL
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	Members >= 8 years of age will require PA; QL; AL

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

Drug Name	Drug Tier	Notes
<i>tinidazole oral tablet 250 mg</i>	Tier 1	
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL
<i>trimethoprim oral</i>	Tier 1	QL
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	DX2RX; QL
VANDAZOLE (metronidazole)	Tier 2	QL
Beta-lactam, Cephalosporins		
<i>cefaclor oral capsule</i>	Tier 1	QL
<i>cefadroxil</i>	Tier 1	QL
<i>cefdinir</i>	Tier 1	QL
<i>cefixime oral capsule</i>	Tier 1	QL
<i>cefpodoxime proxetil oral tablet</i>	Tier 1	QL
<i>cefprozil</i>	Tier 1	QL
<i>cefuroxime axetil</i>	Tier 1	QL
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	QL
<i>cephalexin oral suspension reconstituted</i>	Tier 1	QL
Beta-lactam, Penicillins		
<i>amoxicillin</i>	Tier 1	QL
<i>amoxicillin-potassium clavulanate</i>	Tier 1	QL
<i>ampicillin</i>	Tier 1	QL
<i>dicloxacillin sodium</i>	Tier 1	QL
<i>penicillin v potassium</i>	Tier 1	QL
Macrolides		
<i>azithromycin oral suspension reconstituted</i>	Tier 1	QL
<i>azithromycin oral tablet</i>	Tier 1	QL
<i>clarithromycin er</i>	Tier 1	QL
<i>clarithromycin oral</i>	Tier 1	QL
<i>DIFICID (fidaxomicin)</i>	Tier 2	PA; QL
<i>E.E.S. 400 (erythromycin ethylsuccinate)</i>	Tier 2	QL
<i>ERYTHROCIN STEARATE (erythromycin stearate)</i>	Tier 2	QL
<i>erythromycin base oral</i>	Tier 1	QL
<i>erythromycin ethylsuccinate oral</i>	Tier 1	QL
<i>erythromycin oral</i>	Tier 1	QL
Quinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED (ciprofloxacin)	Tier 2	QL
<i>ciprofloxacin hcl oral</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>levofloxacin oral tablet</i>	Tier 1	QL
<i>moxifloxacin hcl oral</i>	Tier 1	QL
<i>ofloxacin oral</i>	Tier 1	QL
Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	QL
<i>sulfatrim pediatric</i>	Tier 1	QL
Tetracyclines		
<i>doxycycline hyclate oral capsule</i>	Tier 1	QL
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	QL
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Tier 1	QL
<i>monodoxine nl</i>	Tier 1	QL
<i>NUZYRA ORAL (omadacycline tosylate)</i>	Tier 2	PA; QL
Antibacterials - Drugs to Treat Bacterial Infections		
Antibacterials, Other - Antibiotics		
<i>antibiotic</i>	Tier 1	QL
<i>antiseptic</i>	Tier 1	
<i>BETADINE EXTERNAL SOLUTION 10 % (povidone-iodine)</i>	Tier 2	
<i>first aid antibiotic external ointment 3.5-400-5000 , 3.5-400-5000 mg-unit</i>	Tier 1	QL
<i>first aid antiseptic external solution 10 %</i>	Tier 1	
<i>medi-first triple antibiotic</i>	Tier 1	QL
<i>NEOSPORIN ORIGINAL (neomycin-bacitracin-polymyxin)</i>	Tier 2	QL
<i>povidone iodine</i>	Tier 1	
<i>povidone-iodine external solution</i>	Tier 1	
<i>SCRUB CARE POVIDONE-IODINE (povidone-iodine)</i>	Tier 2	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	Tier 1	QL
<i>triple antibiotic original</i>	Tier 1	QL
Anticonvulsants		
Anticonvulsants, Other		
<i>felbamate oral suspension</i>	Tier 1	Members >= 8 years of age will require PA Available for an extended day(s) supply; QL; AL
<i>felbamate oral tablet</i>	Tier 1	QL
<i>lamotrigine oral tablet</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>lamotrigine oral tablet chewable</i>	Tier 1	Members >= 8 years of age will require PA Available for an extended day(s) supply; QL; AL
<i>lamotrigine starter kit-blue</i>	Tier 1	QL
<i>lamotrigine starter kit-green</i>	Tier 1	QL
<i>lamotrigine starter kit-orange</i>	Tier 1	QL
<i>levetiracetam oral solution</i>	Tier 1	Maximum age of 9 years for solution Available for an extended day(s) supply; QL; AL
<i>levetiracetam oral tablet</i>	Tier 1	QL
<i>roweepra</i>	Tier 1	QL
<i>subvenite</i>	Tier 1	QL
<i>subvenite starter kit-blue</i>	Tier 1	QL
<i>subvenite starter kit-green</i>	Tier 1	QL
<i>subvenite starter kit-orange</i>	Tier 1	QL
<i>topiramate oral capsule sprinkle</i>	Tier 1	Members >= 8 years of age will require PA Available for an extended day(s) supply; QL; AL
<i>topiramate oral tablet</i>	Tier 1	QL
<i>valproic acid oral</i>	Tier 1	QL
Calcium Channel Modifying Agents		
<i>ethosuximide oral</i>	Tier 1	QL
<i>methsuximide</i>	Tier 1	QL
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	Tier 1	DX2RX; QL
<i>diazepam rectal</i>	Tier 1	QL
<i> gabapentin oral capsule</i>	Tier 1	QL
<i> gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	QL
<i>NAYZILAM (midazolam (anticonvulsant))</i>	Tier 2	PA; QL
<i>phenobarbital oral</i>	Tier 1	QL
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	QL
<i>tiagabine hcl</i>	Tier 1	PA; QL; AL
<i>vigabatrin oral packet</i>	Tier 1	PA; SP; QL
<i>vigadron oral packet</i>	Tier 1	PA; SP; QL

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

Drug Name	Drug Tier	Notes
Sodium Channel Agents		
<i>carbamazepine er</i>	Tier 1	QL
<i>carbamazepine oral</i>	Tier 1	QL
<i>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</i>	Tier 2	
<i>epitol</i>	Tier 1	QL
<i>lacosamide oral tablet</i>	Tier 1	PA; QL; AL
<i>oxcarbazepine oral suspension</i>	Tier 1	Maximum age of 9 years for solution Available for an extended day(s) supply; QL; AL
<i>oxcarbazepine oral tablet</i>	Tier 1	QL
<i>phenytek</i>	Tier 1	QL
<i>phenytoin infatabs</i>	Tier 1	QL
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	QL
<i>phenytoin oral tablet chewable</i>	Tier 1	QL
<i>phenytoin sodium extended</i>	Tier 1	QL
<i>rufinamide</i>	Tier 1	DX2RX; QL
<i>TEGRETOL ORAL SUSPENSION (carbamazepine)</i>	Tier 2	QL
<i>zonisamide oral</i>	Tier 1	QL
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL
<i>donepezil hcl oral tablet 23 mg</i>	Tier 1	ST; Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL
<i>galantamine hydrobromide oral solution</i>	Tier 1	QL; AL
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 1	QL; AL
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 1	Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL
<i>rivastigmine</i>	Tier 1	Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL

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

Drug Name	Drug Tier	Notes
<i>rivastigmine tartrate</i>	Tier 1	QL; AL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl oral solution</i>	Tier 1	QL
<i>memantine hcl oral tablet</i>	Tier 1	Members <18 years of age will require PA Available for an extended day(s) supply; QL; AL
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl er (sr)</i>	Tier 1	QL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL
<i>bupropion hcl oral</i>	Tier 1	QL
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Tier 1	Tabs (not soltabs) Available for an extended day(s) supply; QL
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	QL
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>	Tier 1	QL
Monoamine Oxidase Inhibitors		
<i>tranylcypromine sulfate</i>	Tier 1	QL
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
<i>citalopram hydrobromide oral solution</i>	Tier 1	QL
<i>citalopram hydrobromide oral tablet</i>	Tier 1	QL
<i>escitalopram oxalate oral tablet</i>	Tier 1	QL
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	Tier 1	QL
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	
<i>fluoxetine hcl oral solution</i>	Tier 1	QL
<i>fluvoxamine maleate</i>	Tier 1	QL
<i>paroxetine hcl oral tablet</i>	Tier 1	QL
<i>sertraline hcl oral concentrate</i>	Tier 1	QL
<i>sertraline hcl oral tablet</i>	Tier 1	QL
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	QL
<i>venlafaxine hcl</i>	Tier 1	QL
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
Tricyclics		
<i>amitriptyline hcl oral</i>	Tier 1	QL
<i>amoxapine</i>	Tier 1	QL
<i>clomipramine hcl oral</i>	Tier 1	QL
<i>desipramine hcl oral</i>	Tier 1	QL
<i>doxepin hcl oral capsule</i>	Tier 1	QL
<i>doxepin hcl oral concentrate</i>	Tier 1	QL
<i>imipramine hcl oral</i>	Tier 1	QL
<i>nortriptyline hcl oral</i>	Tier 1	QL
Antiemetics		
Antiemetics, Other		
<i>BONINE (meclizine hcl)</i>	Tier 2	
<i>compro</i>	Tier 1	QL
<i>driminate</i>	Tier 1	
<i>ft motion sickness oral tablet 50 mg</i>	Tier 1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL
<i>meclizine hcl oral tablet chewable</i>	Tier 1	
<i>metoclopramide hcl oral solution</i>	Tier 1	QL
<i>metoclopramide hcl oral tablet</i>	Tier 1	QL
<i>motion sickness oral tablet 50 mg</i>	Tier 1	
<i>motion sickness relief oral tablet 50 mg</i>	Tier 1	
<i>motion sickness relief oral tablet chewable 25 mg</i>	Tier 1	
<i>motion-time</i>	Tier 1	
<i>perphenazine oral</i>	Tier 1	QL
<i>prochlorperazine</i>	Tier 1	QL
<i>prochlorperazine maleate oral</i>	Tier 1	QL
<i>promethazine hcl oral</i>	Tier 1	QL
<i>promethazine hcl rectal</i>	Tier 1	QL
<i>promethegan</i>	Tier 1	QL
<i>travel ease</i>	Tier 1	
<i>trimethobenzamide hcl oral</i>	Tier 1	QL
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	Tier 1	QL
<i>dronabinol</i>	Tier 1	PA; QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL
<i>ondansetron odt</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
Antiemetics - Drugs to Treat Nausea and Vomiting		
Antiemetics, Other - Nausea and Vomiting Drugs		
<i>anti-nausea</i>	Tier 1	
<i>anti-nausea relief</i>	Tier 1	
<i>EMETROL ORAL SOLUTION (fructose-dextrose-phosphor acd)</i>	Tier 2	
<i>nausea control</i>	Tier 1	
<i>nausea relief oral solution 1.87-1.87-21.5</i>	Tier 1	
Antifungals		
<i>3 day</i>	Tier 1	
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	QL
<i>fluconazole oral</i>	Tier 1	QL
<i>griseofulvin microsize oral</i>	Tier 1	QL
<i>griseofulvin ultramicrosize</i>	Tier 1	QL
<i>itraconazole oral</i>	Tier 1	PA; QL
<i>ketoconazole oral</i>	Tier 1	QL
<i>miconazole 3</i>	Tier 1	QL
<i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	QL
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	QL
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	QL
<i>miconazole 7 day treatment</i>	Tier 1	QL
<i>miconazole 7 vaginal cream 2 %</i>	Tier 1	QL
<i>miconazole 7 vaginal suppository 100 mg</i>	Tier 1	
<i>miconazole nitrate vaginal</i>	Tier 1	QL
<i>nystatin mouth/throat</i>	Tier 1	QL
<i>nystatin oral</i>	Tier 1	QL
<i>terbinafine hcl oral</i>	Tier 1	QL
<i>terconazole vaginal cream</i>	Tier 1	QL
<i>voriconazole oral tablet</i>	Tier 1	PA; QL
Antifungals - Drugs to Treat Fungal Infections		
Antifungals - Fungal Infection Drugs		
<i>3 day vaginal</i>	Tier 1	
<i>3-day vaginal vaginal cream 2 %</i>	Tier 1	
<i>antifungal external cream</i>	Tier 1	
<i>antifungal external powder</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>antifungal foot care</i>	Tier 1	QL
<i>antifungal miconazole</i>	Tier 1	
<i>athletes foot</i>	Tier 1	
<i>athletes foot (terbinafine)</i>	Tier 1	QL
<i>athletes foot external aerosol powder 2 %</i>	Tier 1	
<i>athletes foot external cream 1 %</i>	Tier 1	QL
<i>athletes foot external powder 2 %</i>	Tier 1	QL
<i>athletes foot powder spray external aerosol powder 2 %</i>	Tier 1	
<i>athletes foot spray external aerosol 2 %</i>	Tier 1	
<i>baza antifungal</i>	Tier 1	
<i>clotrimazole 3 vaginal cream 2 %</i>	Tier 1	
<i>clotrimazole 7</i>	Tier 1	QL
<i>clotrimazole vaginal</i>	Tier 1	QL
<i>clotrimazole vaginal cream 1 %</i>	Tier 1	QL
<i>critic-aid clear af</i>	Tier 1	
CRUEX PRESCRIPTION STRENGTH (miconazole nitrate)	Tier 2	
DESENEX EXTERNAL POWDER (miconazole nitrate)	Tier 2	QL
DESENEX JOCK ITCH (miconazole nitrate)	Tier 2	
<i>foot care (terbinafine)</i>	Tier 1	QL
<i>ft antifungal external cream 2 %</i>	Tier 1	
<i>ft athletes foot (terbinafine)</i>	Tier 1	QL
<i>jock itch external cream 1 %</i>	Tier 1	QL
LAMISIL AT EXTERNAL CREAM (terbinafine hcl)	Tier 2	QL
LAMISIL AT JOCK ITCH (terbinafine hcl)	Tier 2	QL
<i>micaderm</i>	Tier 1	
MICATIN (miconazole nitrate)	Tier 2	
<i>miconazole antifungal</i>	Tier 1	
<i>miconazole nitrate external cream</i>	Tier 1	
<i>miconazorb af</i>	Tier 1	QL
<i>terbinafine hcl external</i>	Tier 1	QL
<i>terbinafine hydrochloride external cream 1 %</i>	Tier 1	QL
ZEASORB-AF (miconazole nitrate)	Tier 2	QL
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	QL
<i>colchicine oral tablet</i>	Tier 1	QL
<i>febuxostat</i>	Tier 1	ST; QL

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

Drug Name	Drug Tier	Notes
<i>probenecid</i>	Tier 1	QL
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection</i>	Tier 1	QL
<i>MIGERGOT (ergotamine-caffeine)</i>	Tier 2	QL
Prophylactic		
<i>AIMOVIG (erenumab-aooe)</i>	Tier 2	PA; QL
<i>EMGALITY (galcanezumab-gnlm)</i>	Tier 2	PA; QL
<i>EMGALITY (300 MG DOSE) (galcanezumab-gnlm)</i>	Tier 2	PA; QL
Antimigraine Agents - Drugs to Treat Migraines		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs		
<i>NURTEC (rimegepant sulfate)</i>	Tier 2	PA; QL
Serotonin (5-HT) Receptor Agonists - Migraine Drugs		
<i>naratriptan hcl</i>	Tier 1	ST; QL
<i>rizatriptan benzoate</i>	Tier 1	QL
<i>sumatriptan nasal</i>	Tier 1	QL
<i>sumatriptan succinate oral</i>	Tier 1	QL
<i>sumatriptan succinate refill</i>	Tier 1	QL
<i>sumatriptan succinate subcutaneous</i>	Tier 1	QL
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	Tier 1	QL
<i>pyridostigmine bromide oral solution</i>	Tier 1	QL
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral</i>	Tier 1	QL
<i>rifabutin</i>	Tier 1	QL
Antituberculars		
<i>cycloserine oral</i>	Tier 1	QL
<i>ethambutol hcl oral tablet 100 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 400 mg</i>	Tier 1	QL
<i>isoniazid oral</i>	Tier 1	QL
<i>PRIFTIN (rifapentine)</i>	Tier 2	QL

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

Drug Name	Drug Tier	Notes
<i>pyrazinamide oral</i>	Tier 1	QL
<i>rifampin oral</i>	Tier 1	QL
<i>SIRTURO (bedaquiline fumarate)</i>	Tier 2	QL
<i>TRECATOR (ethionamide)</i>	Tier 2	QL
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 1	
CYCLOPHOSPHAMIDE ORAL TABLET	Tier 2	
<i>LEUKERAN (chlorambucil)</i>	Tier 2	
<i>MATULANE (procarbazine hcl)</i>	Tier 2	SP
<i>MYLERAN (busulfan)</i>	Tier 2	
<i>temozolomide</i>	Tier 1	PA; SP; QL
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1	PA; SP; QL
<i>bicalutamide</i>	Tier 1	QL
<i>ERLEADA ORAL TABLET 240 MG (apalutamide)</i>	Tier 2	SP; QL
<i>ERLEADA ORAL TABLET 60 MG (apalutamide)</i>	Tier 2	PA; SP; QL
<i>EULEXIN (flutamide)</i>	Tier 2	QL
<i>NUBEQA (darolutamide)</i>	Tier 2	PA; SP; QL
Antiangiogenic Agents		
<i>lenalidomide</i>	Tier 1	PA; SP; QL
<i>POMALYST (pomalidomide)</i>	Tier 2	PA; SP; QL
<i>REVLIMID (lenalidomide)</i>	Tier 2	PA; SP; QL
<i>THALOMID (thalidomide)</i>	Tier 2	PA; SP; QL
Antiestrogens/Modifiers		
<i>tamoxifen citrate oral</i>	Tier 1	QL
<i>toremifene citrate</i>	Tier 1	QL
Antimetabolites		
<i>hydroxyurea oral</i>	Tier 1	QL
<i>mercaptopurine oral</i>	Tier 1	QL
<i>TABLOID (thioguanine)</i>	Tier 2	SP
Antineoplastics, Other		
<i>IDHIFA (enasidenib mesylate)</i>	Tier 2	PA; SP; QL
<i>LONSURF (trifluridine-tipiracil)</i>	Tier 2	PA; SP; QL
<i>NINLARO (ixazomib citrate)</i>	Tier 2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
ZOLINZA (vorinostat)	Tier 2	PA; SP; QL
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral</i>	Tier 1	QL
<i>exemestane</i>	Tier 1	QL
<i>letrozole oral</i>	Tier 1	QL
Enzyme Inhibitors		
<i>etoposide oral</i>	Tier 1	
HYCAMTIN ORAL (topotecan hcl)	Tier 2	PA; SP
Molecular Target Inhibitors		
BALVERSA ORAL TABLET 4 MG (erdafitinib)	Tier 2	PA; SP; QL
COTELLIC (cobimetinib fumarate)	Tier 2	PA; SP; QL
DAURISMO (glasdegib maleate)	Tier 2	PA; SP; QL
ERIVEDGE (vismodegib)	Tier 2	PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	PA; SP; QL
everolimus oral tablet soluble	Tier 1	PA; SP; QL
IBRANCE (palbociclib)	Tier 2	PA; SP; QL
JAKAFI (ruxolitinib phosphate)	Tier 2	PA; SP; QL
KISQALI FEMARA (200 MG DOSE) (ribociclib-letrozole)	Tier 2	PA; SP; QL
KISQALI FEMARA (400 MG DOSE) (ribociclib-letrozole)	Tier 2	PA; SP; QL
KISQALI FEMARA (600 MG DOSE) (ribociclib-letrozole)	Tier 2	PA; SP; QL
LYNPARZA (olaparib)	Tier 2	PA; SP; QL
MEKINIST ORAL SOLUTION RECONSTITUTED (trametinib dimethyl sulfoxide)	Tier 2	SP; QL
MEKINIST ORAL TABLET (trametinib dimethyl sulfoxide)	Tier 2	PA; SP; QL
ODOMZO (sonidegib phosphate)	Tier 2	PA; SP; QL
PIQRAY (200 MG DAILY DOSE) (alpelisib)	Tier 2	PA; SP; QL
PIQRAY (250 MG DAILY DOSE) (alpelisib)	Tier 2	PA; SP; QL
PIQRAY (300 MG DAILY DOSE) (alpelisib)	Tier 2	PA; SP; QL
ROZLYTREK ORAL CAPSULE (entrectinib)	Tier 2	PA; SP; QL
RUBRACA ORAL TABLET 200 MG, 300 MG (rucaparib camsylate)	Tier 2	PA; SP; QL
RYDAPT (midostaurin)	Tier 2	PA; SP; QL
sorafenib tosylate	Tier 1	PA; SP; QL
STIVARGA (regorafenib)	Tier 2	PA; SP; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg	Tier 1	PA; SP; QL
sunitinib malate oral capsule 37.5 mg	Tier 1	PA; SP

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

Drug Name	Drug Tier	Notes
TAFINLAR ORAL CAPSULE (dabrafenib mesylate)	Tier 2	PA; SP; QL
TAFINLAR ORAL TABLET SOLUBLE (dabrafenib mesylate)	Tier 2	SP; QL
TIBSOVO (ivosidenib)	Tier 2	PA; SP; QL
VENCLEXTA (venetoclax)	Tier 2	PA; SP; QL
VENCLEXTA STARTING PACK (venetoclax)	Tier 2	PA; SP; QL
VERZENIO (abemaciclib)	Tier 2	PA; SP; QL
VITRAKVI (larotrectinib sulfate)	Tier 2	PA; SP; QL
ZEJULA (niraparib tosylate)	Tier 2	PA; SP; QL; AL
ZELBORAFA (vemurafenib)	Tier 2	PA; SP; QL
ZYDELIG (idelalisib)	Tier 2	PA; SP; QL
Retinoids		
bexarotene	Tier 1	PA; SP
tretinoin oral	Tier 1	SP
Treatment Adjuncts		
leucovorin calcium oral tablet 10 mg	Tier 1	
leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg	Tier 1	QL
MESNEX ORAL (mesna)	Tier 2	SP
Antineoplastics - Drugs to Treat Cancer		
Alkylating Agents - Chemotherapy Agents		
melphalan	Tier 1	
Antimetabolites - Chemotherapy Agents		
capecitabine	Tier 1	SP
Antineoplastics, Other - Chemotherapy Agents		
Antineoplastics - Drugs to Treat Cancer		
ZYKADIA (ceritinib)	Tier 2	PA; SP; QL
Antiparasitics		
Anthelmintics		
albendazole oral	Tier 1	DX2RX; QL
ivermectin oral	Tier 1	DX2RX; QL
praziquantel oral	Tier 1	DX2RX; QL
Antiprotozoals		
atovaquone	Tier 1	PA; QL
atovaquone-proguanil hcl	Tier 1	QL
BENZNIDAZOLE	Tier 2	DX2RX; QL
chloroquine phosphate oral	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL
<i>KRINTAFEL (tafenoquine succinate)</i>	Tier 2	QL
<i>mefloquine hcl</i>	Tier 1	QL
<i>nitazoxanide oral</i>	Tier 1	DX2RX; QL
<i>pentamidine isethionate inhalation</i>	Tier 1	
<i>primaquine phosphate</i>	Tier 1	
<i>pyrimethamine oral</i>	Tier 1	PA; SP; QL
Antiparasitics - Drugs to Treat Parasitic Infections		
Pediculicides/Scabicides - Scabies and Lice Drugs		
<i>lice killing</i>	Tier 1	
<i>lice killing max st external shampoo 0.33-4 %</i>	Tier 1	
<i>lice killing max strength</i>	Tier 1	
<i>lice killing maximum strength</i>	Tier 1	
<i>lice maximum strength</i>	Tier 1	
<i>lice treatment external shampoo 0.33-4 %</i>	Tier 1	
<i>sb lice killing max st</i>	Tier 1	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral</i>	Tier 1	QL
<i>trihexyphenidyl hcl</i>	Tier 1	QL
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	Tier 1	QL
<i>entacapone</i>	Tier 1	QL
<i>tolcapone</i>	Tier 1	QL
Dopamine Agonists		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	Tier 1	QL
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	Tier 1	
<i>ropinirole hcl</i>	Tier 1	QL
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er</i>	Tier 1	QL
<i>carbidopa-levodopa oral tablet</i>	Tier 1	QL
<i>DHIVY (carbidopa-levodopa)</i>	Tier 2	QL
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>selegiline hcl oral</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl oral tablet</i>	Tier 1	QL
<i>fluphenazine decanoate injection</i>	Tier 1	QL
<i>fluphenazine hcl injection</i>	Tier 1	
<i>fluphenazine hcl oral concentrate</i>	Tier 1	
<i>fluphenazine hcl oral elixir</i>	Tier 1	
<i>fluphenazine hcl oral tablet</i>	Tier 1	QL
<i>haloperidol decanoate intramuscular</i>	Tier 1	QL
<i>haloperidol oral</i>	Tier 1	QL
<i>loxapine succinate</i>	Tier 1	QL
<i>pimozide</i>	Tier 1	QL; AL
<i>thioridazine hcl oral</i>	Tier 1	QL
<i>thiothixene</i>	Tier 1	QL
<i>trifluoperazine hcl</i>	Tier 1	QL
2nd Generation/Atypical		
<i>ABILIFY MAINTENA (aripiprazole)</i>	Tier 2	DX2RX; ST; QL; AL
<i>aripiprazole oral tablet</i>	Tier 1	QL; AL
<i>ARISTADA (aripiprazole lauroxil)</i>	Tier 2	DX2RX; ST; QL; AL
<i>INVEGA HAFYERA (paliperidone palmitate)</i>	Tier 2	PA; QL; AL
<i>INVEGA SUSTENNA (paliperidone palmitate)</i>	Tier 2	DX2RX; ST; QL; AL
<i>INVEGA TRINZA (paliperidone palmitate)</i>	Tier 2	PA; QL; AL
<i>lurasidone hcl</i>	Tier 1	QL; AL
<i>olanzapine oral tablet</i>	Tier 1	QL; AL
<i>PERSERIS (risperidone)</i>	Tier 2	DX2RX; ST; QL; AL
<i>quetiapine fumarate</i>	Tier 1	QL; AL
<i>quetiapine fumarate er</i>	Tier 1	QL; AL
<i>RISPERDAL CONSTA (risperidone microspheres)</i>	Tier 2	DX2RX; ST; QL; AL
<i>risperidone oral solution</i>	Tier 1	Members >= 8 years of age will require PA; QL; AL
<i>risperidone oral tablet</i>	Tier 1	QL; AL
<i>ziprasidone hcl</i>	Tier 1	QL; AL
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 1	QL; AL
Antispasticity Agents		
<i>baclofen oral tablet</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>dantrolene sodium oral</i>	Tier 1	QL
<i>tizanidine hcl oral tablet</i>	Tier 1	QL
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>valganciclovir hcl oral tablet</i>	Tier 1	QL
Anti-hepatitis B (HBV) Agents		
BARACLUDE ORAL SOLUTION (entecavir)	Tier 2	SP; QL
<i>entecavir</i>	Tier 1	SP; QL
<i>lamivudine oral tablet 100 mg</i>	Tier 1	SP; QL
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	Tier 2	PA; SP; QL
MAVYRET ORAL PACKET (glecaprevir-pibrentasvir)	Tier 2	PA; SP; QL
MAVYRET ORAL TABLET (glecaprevir-pibrentasvir)	Tier 2	PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL
<i>ribavirin oral</i>	Tier 1	QL
<i>SOFOSBUVIR-VELPATASVIR</i>	Tier 2	PA; SP; QL
SOVALDI (sofosbuvir)	Tier 2	SP; QL
ZEPATIER (elbasvir-grazoprevir)	Tier 2	PA; SP; QL
Antiherpetic Agents		
<i>acyclovir oral</i>	Tier 1	QL
<i>valacyclovir hcl oral</i>	Tier 1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 30-120-15 MG (bictegravir-emtricitab-tenofovir)	Tier 2	DX2RX
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir-emtricitab-tenofovir)	Tier 2	QL
DOVATO (dolutegravir-lamivudine)	Tier 2	QL
GENVOYA (elviteg-cobic-emtricit-tenofaf)	Tier 2	QL
ISENTRESS HD (raltegravir potassium)	Tier 2	QL
ISENTRESS ORAL PACKET (raltegravir potassium)	Tier 2	Members >= 2 years of age will require PA; QL; AL
ISENTRESS ORAL TABLET (raltegravir potassium)	Tier 2	QL
ISENTRESS ORAL TABLET CHEWABLE (raltegravir potassium)	Tier 2	QL
JULUCA (dolutegravir-rilpivirine)	Tier 2	QL
STRIBILD (elviteg-cobic-emtricit-tenofdf)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
TIVICAY (dolutegravir sodium)	Tier 2	QL
TIVICAY PD (dolutegravir sodium)	Tier 2	QL; AL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA (emtricitab-rilpivir-tenofovir)	Tier 2	QL
DELSTRIGO (doravirin-lamivudin-tenofov df)	Tier 2	QL
EDURANT (rilpivirine hcl)	Tier 2	QL
efavirenz	Tier 1	QL
efavirenz-emtricitab-tenofo df	Tier 1	DX2RX; QL
efavirenz-lamivudine-tenofovir	Tier 1	QL
etravirine	Tier 1	QL
INTELENCE ORAL TABLET 25 MG (etravirine)	Tier 2	QL
nevirapine	Tier 1	QL
nevirapine er	Tier 1	QL
PIFELTRO (doravirine)	Tier 2	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	Tier 1	QL
abacavir sulfate-lamivudine	Tier 1	QL
CIMDUO (lamivudine-tenofovir)	Tier 2	QL
DESCOVY (emtricitabine-tenofovir af)	Tier 2	QL
emtricitabine	Tier 1	QL
emtricitabine-tenofovir df	Tier 1	DX2RX; QL
EMTRIVA ORAL SOLUTION (emtricitabine)	Tier 2	QL
lamivudine oral solution	Tier 1	QL
lamivudine oral tablet 150 mg, 300 mg	Tier 1	QL
lamivudine-zidovudine	Tier 1	QL
ODEFSEY (emtricitab-rilpivir-tenofov af)	Tier 2	QL
tenofovir disoproxil fumarate	Tier 1	QL
TRIUMEQ (abacavir-dolutegravir-lamivud)	Tier 2	QL
TRIUMEQ PD (abacavir-dolutegravir-lamivud)	Tier 2	DX2RX; QL
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	Tier 2	QL
VIREAD ORAL POWDER (tenofovir disoproxil fumarate)	Tier 2	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)	Tier 2	QL
zidovudine	Tier 1	QL

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

Drug Name	Drug Tier	Notes
Anti-HIV Agents, Other		
<i>FUZEON (enfuvirtide)</i>	Tier 2	QL
<i>maraviroc</i>	Tier 1	QL
<i>RUKOBIA (fostemsavir tromethamine)</i>	Tier 2	QL
<i>SELZENTRY ORAL SOLUTION (maraviroc)</i>	Tier 2	QL
<i>SELZENTRY ORAL TABLET 25 MG, 75 MG (maraviroc)</i>	Tier 2	QL
<i>TYBOST (cobicistat)</i>	Tier 2	QL
Anti-HIV Agents, Protease Inhibitors (PI)		
<i>APTIVUS (tipranavir)</i>	Tier 2	QL
<i>atazanavir sulfate</i>	Tier 1	QL
<i>EVOTAZ (atazanavir-cobicistat)</i>	Tier 2	QL
<i>fosamprenavir calcium</i>	Tier 1	QL
<i>LEXIVA ORAL SUSPENSION (fosamprenavir calcium)</i>	Tier 2	QL
<i>lopinavir-ritonavir</i>	Tier 1	QL
<i>NORVIR ORAL PACKET (ritonavir)</i>	Tier 2	QL
<i>PREZCOBIX (darunavir-cobicistat)</i>	Tier 2	QL
<i>REYATAZ ORAL PACKET (atazanavir sulfate)</i>	Tier 2	Members >= 8 years of age will require PA; QL; AL
<i>ritonavir</i>	Tier 1	QL
<i>SYMTUZA (darun-cobic-emtricit-tenofaf)</i>	Tier 2	QL
<i>VIRACEPT (nelfinavir mesylate)</i>	Tier 2	QL
Anti-influenza Agents		
<i>oseltamivir phosphate oral capsule</i>	Tier 1	QL
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 1	QL; AL
<i>RELENZA DISKHALER (zanamivir)</i>	Tier 2	QL
<i>rimantadine hcl</i>	Tier 1	QL
Antivirals - Drugs to Treat Viral Infections		
Antivirals		
<i>LAGEVRIO (molnupiravir)</i>	Tier 2	QL
<i>PAXLOVID (150/100) (nirmatrelvir-ritonavir)</i>	Tier 2	PA; QL
<i>PAXLOVID (300/100) (nirmatrelvir-ritonavir)</i>	Tier 2	PA; QL
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral</i>	Tier 1	QL
<i>hydroxyzine hcl oral</i>	Tier 1	QL
<i>hydroxyzine pamoate oral</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
Benzodiazepines		
<i>alprazolam oral tablet</i>	Tier 1	QL
<i>chlordiazepoxide hcl</i>	Tier 1	QL
<i>clonazepam oral tablet</i>	Tier 1	QL
<i>clorazepate dipotassium</i>	Tier 1	QL
<i>diazepam oral solution</i>	Tier 1	QL
<i>diazepam oral tablet</i>	Tier 1	QL
<i>lorazepam oral tablet</i>	Tier 1	QL
<i>oxazepam</i>	Tier 1	QL
Bipolar Agents		
Mood Stabilizers		
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 1	Members >= 8 years of age will require PA Available for an extended day(s) supply; QL; AL
<i>divalproex sodium oral tablet delayed release</i>	Tier 1	Minimum age of 2 years Available for an extended day(s) supply; QL
<i>lithium</i>	Tier 1	QL
<i>lithium carbonate er</i>	Tier 1	QL
<i>lithium carbonate oral</i>	Tier 1	QL
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral</i>	Tier 1	QL
<i>ALOGLIPTIN BENZOATE</i>	Tier 2	ST; QL
<i>ALOGLIPTIN-METFORMIN HCL</i>	Tier 2	ST; QL
<i>ALOGLIPTIN-PIOGLITAZONE</i>	Tier 2	ST; QL
<i>FARXIGA (dapagliflozin propanediol)</i>	Tier 2	PA; QL
<i>glimepiride</i>	Tier 1	QL
<i>glipizide er</i>	Tier 1	QL
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	QL
<i>glipizide xl</i>	Tier 1	QL
<i>glyburide micronized</i>	Tier 1	QL
<i>glyburide oral</i>	Tier 1	QL
<i>glyburide-metformin</i>	Tier 1	QL
<i>metformin hcl er (osm)</i>	Tier 1	PA; QL

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

Drug Name	Drug Tier	Notes
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Tier 1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	QL
<i>nateglinide</i>	Tier 1	QL
<i>OZEMPIC (semaglutide)</i>	Tier 2	PA; QL
<i>OZEMPIC (2 MG/DOSE) (semaglutide)</i>	Tier 2	PA; QL
<i>pioglitazone hcl</i>	Tier 1	QL
<i>repaglinide</i>	Tier 1	QL
<i>RYBELSUS (semaglutide)</i>	Tier 2	PA; QL
<i>saxagliptin hcl</i>	Tier 1	QL
<i>SEGLUROMET (ertugliflozin-metformin hcl)</i>	Tier 2	ST; QL
<i>SOLIQUA (insulin glargine-lixisenatide)</i>	Tier 2	ST; QL
<i>STEGLATRO (ertugliflozin l-pyroglutamicac)</i>	Tier 2	ST; QL
<i>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)</i>	Tier 2	PA; QL
<i>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)</i>	Tier 2	PA; ST; QL
Glycemic Agents		
<i>BAQSIMI ONE PACK (glucagon)</i>	Tier 2	QL
<i>BAQSIMI TWO PACK (glucagon)</i>	Tier 2	QL
<i>GLUCAGEN HYPOKIT (glucagon hcl (rdna))</i>	Tier 2	QL
<i>glucagon emergency injection kit</i>	Tier 1	QL
<i>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED</i>	Tier 2	QL
<i>GVOKE HYPOPEN 1-PACK (glucagon)</i>	Tier 2	QL
<i>GVOKE HYPOPEN 2-PACK (glucagon)</i>	Tier 2	QL
<i>GVOKE KIT (glucagon)</i>	Tier 2	QL
<i>GVOKE PFS (glucagon)</i>	Tier 2	QL
Insulins		
<i>HUMALOG MIX 50/50 (insulin lispro prot & lispro)</i>	Tier 2	QL
<i>HUMULIN 70/30 VIAL (insulin nph isophane & regular)</i>	Tier 2	QL
<i>HUMULIN N VIAL (insulin nph human (isophane))</i>	Tier 2	QL
<i>HUMULIN R VIAL (insulin regular human)</i>	Tier 2	QL
<i>INSULIN ASPART PROT & ASPART</i>	Tier 2	QL
<i>INSULIN LISPRO</i>	Tier 2	QL

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

Drug Name	Drug Tier	Notes
INSULIN LISPRO (1 UNIT DIAL)	Tier 2	ST; QL
INSULIN LISPRO JUNIOR KWIKPEN	Tier 2	ST; QL
INSULIN LISPRO PROT & LISPRO	Tier 2	QL
LANTUS SOLOSTAR (insulin glargine)	Tier 2	QL
LANTUS U-100 VIAL (insulin glargine)	Tier 2	QL
NOVOLIN 70/30 RELION (insulin nph isophane & regular)	Tier 2	QL
NOVOLIN 70/30 VIAL (insulin nph isophane & regular)	Tier 2	QL
NOVOLIN N RELION (insulin nph human (isophane))	Tier 2	QL
NOVOLIN N VIAL (insulin nph human (isophane))	Tier 2	QL
NOVOLIN R RELION (insulin regular human)	Tier 2	QL
NOVOLIN R VIAL (insulin regular human)	Tier 2	QL
NOVOLOG FLEXPEN RELION (insulin aspart)	Tier 2	QL
NOVOLOG RELION (insulin aspart)	Tier 2	QL
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
Glycemic Agents - Diabetic Drugs		
GLUCO TO GO (dextrose (diabetic use))	Tier 2	QL
glucose oral tablet chewable 4 gm	Tier 1	QL
soft glucose	Tier 1	QL
TRUEPLUS GLUCOSE ON THE GO (dextrose (diabetic use))	Tier 2	QL
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (dextrose (diabetic use))	Tier 2	QL
Insulins - Diabetic Drugs		
CAREPOINT POLY HUB NEEDLE 18G X 1"	Tier 2	QL
MONOJECT HYPODERMIC NEEDLE 18G X 1" (needle (disp))	Tier 2	QL
NOKOR VENTED NEEDLE (needle (disp))	Tier 2	QL
REZVOGLAR KWIKPEN (insulin glargine-aglr)	Tier 2	QL
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS (apixaban)	Tier 2	QL
ELIQUIS DVT/PE STARTER PACK (apixaban)	Tier 2	QL
enoxaparin sodium	Tier 1	QL
heparin sodium (porcine)	Tier 1	
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	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>jantoven oral tablet 6 mg</i>	Tier 1	
<i>SAVAYSA (edoxaban tosylate)</i>	Tier 2	QL
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	Tier 1	QL
<i>warfarin sodium oral tablet 6 mg</i>	Tier 1	
Blood Products and Modifiers, Other		
<i>anagrelide hcl</i>	Tier 1	
<i>ARANESP (ALBUMIN FREE) INJECTION SOLUTION (darbepoetin alfa)</i>	Tier 2	PA; SP
<i>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (darbepoetin alfa)</i>	Tier 2	PA; SP; QL
<i>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (darbepoetin alfa)</i>	Tier 2	PA; SP
<i>DROXIA ORAL CAPSULE 200 MG, 300 MG (hydroxyurea)</i>	Tier 2	
<i>DROXIA ORAL CAPSULE 400 MG (hydroxyurea)</i>	Tier 2	QL
<i>LEUKINE (sargramostim)</i>	Tier 2	PA; SP
<i>MULPLETA (lusutrombopag)</i>	Tier 2	PA; SP; QL
<i>NEULASTA (pegfilgrastim)</i>	Tier 2	PA; SP; QL
<i>NEULASTA ONPRO (pegfilgrastim)</i>	Tier 2	PA; SP
<i>plerixafor</i>	Tier 1	PA; SP; QL
<i>PROMACTA ORAL PACKET 25 MG (eltrombopag olamine)</i>	Tier 2	PA; SP; QL
<i>PROMACTA ORAL TABLET (eltrombopag olamine)</i>	Tier 2	PA; SP; QL
<i>RETACRIT (epoetin alfa-epbx)</i>	Tier 2	PA; SP
<i>ZARXIO (filgrastim-sndz)</i>	Tier 2	PA; SP
<i>ZIEXTENZO (pegfilgrastim-bmez)</i>	Tier 2	PA; SP
Hemostasis Agents		
<i>aminocaproic acid oral</i>	Tier 1	QL
<i>tranexamic acid oral</i>	Tier 1	DX2RX; QL
Platelet Modifying Agents		
<i>BRILINTA (ticagrelor)</i>	Tier 2	DX2RX; QL
<i>CABLIVI (caplacizumab-yhdp)</i>	Tier 2	PA; SP; QL
<i>cilostazol</i>	Tier 1	QL
<i>clopidogrel bisulfate oral</i>	Tier 1	QL
<i>dipyridamole oral</i>	Tier 1	QL
<i>prasugrel hcl</i>	Tier 1	DX2RX; QL

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

Drug Name	Drug Tier	Notes
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders		
Hemostasis Agents - Drugs to Stop Bleeding		
<i>HEMLIBRA (emicizumab-kxwh)</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
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate oral</i>	Tier 1	QL
<i>prazosin hcl oral</i>	Tier 1	QL
Angiotensin II Receptor Antagonists		
<i>losartan potassium oral</i>	Tier 1	QL
<i>olmesartan medoxomil oral</i>	Tier 1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral</i>	Tier 1	QL
<i>captopril oral</i>	Tier 1	QL
<i>enalapril maleate oral solution</i>	Tier 1	Available for an extended day(s) supply Members >= 8 years of age will require PA; QL; AL
<i>enalapril maleate oral tablet</i>	Tier 1	QL
<i>fosinopril sodium</i>	Tier 1	QL
<i>lisinopril oral</i>	Tier 1	QL
<i>quinapril hcl</i>	Tier 1	QL
<i>ramipril</i>	Tier 1	QL
<i>trandolapril</i>	Tier 1	QL
Antiarrhythmics		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Tier 1	QL
<i>disopyramide phosphate</i>	Tier 1	QL
<i>dofetilide</i>	Tier 1	QL
<i>flecainide acetate</i>	Tier 1	QL
<i>mexiletine hcl oral</i>	Tier 1	QL
<i>NORPACE CR (disopyramide phosphate)</i>	Tier 2	

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

Drug Name	Drug Tier	Notes
<i>propafenone hcl</i>	Tier 1	QL
<i>quinidine gluconate er</i>	Tier 1	QL
<i>quinidine sulfate</i>	Tier 1	QL
<i>sotalol hcl (af)</i>	Tier 1	QL
<i>sotalol hcl oral</i>	Tier 1	QL
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	Tier 1	QL
<i>atenolol oral</i>	Tier 1	QL
<i>betaxolol hcl oral</i>	Tier 1	QL
<i>bisoprolol fumarate oral</i>	Tier 1	QL
<i>carvedilol</i>	Tier 1	QL
<i>labetalol hcl oral</i>	Tier 1	QL
<i>metoprolol succinate er</i>	Tier 1	QL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol oral</i>	Tier 1	QL
<i>propranolol hcl er</i>	Tier 1	DX2RX; QL
<i>propranolol hcl oral solution 20 mg/5ml</i>	Tier 1	QL
<i>propranolol hcl oral solution 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral tablet</i>	Tier 1	QL
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral</i>	Tier 1	QL
<i>felodipine er</i>	Tier 1	QL
<i>nifedipine er</i>	Tier 1	QL
<i>nifedipine er osmotic release</i>	Tier 1	QL
<i>nifedipine oral</i>	Tier 1	QL
<i>nimodipine oral</i>	Tier 1	QL
<i>NYMALIZE (nimodipine)</i>	Tier 2	QL
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	Tier 1	QL
<i>diltiazem hcl er beads</i>	Tier 1	QL
<i>diltiazem hcl er coated beads</i>	Tier 1	QL
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 1	QL
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	Tier 1	QL
<i>diltiazem hcl oral</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>dilt-xr</i>	Tier 1	QL
<i>taztia xt</i>	Tier 1	QL
<i>tiadylt er</i>	Tier 1	QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	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 (quinapril-hydrochlorothiazide)	Tier 2	QL
<i>acetazolamide er</i>	Tier 1	QL
<i>acetazolamide oral</i>	Tier 1	QL
<i>amiloride-hydrochlorothiazide</i>	Tier 1	QL
<i>atenolol-chlorthalidone</i>	Tier 1	QL
<i>benazepril-hydrochlorothiazide</i>	Tier 1	QL
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	QL
<i>captopril-hydrochlorothiazide</i>	Tier 1	QL
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	QL
<i>enalapril-hydrochlorothiazide</i>	Tier 1	QL
ENTRESTO (sacubitril-valsartan)	Tier 2	PA; QL
<i>fosinopril sodium-hctz</i>	Tier 1	QL
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	QL
<i>losartan potassium-hctz</i>	Tier 1	QL
<i>pentoxifylline er</i>	Tier 1	QL
<i>quinapril-hydrochlorothiazide</i>	Tier 1	QL
<i>ranolazine er</i>	Tier 1	QL
<i>spironolactone-hctz</i>	Tier 1	QL
<i>triamterene-hctz</i>	Tier 1	QL
Diuretics, Loop		
<i>bumetanide oral</i>	Tier 1	QL
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	QL
<i>furosemide oral tablet</i>	Tier 1	QL
SOAANZ ORAL TABLET 20 MG (torsemide)	Tier 2	QL
torsemide	Tier 1	QL

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

Drug Name	Drug Tier	Notes
Diuretics, Potassium-sparing		
<i>amiloride hcl oral</i>	Tier 1	QL
<i>spironolactone oral tablet</i>	Tier 1	QL
Diuretics, Thiazide		
<i>chlorthalidone</i>	Tier 1	QL
<i>DIURIL (chlorothiazide)</i>	Tier 2	QL
<i>hydrochlorothiazide oral capsule</i>	Tier 1	QL
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	QL
<i>indapamide</i>	Tier 1	QL
<i>metolazone</i>	Tier 1	QL
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	ST; QL
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	ST; QL
<i>fenofibrate oral tablet 145 mg</i>	Tier 1	PA; QL
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	ST; QL
<i>gemfibrozil oral</i>	Tier 1	QL
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral</i>	Tier 1	QL
<i>lovastatin oral</i>	Tier 1	QL; AL
<i>pravastatin sodium</i>	Tier 1	QL
<i>rosuvastatin calcium</i>	Tier 1	QL
<i>simvastatin oral</i>	Tier 1	QL
Dyslipidemics, Other		
<i>cholestyramine light oral powder</i>	Tier 1	Available for an extended day(s) supply Only the bulk products are covered (cans) Individual packets are not covered; QL
<i>cholestyramine oral powder</i>	Tier 1	Available for an extended day(s) supply Only the bulk products are covered (cans) Individual packets are not covered; QL
<i>ezetimibe</i>	Tier 1	QL
<i>niacin er (antihyperlipidemic)</i>	Tier 1	QL
<i>omega-3-acid ethyl esters</i>	Tier 1	PA; QL

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

Drug Name	Drug Tier	Notes
PRALUENT (alirocumab)	Tier 2	PA; NDC starting w/72733 Preferred w/PA; SP; QL
prevalte oral powder	Tier 1	Available for an extended day(s) supply Only the bulk products are covered (cans) Individual packets are not covered; QL
REPATHA (evolocumab)	Tier 2	PA; NDC starting w/72511 Preferred w/PA; SP; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	Tier 1	QL
minoxidil oral	Tier 1	QL
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate	Tier 1	QL
isosorbide mononitrate	Tier 1	QL
isosorbide mononitrate er	Tier 1	QL
NITRO-BID (nitroglycerin)	Tier 2	QL
nitroglycerin sublingual	Tier 1	QL
nitroglycerin translingual	Tier 1	QL
RECTIV (nitroglycerin)	Tier 2	DX2RX; QL
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	Tier 1	QL; AL
CONCERTA (methylphenidate hcl)	Tier 2	QL; AL
dexmethylphenidate hcl	Tier 1	DX2RX; QL; AL
dexmethylphenidate hcl er	Tier 1	DX2RX; QL; AL
guanfacine hcl er	Tier 1	QL; AL
methylphenidate hcl er (cd)	Tier 1	QL; AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg	Tier 1	QL; AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Tier 1	AL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Tier 1	QL; AL
methylphenidate hcl er oral tablet extended release	Tier 1	QL; AL
methylphenidate hcl er oral tablet extended release 24 hour	Tier 1	Mallinckrodt and Kremers Urban labelers; QL; AL

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

Drug Name	Drug Tier	Notes
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL; AL
<i>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (methylphenidate hcl)</i>	Tier 2	QL; AL
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine</i>	Tier 1	QL; AL
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL; AL
<i>dextroamphetamine sulfate er</i>	Tier 1	DX2RX; QL; AL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	DX2RX; QL; AL
<i>lisdexamfetamine dimesylate oral capsule</i>	Tier 1	DX2RX; ST; QL; AL
<i>VYVANSE ORAL CAPSULE (lisdexamfetamine dimesylate)</i>	Tier 2	DX2RX; ST; QL; AL
Central Nervous System, Other		
<i>AUSTEDO (deutetrabenazine)</i>	Tier 2	PA; SP; QL
<i>caffeine citrate oral</i>	Tier 1	QL; AL
<i>INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate)</i>	Tier 2	PA; SP; QL
<i>INGREZZA ORAL CAPSULE THERAPY PACK (valbenazine tosylate)</i>	Tier 2	PA; SP; QL
<i>NUEDEXTA (dextromethorphan-quinidine)</i>	Tier 2	DX2RX; QL
<i>riluzole</i>	Tier 1	QL
<i>tetrabenazine</i>	Tier 1	DX2RX; SP; QL
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	QL
<i>pregabalin</i>	Tier 1	QL
Multiple Sclerosis Agents		
<i>COPAXONE (glatiramer acetate)</i>	Tier 2	DX2RX; SP; QL
<i>dalfampridine er</i>	Tier 1	DX2RX; SP; QL
<i>dimethyl fumarate oral</i>	Tier 1	DX2RX; SP; QL
<i>dimethyl fumarate starter pack</i>	Tier 1	DX2RX; SP; QL
<i> fingolimod hcl</i>	Tier 1	DX2RX; SP; QL
<i>GILENYA ORAL CAPSULE 0.25 MG (fingolimod hcl)</i>	Tier 2	PA; SP; QL
<i>glatiramer acetate</i>	Tier 1	DX2RX; SP; QL
<i>glatopa</i>	Tier 1	DX2RX; SP; QL
<i>MAYZENT ORAL TABLET 0.25 MG, 2 MG (siponimod fumarate)</i>	Tier 2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	Tier 2	PA; SP; QL
PLEGRIDY INTRAMUSCULAR (peginterferon beta-1a)	Tier 2	SP; QL
PLEGRIDY STARTER PACK (peginterferon beta-1a)	Tier 2	DX2RX; SP; QL
PLEGRIDY SUBCUTANEOUS (peginterferon beta-1a)	Tier 2	DX2RX; SP; QL
teriflunomide	Tier 1	DX2RX; SP; QL
Dental and Oral Agents		
chlorhexidine gluconate mouth/throat	Tier 1	QL
kourzeq	Tier 1	QL
oralone	Tier 1	QL
periogard	Tier 1	QL
pilocarpine hcl oral tablet 5 mg	Tier 1	QL
pilocarpine hcl oral tablet 7.5 mg	Tier 1	
triamcinolone acetonide mouth/throat	Tier 1	QL
Dermatological Agents		
Acne and Rosacea Agents		
accutane	Tier 1	PA; QL
acitretin	Tier 1	PA; QL
amnesteem	Tier 1	PA; QL
azelaic acid external	Tier 1	QL
claravis	Tier 1	PA; QL
DIFFERIN EXTERNAL GEL 0.1 % (adapalene)	Tier 2	QL
isotretinoin oral	Tier 1	PA; QL
tretinoin external cream	Tier 1	ST; QL; AL
zenatane	Tier 1	PA; QL
Dermatitis and Pruitus Agents		
ala-cort	Tier 1	QL
alclometasone dipropionate external ointment	Tier 1	QL
amcinonide external ointment	Tier 1	
ammonium lactate external	Tier 1	QL
anti-itch aloe	Tier 1	QL
anti-itch intensive heal	Tier 1	QL
anti-itch max str external cream 1 %	Tier 1	QL
anti-itch maximum strength external cream 1 %	Tier 1	QL
betamethasone dipropionate aug	Tier 1	QL
betamethasone dipropionate external lotion	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>betamethasone dipropionate external ointment</i>	Tier 1	QL
<i>betamethasone valerate external cream</i>	Tier 1	QL
<i>betamethasone valerate external lotion</i>	Tier 1	QL
<i>betamethasone valerate external ointment</i>	Tier 1	QL
<i>clobetasol prop emollient base</i>	Tier 1	QL
<i>clobetasol propionate e</i>	Tier 1	QL
<i>clobetasol propionate external cream</i>	Tier 1	QL
<i>clobetasol propionate external ointment</i>	Tier 1	QL
<i>clobetasol propionate external solution</i>	Tier 1	QL
<i>cortisone maximum strength external cream</i>	Tier 1	QL
<i>EUCRISA (crisaborole)</i>	Tier 2	ST; QL
<i>fluocinolone acetonide body</i>	Tier 1	QL
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL
<i>fluocinolone acetonide external ointment</i>	Tier 1	QL
<i>fluocinolone acetonide external solution</i>	Tier 1	QL
<i>fluocinolone acetonide scalp</i>	Tier 1	QL
<i>fluocinonide emulsified base</i>	Tier 1	QL
<i>fluocinonide external cream</i>	Tier 1	QL
<i>fluocinonide external solution</i>	Tier 1	QL
<i>fluticasone propionate external cream</i>	Tier 1	QL
<i>fluticasone propionate external ointment</i>	Tier 1	
<i>halobetasol propionate external cream</i>	Tier 1	QL
<i>hydrocortisone anti-itch</i>	Tier 1	QL
<i>hydrocortisone butyrate external ointment</i>	Tier 1	QL
<i>hydrocortisone butyrate external solution</i>	Tier 1	QL
<i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>	Tier 1	QL
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	QL
<i>hydrocortisone external ointment 0.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	QL
<i>hydrocortisone max st external cream</i>	Tier 1	QL
<i>hydrocortisone max st/12 moist</i>	Tier 1	QL
<i>hydrocortisone plus 12</i>	Tier 1	QL
<i>hydrocortisone plus external cream 1 %</i>	Tier 1	QL
<i>hydrocortisone ultra-moisture</i>	Tier 1	QL
<i>hydrocortisone/aloe</i>	Tier 1	QL
<i>hydrocortisone/aloe max str</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>hydrocortisone-aloe max st external cream 1 %</i>	Tier 1	QL
<i>instacort 5</i>	Tier 1	QL
<i>LAC-HYDRIN FIVE (ammonium lactate)</i>	Tier 2	QL
<i>mometasone furoate external</i>	Tier 1	QL
<i>pimecrolimus</i>	Tier 1	ST; Minimum age of 2 years; QL; AL
<i>PREPARATION H EXTERNAL CREAM 1 % (hydrocortisone)</i>	Tier 2	QL
<i>selenium sulfide external lotion</i>	Tier 1	QL
<i>tacrolimus external ointment 0.03 %</i>	Tier 1	ST; Minimum age of 2 years; QL; AL
<i>tacrolimus external ointment 0.1 %</i>	Tier 1	ST; Minimum age of 16 years; QL; AL
<i>triamcinolone acetonide external cream</i>	Tier 1	QL
<i>triamcinolone acetonide external lotion 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	Tier 1	QL
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL
<i>triderm</i>	Tier 1	QL
Dermatological Agents, Other		
<i>calcipotriene external cream</i>	Tier 1	ST; QL
<i>calcipotriene external ointment</i>	Tier 1	ST; QL
<i>calcipotriene external solution</i>	Tier 1	QL
<i>calcitriol external</i>	Tier 1	ST; QL
<i>clotrimazole-betamethasone</i>	Tier 1	QL
<i>fluorouracil external cream 5 %</i>	Tier 1	QL
<i>fluorouracil external solution</i>	Tier 1	
<i>imiquimod external cream 5 %</i>	Tier 1	QL
<i>methoxsalen rapid</i>	Tier 1	
<i>podofilox external</i>	Tier 1	QL
<i>silver sulfadiazine external</i>	Tier 1	QL
<i>ssd</i>	Tier 1	QL
Pediculicides/Scabicides		
<i>CROTAN (crotamiton)</i>	Tier 2	QL
<i>lice killing</i>	Tier 1	
<i>lice treatment external liquid 1 %</i>	Tier 1	
<i>lice treatment external lotion 1 %</i>	Tier 1	
<i>malathion</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>permethrin external</i>	Tier 1	QL
<i>spinosad</i>	Tier 1	QL
Topical Anti-infectives		
<i>ciclodan</i>	Tier 1	QL
<i>ciclopirox external solution</i>	Tier 1	QL
<i>clindacin etz external swab</i>	Tier 1	QL
<i>clindacin-p</i>	Tier 1	QL
<i>clindamycin phosphate external gel</i>	Tier 1	QL
<i>clindamycin phosphate external lotion</i>	Tier 1	QL
<i>clindamycin phosphate external solution</i>	Tier 1	QL
<i>clindamycin phosphate external swab</i>	Tier 1	QL
<i>clotrimazole external cream 1 %</i>	Tier 1	QL
<i>clotrimazole external solution 1 %</i>	Tier 1	QL
<i>erythromycin external</i>	Tier 1	QL
<i>gentamicin sulfate external</i>	Tier 1	QL
<i>ketoconazole external cream</i>	Tier 1	QL
<i>ketoconazole external shampoo</i>	Tier 1	QL
<i>mupirocin external</i>	Tier 1	QL
<i>nyamyc</i>	Tier 1	QL
<i>nystatin external</i>	Tier 1	QL
<i>nystop</i>	Tier 1	QL
Dermatological Agents - Drugs to Treat Skin Conditions		
<i>advanced healing external ointment</i>	Tier 1	
<i>astringent solution</i>	Tier 1	
<i>AVAR-E EMOLLIENT (sulfacetamide sodium-sulfur)</i>	Tier 2	
<i>AVAR-E GREEN (sulfacetamide sodium-sulfur)</i>	Tier 2	
<i>baby basics diaper rash</i>	Tier 1	QL
<i>beauty 360 pure glycerin</i>	Tier 1	
<i>beauty 360 soothing bath</i>	Tier 1	
<i>boro-packs</i>	Tier 1	
<i>boudreauxs butt paste ointment 40 % external</i>	Tier 1	QL
<i>BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (zinc oxide)</i>	Tier 2	QL
<i>bp 10-1</i>	Tier 1	
<i>diaper rash external ointment</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
DR SMITHS ADULT BARRIER EXTERNAL OINTMENT 10 % (zinc oxide)	Tier 2	QL
DR SMITHS DIAPER (zinc oxide)	Tier 2	QL
glycerin external	Tier 1	
glycerin external liquid 99.5 %	Tier 1	
hydrolatum	Tier 1	
hydrophor	Tier 1	
ointment base	Tier 1	
renewal soothing bath	Tier 1	
sss 10-5 external cream	Tier 1	
sulfacetamide sodium-sulfur external cream 10-5 %	Tier 1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Tier 1	QL
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Tier 1	QL
sulfamez wash	Tier 1	
SUMADAN WASH (sulfacetamide sodium-sulfur)	Tier 2	QL
zinc oxide external ointment 40 %	Tier 1	QL
Dermatological Agents - Skin Agents		
ABREVA (docosanol)	Tier 2	QL
calamine external lotion , 8-8 %	Tier 1	
calamine-zinc oxide external lotion	Tier 1	
cerovel	Tier 1	QL
docosanol external	Tier 1	QL
ft docosanol	Tier 1	QL
gormel	Tier 1	QL
gormel 10	Tier 1	QL
hemorrhoidal rectal suppository 0.25-3-85.5 %	Tier 1	
NUTRAPLUS (urea)	Tier 2	QL
urea 20 intensive hydrating	Tier 1	QL
urea external cream 10 %, 20 %	Tier 1	QL
urea external lotion	Tier 1	QL
ureacin-10	Tier 1	QL
ureacin-20	Tier 1	QL
XERAC AC (aluminum chloride in alcohol)	Tier 2	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE (blood glucose calibration)	Tier 2	QL
ACCU-CHEK GUIDE CONTROL (blood glucose calibration)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW CONTROL (blood glucose calibration)	Tier 2	QL
ACCUTREND GLUCOSE CONTROL (blood glucose calibration)	Tier 2	QL
BD ULTRA-FINE PEN NEEDLES (insulin pen needle)	Tier 2	QL
CARESENS CONTROL SOLUTION A/B (blood glucose calibration)	Tier 2	QL
CARETOUCH CONTROL SOL LEVEL 2 (blood glucose calibration)	Tier 2	QL
CHEMSTRIP 10 MD (multiple urine tests)	Tier 2	
CHEMSTRIP 10/SG (multiple urine tests)	Tier 2	
CHEMSTRIP 2 GP (multiple urine tests)	Tier 2	
CHEMSTRIP 5 OB (multiple urine tests)	Tier 2	
CHEMSTRIP 7 (multiple urine tests)	Tier 2	
CHEMSTRIP 9 (multiple urine tests)	Tier 2	
CHEMSTRIP K (acetone (urine) test)	Tier 2	QL
CHEMSTRIP UGK (urine glucose-ketones test)	Tier 2	QL
DEXCOM G6 RECEIVER (continuous blood gluc receiver)	Tier 2	PA; QL
DEXCOM G6 SENSOR (continuous blood gluc sensor)	Tier 2	PA; QL
DEXCOM G7 RECEIVER (continuous blood gluc receiver)	Tier 2	PA; QL
DEXCOM G7 SENSOR (continuous blood gluc sensor)	Tier 2	PA; QL
EASYMAX 15 LEVEL 2 CONTROL (blood glucose calibration)	Tier 2	QL
EASYMAX 15 LEVEL 2-3 CONTROL (blood glucose calibration)	Tier 2	QL
GLUCOSE CONTROL SOLUTIONS (blood glucose calibration)	Tier 2	QL
FREESTYLE LIBRE 14 DAY READER (continuous blood gluc receiver)	Tier 2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR (continuous blood gluc sensor)	Tier 2	PA; QL
FREESTYLE LIBRE READER (continuous blood gluc receiver)	Tier 2	PA; QL
KETO-DIASTIX (urine glucose-ketones test)	Tier 2	QL
KETONE CARE (urine glucose-ketones test)	Tier 2	QL
KETONE TEST	Tier 2	QL
KETOSTIX (acetone (urine) test)	Tier 2	QL
LANCETS (lancets)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
MEDISENSE GLUCOSE KETONE CONTR (blood glucose calibration)	Tier 2	QL
MEDISENSE HI/MID/LOW CONTROL (blood glucose calibration)	Tier 2	QL
NEUTEK 2TEK CONTROL (blood glucose calibration)	Tier 2	QL
ONETOUCH ULTRA 2 KIT W/DEVICE (blood glucose monitoring suppl)	Tier 2	QL
ONETOUCH ULTRA IN VITRO LIQUID (blood glucose calibration)	Tier 2	QL
ONETOUCH ULTRA IN VITRO STRIP (glucose blood)	Tier 2	QL for non-insulin dependent members: allow twice daily testing Available for an extended day(s) supply; QL
ONETOUCH VERIO FLEX SYSTEM KIT (blood glucose monitoring suppl)	Tier 2	QL
ONETOUCH VERIO IN VITRO LIQUID (blood glucose calibration)	Tier 2	QL
ONETOUCH VERIO TEST STRIPS (glucose blood)	Tier 2	QL for non-insulin dependent members: allow twice daily testing Available for an extended day(s) supply; QL
ONETOUCH VERIO REFLECT KIT W/DEVICE (blood glucose monitoring suppl)	Tier 2	QL
PIP GLUCOSE CONTROL SOLUTION (blood glucose calibration)	Tier 2	QL
PRECISION GLUCOSE KETONE CONTR (blood glucose calibration)	Tier 2	QL
QUINTET CONTROL HIGH/NORMAL (blood glucose calibration)	Tier 2	QL
TRUECONTROL GLUCOSE CONT LEV 0 (blood glucose calibration)	Tier 2	QL
TRUECONTROL GLUCOSE CONT LEV 1 (blood glucose calibration)	Tier 2	QL
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	Tier 1	PA; SP
DENTA 5000 PLUS (sodium fluoride)	Tier 2	QL
DENTAGEL (sodium fluoride)	Tier 2	
easygel	Tier 1	
klor-con	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>klor-con 10</i>	Tier 1	QL
<i>klor-con m10</i>	Tier 1	QL
<i>klor-con m20</i>	Tier 1	QL
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1	QL
<i>potassium chloride er oral capsule extended release 10 meq</i>	Tier 1	QL
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	QL
<i>potassium chloride oral</i>	Tier 1	QL
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Tier 1	QL
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	
<i>PREVIDENT (sodium fluoride)</i>	Tier 2	
<i>PREVIDENT 5000 DRY MOUTH (sodium fluoride)</i>	Tier 2	
<i>PREVIDENT 5000 PLUS (sodium fluoride)</i>	Tier 2	QL
<i>sf</i>	Tier 1	
<i>sf 5000 plus</i>	Tier 1	QL
<i>sodium fluoride 5000 plus</i>	Tier 1	QL
<i>sodium fluoride 5000 ppm dental cream</i>	Tier 1	QL
<i>sodium fluoride dental cream</i>	Tier 1	QL
<i>sodium fluoride dental gel</i>	Tier 1	
<i>sodium fluoride oral solution</i>	Tier 1	QL
<i>sodium fluoride oral tablet chewable</i>	Tier 1	QL
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs		
<i>BIOLYTE (oral electrolytes)</i>	Tier 2	QL
<i>BPROTECTED PEDIA IRON (ferrous sulfate)</i>	Tier 2	QL
<i>cal mag zinc +d3</i>	Tier 1	QL
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	Tier 1	QL
<i>calcium 500/vitamin d3</i>	Tier 1	
<i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	Tier 1	QL
<i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	Tier 1	
<i>calcium 600/vitamin d</i>	Tier 1	QL
<i>calcium 600/vitamin d-3</i>	Tier 1	QL
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Tier 1	QL
calcium cit plus vit d-3	Tier 1	
calcium citrate + d3 maximum	Tier 1	
calcium citrate +d3	Tier 1	
calcium citrate oral tablet 950 (200 ca) mg	Tier 1	
calcium citrate plus vit d	Tier 1	QL
calcium citrate+d oral tablet 315-6.25 mg-mcg	Tier 1	
calcium citrate+d3 oral tablet	Tier 1	QL
calcium citrate+d3 w/magne	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	Tier 1	QL
ENFAMIL ENFALYTE (oral electrolytes)	Tier 2	QL
EZFE 200 (polysaccharide iron complex)	Tier 2	
ferate	Tier 1	
FER-IN-SOL (ferrous sulfate)	Tier 2	QL
ferosul	Tier 1	QL
ferretts	Tier 1	
ferrex 150 capsule 150 mg oral	Tier 1	
FERREX 150 CAPSULE 150 MG ORAL (polysaccharide iron complex)	Tier 2	
FERRIC X-150	Tier 2	
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg	Tier 1	
ferrous gluconate oral tablet 240 (27 fe) mg, 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	Tier 1	QL
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 1	QL
ferrous sulfate oral tablet delayed release	Tier 1	QL
fe-vite iron	Tier 1	QL

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

Drug Name	Drug Tier	Notes
hi cal	Tier 1	QL
iferex 150	Tier 1	
iron (ferrous sulfate) oral solution	Tier 1	QL
iron infant/toddler	Tier 1	QL
iron oral tablet 240 (27 fe) mg	Tier 1	
iron oral tablet 325 (65 fe) mg	Tier 1	QL
iron supplement childrens	Tier 1	QL
K-PHOS (potassium phosphate monobasic)	Tier 2	QL
magnesium oral tablet 500 mg	Tier 1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg	Tier 1	
magnesium-oxide	Tier 1	
NU-IRON (polysaccharide iron complex)	Tier 2	
OS-CAL CALCIUM + D3 (calcium carb-cholecalciferol)	Tier 2	QL
oysco 500+d	Tier 1	QL
oyster shell calcium + d oral tablet 500-10 mg-mcg	Tier 1	
oyster shell calcium + d3	Tier 1	
oyster shell calcium plus d	Tier 1	QL
oyster shell calcium w/d	Tier 1	QL
oyster shell calcium/vit d	Tier 1	QL
oyster shell calcium/vit d3	Tier 1	
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	Tier 1	QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	Tier 1	QL
oyster shell calcium-vit d	Tier 1	QL
ped electrolyte freeze pop	Tier 1	QL
PEDIALYTE FREEZER POPS (oral electrolytes)	Tier 2	QL
PEDIALYTE ORAL SOLUTION (oral electrolytes)	Tier 2	QL
PEDIALYTE SINGLES (oral electrolytes)	Tier 2	QL
pediatric electrolyte oral solution	Tier 1	QL
PHOSPHA 250 NEUTRAL (k phos mono-sod phos di & mono)	Tier 2	QL
phosphorous	Tier 1	QL
phospho-trin 250 neutral	Tier 1	QL
PHOSPHO-TRIN K500 (potassium phosphate monobasic)	Tier 2	QL
poly-iron 150	Tier 1	
polysaccharide iron complex	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>polysaccharide-iron complex</i>	Tier 1	
<i>potassium citrate-citric acid</i>	Tier 1	
<i>REHYDRALYTE (oral electrolytes)</i>	Tier 2	QL
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<i>TRUELYTE</i>	Tier 2	QL
<i>wes-phos 250 neutral</i>	Tier 1	QL
<i>zinc gluconate oral tablet 50 mg</i>	Tier 1	QL
<i>zinc oral tablet 50 mg</i>	Tier 1	QL
Electrolyte/Mineral/Metal Modifiers		
<i>CHEMET (succimer)</i>	Tier 2	QL
<i>deferasirox granules</i>	Tier 1	PA; SP; QL
<i>deferasirox oral packet</i>	Tier 1	PA; SP; QL
<i>deferasirox oral tablet</i>	Tier 1	PA; SP; QL
<i>deferasirox oral tablet soluble</i>	Tier 1	PA; SP
Phosphate Binders		
<i>calcium acetate (phos binder)</i>	Tier 1	QL
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	QL
<i>sevelamer carbonate oral tablet</i>	Tier 1	ST; QL
Potassium Binders		
<i>LOKELMA (sodium zirconium cyclosilicate)</i>	Tier 2	PA; QL
<i>sps</i>	Tier 1	QL
<i>VELTASSA (patiromer sorbitex calcium)</i>	Tier 2	PA; QL
Vitamins		
<i>a-25</i>	Tier 1	QL
<i>AMLADEX (multiple vitamin)</i>	Tier 2	
<i>aqueous vitamin d</i>	Tier 1	QL
<i>b complex</i>	Tier 1	QL
<i>b complex vitamins</i>	Tier 1	QL
<i>b-complex oral tablet</i>	Tier 1	
<i>b-complex with b-12</i>	Tier 1	
<i>b-complex/b-12 oral</i>	Tier 1	
<i>BPROTECTED PEDIA D-VITE (cholecalciferol)</i>	Tier 2	QL
<i>CENTRUM SPECIALIST PRENATAL (prenatal mv-min-fe fum-fa-dha)</i>	Tier 2	
<i>classic prenatal</i>	Tier 1	QL
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)</i>	Tier 1	QL
<i>d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	Tier 1	
<i>d-3-5</i>	Tier 1	
<i>d3-50</i>	Tier 1	QL
<i>daily multiple vitamins</i>	Tier 1	
<i>daily vitamins</i>	Tier 1	
<i>daily vite</i>	Tier 1	
<i>daily vites</i>	Tier 1	
<i>daily-vite</i>	Tier 1	
<i>DECARA ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)</i>	Tier 2	QL
<i>DECARA ORAL CAPSULE 625 MCG (25000 UT) (cholecalciferol)</i>	Tier 2	
<i>DIALYVITE 800 ORAL TABLET (b complex-c-folic acid)</i>	Tier 2	QL
<i>DIALYVITE VITAMIN D 5000 (cholecalciferol)</i>	Tier 2	
<i>D-VI-SOL (cholecalciferol)</i>	Tier 2	QL
<i>d-vite pediatric</i>	Tier 1	QL
<i>ENFAMIL EXPECTA (prenatal mv-min-fe fum-fa-dha)</i>	Tier 2	QL
<i>essential one daily</i>	Tier 1	
<i>essentials</i>	Tier 1	
<i>FOLCYTEINE (multiple vitamin)</i>	Tier 2	
<i>full spectrum b/vitamin c</i>	Tier 1	QL
<i>GENICIN VITA-Q (multiple vitamin)</i>	Tier 2	
<i>healthy hair/skin/nails</i>	Tier 1	
<i>M-NATAL PLUS</i>	Tier 2	QL
<i>multi vitamin</i>	Tier 1	
<i>multi vitamin w/d-3</i>	Tier 1	
<i>multiple vitamin-folic acid</i>	Tier 1	
<i>multiple vitamins essential</i>	Tier 1	
<i>multi-vitamin</i>	Tier 1	
<i>NEOMULTIVITE (multiple vitamin)</i>	Tier 2	
<i>NEONATAL PLUS (prenatal vit-fe fumarate-fa)</i>	Tier 2	QL
<i>nephro vitamins</i>	Tier 1	QL
<i>NEPHRO-VITE (b complex-c-folic acid)</i>	Tier 2	QL
<i>niacin er oral capsule extended release 250 mg</i>	Tier 1	QL
<i>niacin er oral capsule extended release 500 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg	Tier 1	
niacin oral tablet 100 mg, 250 mg, 50 mg	Tier 1	
NIVA-PLUS (prenatal vit-fe fumarate-fa)	Tier 2	QL
OBSTETRIX DHA (prenatal mv-min-fe cbn-fa-dha)	Tier 2	QL
once daily	Tier 1	
one daily	Tier 1	
ONE VITE DAILY MULTIVITAMIN (multiple vitamin)	Tier 2	
ONE VITE WOMENS	Tier 2	QL
ONE VITE WOMENS PLUS	Tier 2	QL
one-daily multi vitamins	Tier 1	
one-daily multi-vitamin	Tier 1	
phytonadione oral	Tier 1	QL
prenatal formula oral tablet 28-0.8 mg	Tier 1	QL
prenatal gummy oral tablet chewable 0.4-25 mg	Tier 1	QL
prenatal multi+dha	Tier 1	QL
prenatal multivitamins	Tier 1	QL
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	Tier 1	QL
prenatal vitamins	Tier 1	QL
prenatal iron	Tier 1	QL
PRONUTRIENTS VITAMIN D3 (cholecalciferol)	Tier 2	
radiance platinum vitamin d3	Tier 1	
rena-vite	Tier 1	QL
SLO-NIACIN (niacin)	Tier 2	
stress formula	Tier 1	
tab-a-vite/beta carotene	Tier 1	
THERA (multiple vitamin)	Tier 2	
thera-tabs	Tier 1	
thiamine mononitrate oral	Tier 1	QL
TM-DAILY VITE	Tier 2	
tri-vite pediatric	Tier 1	QL
vitachew vitamin d3	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

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

Drug Name	Drug Tier	Notes
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Tier 1	
<i>vitamin d oral capsule 25 mcg (1000 ut)</i>	Tier 1	
<i>vitamin d oral liquid</i>	Tier 1	QL
<i>vitamin d oral tablet chewable 10 mcg (400 unit)</i>	Tier 1	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut)</i>	Tier 1	QL
<i>vitamin d3 oral capsule 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut)</i>	Tier 1	
<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i>	Tier 1	
<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i>	Tier 1	QL
<i>vitamin d3 oral liquid 10 mcg/ml</i>	Tier 1	QL
<i>vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>	Tier 1	QL
<i>vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	Tier 1	
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	Tier 1	
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)</i>	Tier 1	
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i>	Tier 1	QL
<i>vitamin-b complex</i>	Tier 1	
<i>weekly-d</i>	Tier 1	QL
WESTAB PLUS	Tier 2	QL
<i>womens prenatal+dha</i>	Tier 1	QL
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	Tier 1	QL
<i>enulose</i>	Tier 1	QL
<i>generlac</i>	Tier 1	QL
<i>lactulose encephalopathy</i>	Tier 1	QL
<i>lactulose oral solution</i>	Tier 1	QL
<i>lubiprostone capsule 24 mcg oral</i>	Tier 1	DX2RX; QL
<i>lubiprostone capsule 24 mcg oral</i>	Tier 1	DX2RX; ST; QL
<i>lubiprostone capsule 8 mcg oral</i>	Tier 1	DX2RX; QL
<i>lubiprostone capsule 8 mcg oral</i>	Tier 1	DX2RX; ST; QL
<i>MOTEGRITY (prucalopride succinate)</i>	Tier 2	DX2RX; QL
<i>MOVANTIK (naloxegol oxalate)</i>	Tier 2	DX2RX; QL
Anti-Diarrheal Agents		
<i>anti-diarrheal oral tablet 2 mg</i>	Tier 1	
<i>diamode</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	QL
<i>IMODIUM A-D ORAL TABLET (loperamide hcl)</i>	Tier 2	
<i>loperamide hcl oral capsule</i>	Tier 1	QL
<i>loperamide hcl oral tablet</i>	Tier 1	
<i>meijer anti-diarrheal</i>	Tier 1	
<i>MYTESI (crofelemer)</i>	Tier 2	DX2RX; QL
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 1	QL
<i>dicyclomine hcl oral solution</i>	Tier 1	
<i>dicyclomine hcl oral tablet</i>	Tier 1	QL
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
Gastrointestinal Agents, Other		
<i>GATTEX (teduglutide (rdna))</i>	Tier 2	PA; SP; QL
<i>gavilyte-c</i>	Tier 1	QL
<i>gavilyte-g</i>	Tier 1	QL
<i>peg 3350-kcl-na bicarb-nacl</i>	Tier 1	QL
<i>peg-3350/electrolytes</i>	Tier 1	QL
<i>ursodiol oral capsule 300 mg</i>	Tier 1	QL
<i>ursodiol oral tablet</i>	Tier 1	
Histamine2 (H2) Receptor Antagonists		
<i>acid controller oral tablet 10 mg</i>	Tier 1	QL
<i>acid reducer oral tablet 10 mg</i>	Tier 1	QL
<i>acid reducer oral tablet 200 mg</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i>	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	QL
<i>famotidine acid reducer oral tablet 10 mg</i>	Tier 1	QL
<i>famotidine oral suspension reconstituted</i>	Tier 1	QL; AL
<i>famotidine oral tablet</i>	Tier 1	QL
<i>famotidine orig st</i>	Tier 1	QL
<i>heartburn prevention oral tablet 10 mg</i>	Tier 1	QL
<i>heartburn relief oral tablet 10 mg</i>	Tier 1	QL
<i>heartburn relief oral tablet 200 mg</i>	Tier 1	
<i>TAGAMET HB 200 (cimetidine)</i>	Tier 2	
Protectants		
<i>misoprostol oral</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
sucralfate oral tablet	Tier 1	QL
sucralfate suspension 1 gm/10ml oral	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 suspension 1 gm/10ml oral	Tier 1	Members 10 years of age up to 65 years of age will require PA Available for an extended day(s) supply; QL
Proton Pump Inhibitors		
acid reducer oral capsule delayed release 20.6 (20 base) mg	Tier 1	QL
esomeprazole magnesium oral packet	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	Tier 1	QL
lansoprazole oral capsule delayed release 15 mg, 30 mg	Tier 1	QL
lansoprazole oral tablet delayed release dispersible 15 mg	Tier 1	Available for an extended day(s) supply Members >= 2 years of age will require PA; QL; AL
NEXIUM ORAL PACKET 2.5 MG, 5 MG (esomeprazole magnesium)	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	Tier 1	QL
PREVACID 24HR (lansoprazole)	Tier 2	QL
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
abatinex	Tier 1	
acid gone	Tier 1	
acidophilus lactobacillus oral	Tier 1	
acidophilus oral capsule , 10 mg	Tier 1	
acidophilus probiotic oral capsule 10 mg	Tier 1	
acidophilus probiotic oral tablet , 0.5 mg	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>acidophilus//sporogenes</i>	Tier 1	
<i>adult 50+ probiotic</i>	Tier 1	QL
<i>adult probiotic</i>	Tier 1	QL
<i>advanced antacid</i>	Tier 1	QL
<i>almacone double strength</i>	Tier 1	QL
<i>alum & mag hydroxide-simeth</i>	Tier 1	QL
<i>antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Tier 1	QL
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	Tier 1	QL
<i>antacid & gas relief</i>	Tier 1	QL
<i>antacid advanced</i>	Tier 1	QL
<i>antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	Tier 1	QL
<i>antacid anti-gas</i>	Tier 1	QL
<i>antacid anti-gas ex st oral suspension 400-400-40 mg/5ml</i>	Tier 1	QL
<i>antacid anti-gas max strength</i>	Tier 1	QL
<i>antacid calcium</i>	Tier 1	
<i>antacid calcium rich</i>	Tier 1	
<i>antacid extra strength oral suspension</i>	Tier 1	QL
<i>antacid extra strength oral tablet chewable 160-105 mg, 750 mg</i>	Tier 1	
<i>antacid fast relief</i>	Tier 1	QL
<i>antacid i</i>	Tier 1	QL
<i>antacid iii</i>	Tier 1	QL
<i>antacid kids</i>	Tier 1	
<i>antacid liquid</i>	Tier 1	QL
<i>antacid m</i>	Tier 1	QL
<i>antacid maximum</i>	Tier 1	
<i>antacid maximum strength</i>	Tier 1	QL
<i>antacid maximum strength oral tablet chewable 1000 mg</i>	Tier 1	
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Tier 1	QL
<i>antacid oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>antacid plus antigas</i>	Tier 1	QL
<i>antacid regular strength oral suspension</i>	Tier 1	QL
<i>antacid regular strength oral tablet chewable</i>	Tier 1	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>antacid/antigas</i>	Tier 1	QL
<i>antacid/anti-gas max st</i>	Tier 1	QL
<i>antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml, 400-400-40 mg/5ml</i>	Tier 1	QL
<i>antacid/gas relief max st</i>	Tier 1	QL
<i>anti-diarr/lant-gas</i>	Tier 1	
<i>anti-diarrheal anti-gas</i>	Tier 1	
<i>anti-diarrheal oral suspension 262 mg/15ml</i>	Tier 1	
<i>anti-diarrheal/anti-gas</i>	Tier 1	
<i>anti-gas oral capsule 180 mg</i>	Tier 1	
<i>biotinex</i>	Tier 1	
<i>bismuth</i>	Tier 1	QL
<i>bismuth subsalicylate oral</i>	Tier 1	QL
<i>calcium antacid</i>	Tier 1	
<i>calcium antacid ex st oral tablet chewable 750 mg</i>	Tier 1	
<i>calcium antacid extra strength</i>	Tier 1	
<i>calcium carbonate antacid oral suspension</i>	Tier 1	QL
<i>calcium carbonate antacid oral tablet</i>	Tier 1	
<i>calcium carbonate antacid oral tablet chewable</i>	Tier 1	
<i>cal-gest antacid</i>	Tier 1	
<i>chewy not chalky flavor</i>	Tier 1	
<i>childrens soothe</i>	Tier 1	
<i>comfort gel</i>	Tier 1	QL
<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	Tier 1	QL
<i>digestive probiotic capsule oral</i>	Tier 1	QL
<i>diarrhea</i>	Tier 1	
<i>diarrhea relief</i>	Tier 1	
<i>digestive probiotic oral capsule 250 mg</i>	Tier 1	
<i>diotame instydose</i>	Tier 1	
<i>enema</i>	Tier 1	
<i>enema disposable</i>	Tier 1	
<i>enema ready-to-use</i>	Tier 1	
<i>enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml</i>	Tier 1	
<i>FLEET ENEMA (sodium phosphates)</i>	Tier 2	
<i>FLEET PEDIATRIC (sodium phosphates)</i>	Tier 2	

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

Drug Name	Drug Tier	Notes
FLORA VANCE (probiotic product)	Tier 2	QL
floranex tablet oral	Tier 1	
FLORANEX TABLET ORAL (lactobacillus)	Tier 2	
FLORASTOR (saccharomyces boulardii)	Tier 2	
foaming antacid oral tablet chewable 80-20 mg	Tier 1	
freeze dried acidophilus	Tier 1	
ft antacid & antigas	Tier 1	QL
ft antacid extra strength	Tier 1	
ft antacid regular strength	Tier 1	
ft gas relief	Tier 1	
ft gas relief extra strength	Tier 1	
ft gas relief infants	Tier 1	
ft gas relief ultra strength	Tier 1	
ft milk of magnesia	Tier 1	
ft stomach relief oral suspension	Tier 1	
ft stomach relief oral tablet chewable	Tier 1	QL
gas relief extra strength	Tier 1	
gas relief extra strength oral tablet chewable 125 mg	Tier 1	
gas relief extstrength	Tier 1	
gas relief infants	Tier 1	
gas relief infants drops oral suspension 40 mg/0.6ml	Tier 1	
gas relief infants oral suspension 20 mg/0.3ml	Tier 1	
gas relief oral capsule 125 mg, 180 mg	Tier 1	
gas relief oral tablet chewable 125 mg, 80 mg	Tier 1	
gas relief ultra strength	Tier 1	
gas relief ultstrength	Tier 1	
GAS-X EXTRA STRENGTH ORAL CAPSULE (simethicone)	Tier 2	
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (simethicone)	Tier 2	
GAS-X ULTRA STRENGTH (simethicone)	Tier 2	
GAVISCON (alum hydroxide-mag carbonate)	Tier 2	
GAVISCON EXTRA RELIEF FORMULA (alum hydroxide-mag carbonate)	Tier 2	
GAVISCON EXTRA STRENGTH (alum hydroxide-mag carbonate)	Tier 2	
GELUSIL (alum & mag hydroxide-simeth)	Tier 2	
geri-lanta	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>geri-lanta maximum strength</i>	Tier 1	QL
<i>geri-mox</i>	Tier 1	QL
<i>heartburn antacid</i>	Tier 1	
<i>heartburn antacid ex st</i>	Tier 1	
<i>heartburn relief ex st</i>	Tier 1	
<i>heartburn relief oral tablet chewable 160-105 mg</i>	Tier 1	
<i>heartland gas relief</i>	Tier 1	
IMODIUM MULTI-SYMPOTOM RELIEF (loperamide-simethicone)	Tier 2	
<i>infant gas relief</i>	Tier 1	
<i>infants gas relief</i>	Tier 1	
<i>intestinex</i>	Tier 1	
KAOPECTATE ORAL SUSPENSION (bismuth subsalicylate)	Tier 2	
<i>lactobacillus oral tablet</i>	Tier 1	
<i>lacto-pectin</i>	Tier 1	QL
<i>long lasting antacid</i>	Tier 1	
<i>loperamide-simethicone</i>	Tier 1	
MAALOX CHILDRENS (calcium carbonate antacid)	Tier 2	
MAALOX MAX ORAL SUSPENSION (alum & mag hydroxide-simeth)	Tier 2	QL
MAALOX MULTI SYMPTOM MAX ST (alum & mag hydroxide-simeth)	Tier 2	QL
<i>mag-al plus</i>	Tier 1	QL
<i>mag-al plus xs</i>	Tier 1	QL
<i>magnesium-aluminum-simethicone</i>	Tier 1	QL
<i>mega probiotic</i>	Tier 1	QL
<i>meijer antacid</i>	Tier 1	QL
<i>milk of magnesia</i>	Tier 1	
<i>mintox maximum strength</i>	Tier 1	QL
<i>mintox plus</i>	Tier 1	
MYLICON INFANTS GAS RELIEF (simethicone)	Tier 2	
NEWFLORA PROBIOTIC	Tier 2	PA
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (bismuth subsalicylate)	Tier 2	
PHAZYME (simethicone)	Tier 2	
PHAZYME ULTRA STRENGTH (simethicone)	Tier 2	
pink bismuth maximum strength	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i>	Tier 1	
<i>pink bismuth oral tablet 262 mg</i>	Tier 1	
<i>pink bismuth oral tablet chewable 262 mg</i>	Tier 1	QL
<i>pink bismuth ultra str</i>	Tier 1	
<i>pink-bismuth</i>	Tier 1	QL
<i>PROBIOMAX SERENITY (lactobacillus)</i>	Tier 2	
<i>probiotic blend</i>	Tier 1	QL
<i>probiotic colon care</i>	Tier 1	QL
<i>probiotic complex</i>	Tier 1	QL
<i>probiotic extra strength</i>	Tier 1	
<i>probiotic maximum strength</i>	Tier 1	QL
<i>probiotic oral capsule</i>	Tier 1	QL
<i>probiotic oral capsule 250 mg</i>	Tier 1	
<i>probiotic pearls ex st</i>	Tier 1	QL
<i>ready-to-use enema rectal enema</i>	Tier 1	
<i>REJUVAFLOR</i>	Tier 2	PA
<i>REPHRESH PRO-B (lactobacillus)</i>	Tier 2	
<i>RESTORA (probiotic product)</i>	Tier 2	QL
<i>REVITAFLOR</i>	Tier 2	
<i>RISAQUAD (probiotic product)</i>	Tier 2	QL
<i>RISAQUAD-2 (probiotic product)</i>	Tier 2	QL
<i>saccharomyces boulardii</i>	Tier 1	
<i>saline enema</i>	Tier 1	
<i>senior probiotic</i>	Tier 1	QL
<i>simeped</i>	Tier 1	
<i>simethicone drops infants</i>	Tier 1	
<i>simethicone oral</i>	Tier 1	
<i>simethicone ultra strength</i>	Tier 1	
<i>smooth antacid ex st oral tablet chewable 750 mg</i>	Tier 1	
<i>smooth antacid extra st</i>	Tier 1	
<i>smooth antacid extra strength</i>	Tier 1	
<i>sodium bicarbonate oral tablet</i>	Tier 1	
<i>soothe maximum strength</i>	Tier 1	
<i>soothe oral suspension</i>	Tier 1	
<i>soothe oral tablet chewable</i>	Tier 1	QL
<i>stomach relief extra strength</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>stomach relief max st oral suspension 525 mg/15ml</i>	Tier 1	
<i>stomach relief oral suspension 1050 mg/30ml, 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	Tier 1	
<i>stomach relief oral tablet 262 mg</i>	Tier 1	
<i>stomach relief oral tablet chewable 262 mg</i>	Tier 1	QL
<i>stomach relief plus</i>	Tier 1	
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Tier 1	
TEENY TUMMY GAS RELIEF DROPS	Tier 2	
<i>TUMS (calcium carbonate antacid)</i>	Tier 2	
<i>TUMS CHEWY BITES (calcium carbonate antacid)</i>	Tier 2	
<i>TUMS E-X 750 (calcium carbonate antacid)</i>	Tier 2	
<i>TUMS EXTRA STRENGTH 750 (calcium carbonate antacid)</i>	Tier 2	
<i>TUMS LASTING EFFECTS (calcium carbonate antacid)</i>	Tier 2	
<i>TUMS SMOOTHIES (calcium carbonate antacid)</i>	Tier 2	
<i>TUMS ULTRA 1000 (calcium carbonate antacid)</i>	Tier 2	
<i>VISBIOME HIGH POTENCY ORAL CAPSULE (probiotic product)</i>	Tier 2	QL
Laxatives - Bowel Treatment Drugs		
<i>clearlax oral powder 17 gm/scoop</i>	Tier 1	ONLY powder bottle; QL
<i>daily fiber oral capsule 0.52 gm</i>	Tier 1	
<i>enema mineral oil</i>	Tier 1	
<i>EVAC (psyllium)</i>	Tier 2	
<i>fiber laxative oral capsule 0.52 gm</i>	Tier 1	
<i>fiber oral capsule 0.52 gm</i>	Tier 1	
<i>fiber oral powder 28.3 %</i>	Tier 1	QL
<i>fiber oral powder 48.57 %, 58.6 %</i>	Tier 1	
<i>fiber therapy oral capsule 0.52 gm</i>	Tier 1	
<i>fiber therapy oral powder 28.3 %</i>	Tier 1	QL
<i>FLEET OIL (mineral oil)</i>	Tier 2	
<i>ft clearlax</i>	Tier 1	ONLY powder bottle; QL
<i>ft mineral oil</i>	Tier 1	
<i>gavilax oral powder</i>	Tier 1	ONLY powder bottle; QL
<i>gentlelax</i>	Tier 1	ONLY powder bottle; QL
<i>glycolax</i>	Tier 1	ONLY powder bottle; QL
<i>konsyl daily fiber oral powder 28.3 %</i>	Tier 1	QL
<i>laxaclear</i>	Tier 1	ONLY powder bottle; QL

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

Drug Name	Drug Tier	Notes
<i>laxative oral powder 17 gm/scoop</i>	Tier 1	ONLY powder bottle; QL
<i>mineral oil enema</i>	Tier 1	
<i>mineral oil heavy oral</i>	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	
<i>mineral oil rectal enema</i>	Tier 1	
MIRALAX ORAL POWDER (polyethylene glycol 3350)	Tier 2	ONLY powder bottle; QL
<i>mm clearlax</i>	Tier 1	ONLY powder bottle; QL
<i>natural daily fiber</i>	Tier 1	
<i>natural fiber oral capsule 0.52 gm</i>	Tier 1	
<i>natural fiber oral powder 28.3 %</i>	Tier 1	QL
<i>natural fiber oral powder 58.6 %</i>	Tier 1	
<i>natural fiber supplement</i>	Tier 1	
<i>natural vegetable</i>	Tier 1	
<i>natura-lax</i>	Tier 1	ONLY powder bottle; QL
<i>peg 3350 oral powder</i>	Tier 1	ONLY powder bottle; QL
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	ONLY powder bottle; QL
<i>polyethylene glycol 3350-grx oral powder</i>	Tier 1	ONLY powder bottle; QL
<i>purelax oral powder</i>	Tier 1	ONLY powder bottle; QL
<i>smooth lax oral powder</i>	Tier 1	ONLY powder bottle; QL
<i>sorbitol oral</i>	Tier 1	
Laxatives - Drugs to treat Constipation		
AVEDANA GLYCERIN (ADULT) (glycerin (laxative))	Tier 2	
<i>citroma</i>	Tier 1	QL
CITRUCEL (methylcellulose (laxative))	Tier 2	
COLACE (docusate sodium)	Tier 2	QL
<i>col-rite oral capsule 250 mg</i>	Tier 1	QL
<i>docusate calcium</i>	Tier 1	
<i>docusate mini</i>	Tier 1	QL
<i>docusate sodium oral capsule</i>	Tier 1	QL
<i>docusate sodium oral liquid</i>	Tier 1	QL
<i>docusate sodium oral syrup</i>	Tier 1	
DOCUSOL MINI (docusate sodium)	Tier 2	QL
<i>docuzen</i>	Tier 1	
<i>dss</i>	Tier 1	QL
<i>easy-lax plus</i>	Tier 1	
ENEMEEZ MINI (docusate sodium)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
EX-LAX MAXIMUM STRENGTH (sennosides)	Tier 2	
fiber laxative	Tier 1	
fiber laxative + calcium	Tier 1	
fiber laxative oral tablet 500 mg	Tier 1	
fiber oral tablet 500 mg, 625 mg	Tier 1	
fiber therapy oral tablet 500 mg, 625 mg	Tier 1	
fiber-caps	Tier 1	
fiber-lax	Tier 1	
FRESKARO MAGNESIUM CITRATE (magnesium citrate)	Tier 2	QL
ft fiber laxative	Tier 1	
ft magnesium citrate	Tier 1	QL
ft senna laxatives	Tier 1	QL
ft senna-s	Tier 1	
ft stool softener oral capsule	Tier 1	QL
ft stool softener oral tablet 50-8.6 mg	Tier 1	
geri-kot	Tier 1	QL
glycerin (adult) rectal suppository 2 gm	Tier 1	
glycerin (infants & children) rectal suppository 1 gm	Tier 1	
glycerin adult rectal suppository 2 gm	Tier 1	
glycerin child rectal suppository 1 gm, 1.2 gm	Tier 1	
glycerin childrens	Tier 1	
glycerin pediatric rectal suppository 1.2 gm	Tier 1	
laxacin	Tier 1	
laxative max str	Tier 1	
laxative maximum strength oral tablet 25 mg	Tier 1	
laxative pills max st	Tier 1	
laxative pills oral tablet 25 mg	Tier 1	
laxative regular strength	Tier 1	
magnesium citrate oral solution	Tier 1	QL
mm stool softener laxative	Tier 1	QL
natural senna laxative	Tier 1	QL
natural vegetable laxative oral tablet 8.6 mg	Tier 1	QL
ONELAX DOCUSATE SODIUM (docusate sodium)	Tier 2	QL
ONELAX MAGNESIUM CITRATE (magnesium citrate)	Tier 2	QL
ONELAX SENNA (sennosides)	Tier 2	
p col-rite	Tier 1	

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

Drug Name	Drug Tier	Notes
PEDIA-LAX ORAL LIQUID (docusate sodium)	Tier 2	
PERDIEM OVERNIGHT RELIEF (sennosides)	Tier 2	
sb docusate sodium/senna	Tier 1	
senexon-s	Tier 1	
senna lax	Tier 1	QL
senna laxative	Tier 1	QL
senna oral liquid	Tier 1	
senna oral syrup	Tier 1	
senna oral tablet	Tier 1	QL
senna plus oral tablet	Tier 1	
senna s	Tier 1	
senna smooth	Tier 1	
senna-docusate sodium	Tier 1	
senna-lax	Tier 1	QL
senna-plus	Tier 1	
senna-s oral tablet 8.6-50 mg	Tier 1	
senna-tabs	Tier 1	QL
senna-time	Tier 1	QL
senna-time s	Tier 1	
sennazon	Tier 1	
SENOKOT (sennosides)	Tier 2	QL
SENOKOT S (sennosides-docusate sodium)	Tier 2	
soluble fiber therapy	Tier 1	
stimulant laxative oral tablet 8.6-50 mg	Tier 1	
stool softener laxative oral capsule	Tier 1	QL
stool softener oral capsule 100 mg, 250 mg	Tier 1	QL
stool softener oral capsule 240 mg, 50 mg	Tier 1	
stool softener pls laxative	Tier 1	
stool softener plus laxative	Tier 1	
stool softener/laxative	Tier 1	
stool softener/laxative oral tablet	Tier 1	
vegetable lax+stool softener	Tier 1	
vegetable laxative	Tier 1	QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
CHOLBAM (cholic acid)	Tier 2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
CREON (pancrelipase (lip-prot-amyl))	Tier 2	
CYSTAGON (cysteamine bitartrate)	Tier 2	QL
NITYR (nitisinone)	Tier 2	DX2RX; SP; QL
RAVICTI (glycerol phenylbutyrate)	Tier 2	PA; SP; QL
sapropterin dihydrochloride	Tier 1	DX2RX; SP; QL
sodium phenylbutyrate oral powder	Tier 1	DX2RX; SP
STRENSIQ (asfotase alfa)	Tier 2	PA; SP
TEGSEDI (inotersen sodium)	Tier 2	PA; SP; QL
VYNDAMAX (tafamidis)	Tier 2	PA; SP; QL
VYNDAQEL (tafamidis meglumine (cardiac))	Tier 2	PA; SP; QL
Genitourinary Agents		
Antispasmodics, Urinary		
oxybutynin chloride er	Tier 1	QL
oxybutynin chloride oral tablet 5 mg	Tier 1	QL
tolterodine tartrate	Tier 1	ST; QL
trospium chloride	Tier 1	ST; QL
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	Tier 1	QL
finasteride oral tablet 5 mg	Tier 1	QL
tamsulosin hcl	Tier 1	QL
terazosin hcl	Tier 1	QL
Genitourinary Agents, Other		
bethanechol chloride oral	Tier 1	
ELMIRON (pentosan polysulfate sodium)	Tier 2	DX2RX; QL
penicillamine oral tablet	Tier 1	DX2RX; SP; QL
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs		
azo	Tier 1	
phenazo oral tablet 200 mg	Tier 1	QL
phenazo oral tablet 95 mg	Tier 1	
phenazopyridine hcl oral	Tier 1	QL
PYRIDIUM (phenazopyridine hcl)	Tier 2	QL
urinary pain relief oral tablet 95 mg	Tier 1	

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

Drug Name	Drug Tier	Notes
Glycemic Agents - Diabetic Drugs		
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
ZEGALOGUE (dasiglucagon hcl)	Tier 2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone intensol</i>	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	QL
<i>dexamethasone oral solution</i>	Tier 1	QL
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>	Tier 1	QL
<i>fludrocortisone acetate oral</i>	Tier 1	QL
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL
MEDROL ORAL TABLET 2 MG (methylprednisolone)	Tier 2	
<i>methylprednisolone oral</i>	Tier 1	QL
<i>prednisolone oral solution</i>	Tier 1	QL
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Tier 1	QL
<i>prednisone oral solution</i>	Tier 1	QL
<i>prednisone oral tablet</i>	Tier 1	QL
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	Tier 1	QL
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Tier 2	DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion
<i>desmopressin ace spray refrig</i>	Tier 1	QL
<i>desmopressin acetate oral</i>	Tier 1	QL
<i>desmopressin acetate spray</i>	Tier 1	QL
EGRIFTA SV (tesamorelin acetate)	Tier 2	DX2RX; SP; QL
INCRELEX (me casermin)	Tier 2	PA; SP
NOCDURNA (desmopressin acetate)	Tier 2	PA; QL
NORDITROPIN FLEXPRESS (somatropin)	Tier 2	PA; SP

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

Drug Name	Drug Tier	Notes
NOVAREL (chorionic gonadotropin)	Tier 2	DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion
NUTROPIN AQ NUSPIN 10 (somatropin)	Tier 2	PA; SP
NUTROPIN AQ NUSPIN 20 (somatropin)	Tier 2	PA; SP
NUTROPIN AQ NUSPIN 5 (somatropin)	Tier 2	PA; SP
PREGNYL (chorionic gonadotropin)	Tier 2	DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG (somatropin)	Tier 2	PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs		
OVIDREL (choriogonadotropin alfa)	Tier 2	DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM (mifepristone)	Tier 2	PA; SP; QL
methergine	Tier 1	QL
methylergonovine maleate oral	Tier 1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs		
mifepristone	Tier 1	Coverage based on benefit
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	Tier 1	QL
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (testosterone cypionate)	Tier 2	QL
testosterone cypionate intramuscular	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>testosterone enanthate intramuscular</i>	Tier 1	QL
<i>testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Tier 1	PA; QL
Estrogens		
<i>afirmelle</i>	Tier 1	QL; GE
<i>altavera</i>	Tier 1	QL; GE
<i>alyacen 1/35</i>	Tier 1	QL; GE
<i>alyacen 7/7/7</i>	Tier 1	QL; GE
<i>amethia</i>	Tier 1	QL
<i>apri</i>	Tier 1	QL; GE
<i>aranelle</i>	Tier 1	QL; GE
<i>ashlyna</i>	Tier 1	QL
<i>aubra eq</i>	Tier 1	QL; GE
<i>aurovela 1.5/30</i>	Tier 1	QL; GE
<i>aurovela 1/20</i>	Tier 1	QL; GE
<i>aurovela 24 fe</i>	Tier 1	QL
<i>aurovela fe 1.5/30</i>	Tier 1	QL; GE
<i>aurovela fe 1/20</i>	Tier 1	QL; GE
<i>aviane</i>	Tier 1	QL; GE
<i>ayuna</i>	Tier 1	QL; GE
<i>azurette</i>	Tier 1	QL; GE
<i>balziva</i>	Tier 1	QL; GE
<i>blisovi 24 fe</i>	Tier 1	QL
<i>blisovi fe 1.5/30</i>	Tier 1	QL; GE
<i>blisovi fe 1/20</i>	Tier 1	QL; GE
<i>briellyn</i>	Tier 1	QL; GE
<i>camrese</i>	Tier 1	QL
<i>camrese lo</i>	Tier 1	QL
<i>charlotte 24 fe</i>	Tier 1	QL; GE
<i>chateau eq</i>	Tier 1	QL; GE
<i>cryselle-28</i>	Tier 1	QL; GE
<i>cyred eq</i>	Tier 1	QL; GE
<i>dasetta 1/35</i>	Tier 1	QL; GE
<i>dasetta 7/7/7</i>	Tier 1	QL; GE
<i>daysee</i>	Tier 1	QL
<i>delyla</i>	Tier 1	QL; GE

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

Drug Name	Drug Tier	Notes
DEPO-ESTRADIOL (estradiol cypionate)	Tier 2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 1	QL; GE
dotti	Tier 1	QL
drospirenone-ethinyl estradiol	Tier 1	QL
DUAVEE (conj estrogens-bazedoxifene)	Tier 2	QL
elonest	Tier 1	QL; GE
eluryng	Tier 1	QL; GE
enilloring	Tier 1	QL; GE
enpresse-28	Tier 1	QL; GE
enskyce	Tier 1	QL; GE
estarylla	Tier 1	QL; GE
estradiol oral	Tier 1	QL
estradiol transdermal patch twice weekly	Tier 1	QL
estradiol transdermal patch weekly	Tier 1	QL
estradiol vaginal	Tier 1	QL
ethynodiol diac-eth estradiol	Tier 1	QL; GE
etonogestrel-ethinyl estradiol	Tier 1	QL; GE
falmina	Tier 1	QL; GE
finzala	Tier 1	QL; GE
hailey 1.5/30	Tier 1	QL; GE
hailey 24 fe	Tier 1	QL
hailey fe 1.5/30	Tier 1	QL; GE
hailey fe 1/20	Tier 1	QL; GE
haloette	Tier 1	QL; GE
iclevia	Tier 1	QL
introvale	Tier 1	QL
isibloom	Tier 1	QL; GE
jaimiess	Tier 1	QL
jasmiel	Tier 1	QL
jolessa	Tier 1	QL
juleber	Tier 1	QL; GE
junel 1.5/30	Tier 1	QL; GE
junel 1/20	Tier 1	QL; GE
junel fe oral tablet 1-20 mg-mcg(24)	Tier 1	QL
junel fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	QL; GE

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

Drug Name	Drug Tier	Notes
<i>kalliga</i>	Tier 1	QL; GE
<i>kariva</i>	Tier 1	QL; GE
<i>kelnor 1/35</i>	Tier 1	QL; GE
<i>kelnor 1/50</i>	Tier 1	QL; GE
<i>kurvelo</i>	Tier 1	QL; GE
<i>larin 1.5/30</i>	Tier 1	QL; GE
<i>larin 1/20</i>	Tier 1	QL; GE
<i>larin 24 fe</i>	Tier 1	QL
<i>larin fe 1.5/30</i>	Tier 1	QL; GE
<i>larin fe 1/20</i>	Tier 1	QL; GE
<i>leena</i>	Tier 1	QL; GE
<i>lessina</i>	Tier 1	QL; GE
<i>levonest</i>	Tier 1	QL; GE
<i>levonorgest-eth estrad 91-day</i>	Tier 1	QL
<i>levonorgestrel-ethynodiol dihydrogen phosphate oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 1	QL; GE
<i>levonorg-eth estrad triphasic</i>	Tier 1	QL; GE
<i>levora 0.15/30 (28)</i>	Tier 1	QL; GE
<i>lojaimies</i>	Tier 1	QL
<i>loryna</i>	Tier 1	QL
<i>low-ogestrel</i>	Tier 1	QL; GE
<i>lo-zumandimine</i>	Tier 1	QL
<i>lutera</i>	Tier 1	QL; GE
<i>lyllana</i>	Tier 1	QL
<i>marlissa</i>	Tier 1	QL; GE
<i>mibelas 24 fe</i>	Tier 1	QL; GE
<i>microgestin 1.5/30</i>	Tier 1	QL; GE
<i>microgestin 1/20</i>	Tier 1	QL; GE
<i>microgestin 24 fe</i>	Tier 1	QL
<i>microgestin fe 1.5/30</i>	Tier 1	QL; GE
<i>microgestin fe 1/20</i>	Tier 1	QL; GE
<i>mili</i>	Tier 1	QL; GE
<i>mono-linyah</i>	Tier 1	QL; GE
<i>necon 0.5/35 (28)</i>	Tier 1	QL; GE
<i>nikki</i>	Tier 1	QL
<i>norethin ace-eth estrad-fe oral tablet</i>	Tier 1	QL; GE

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

Drug Name	Drug Tier	Notes
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 1	QL; GE
<i>norethindrone acet-ethinyl est</i>	Tier 1	QL; GE
<i>norethindron-ethinyl estrad-fe</i>	Tier 1	QL; GE
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier 1	QL
<i>norgestimate-eth estradiol</i>	Tier 1	QL; GE
<i>norgestimate-ethinyl estradiol triphasic</i>	Tier 1	QL; GE
<i>nortrel 0.5/35 (28)</i>	Tier 1	QL; GE
<i>nortrel 1/35 (21)</i>	Tier 1	QL; GE
<i>nortrel 1/35 (28)</i>	Tier 1	QL; GE
<i>nortrel 7/7/7</i>	Tier 1	QL; GE
<i>nylia 1/35</i>	Tier 1	QL; GE
<i>nylia 7/7/7</i>	Tier 1	QL; GE
<i>nymyo</i>	Tier 1	QL; GE
<i>ocella</i>	Tier 1	QL
<i>philith</i>	Tier 1	QL; GE
<i>pimtrea</i>	Tier 1	QL; GE
<i>portia-28</i>	Tier 1	QL; GE
<i>PREMARIN ORAL (estrogens conjugated)</i>	Tier 2	QL
<i>PREMPHASE (conj estrog-medroxyprogesterone acetate)</i>	Tier 2	QL
<i>PREMPRO (conj estrog-medroxyprogesterone acetate)</i>	Tier 2	QL
<i>reclipsen</i>	Tier 1	QL; GE
<i>setlakin</i>	Tier 1	QL
<i>simliya</i>	Tier 1	QL; GE
<i>simpesse</i>	Tier 1	QL
<i>sprintec 28</i>	Tier 1	QL; GE
<i>sronyx</i>	Tier 1	QL; GE
<i>syeda</i>	Tier 1	QL
<i>tarina 24 fe</i>	Tier 1	QL
<i>tarina fe 1/20 eq</i>	Tier 1	QL; GE
<i>tilia fe</i>	Tier 1	QL; GE
<i>tri-estarrylla</i>	Tier 1	QL; GE
<i>tri-legest fe</i>	Tier 1	QL; GE
<i>tri-linyah</i>	Tier 1	QL; GE
<i>tri-lo-estarrylla</i>	Tier 1	QL; GE
<i>tri-lo-marzia</i>	Tier 1	QL; GE

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

Drug Name	Drug Tier	Notes
<i>tri-mili</i>	Tier 1	QL; GE
<i>tri-nymyo</i>	Tier 1	QL; GE
<i>tri-sprintec</i>	Tier 1	QL; GE
<i>trivora (28)</i>	Tier 1	QL; GE
<i>tri-vylibra</i>	Tier 1	QL; GE
<i>tri-vylibra lo</i>	Tier 1	QL; GE
<i>turqoz</i>	Tier 1	QL; GE
<i>tyblume</i>	Tier 1	QL; GE
<i>velivet</i>	Tier 1	QL
<i>vestura</i>	Tier 1	QL
<i>vienna</i>	Tier 1	QL; GE
<i>viorele</i>	Tier 1	QL; GE
<i>volnea</i>	Tier 1	QL; GE
<i>vyfemla</i>	Tier 1	QL; GE
<i>vylibra</i>	Tier 1	QL; GE
<i>wera</i>	Tier 1	QL; GE
<i>wymzya fe</i>	Tier 1	QL
<i>xulane</i>	Tier 1	QL; GE
<i>yuvafem</i>	Tier 1	QL
<i>zafemy</i>	Tier 1	QL; GE
<i>zovia 1/35 (28)</i>	Tier 1	QL; GE
<i>zumandimine</i>	Tier 1	QL
Progestins		
<i>camila</i>	Tier 1	QL; GE
<i>deblitane</i>	Tier 1	QL; GE
<i>ELLA (ulipristal acetate)</i>	Tier 2	QL
<i>errin</i>	Tier 1	QL; GE
<i>heather</i>	Tier 1	QL; GE
<i>incassia</i>	Tier 1	QL; GE
<i>jencycla</i>	Tier 1	QL; GE
<i>lyleq</i>	Tier 1	QL; GE
<i>lyza</i>	Tier 1	QL; GE
<i>medroxyprogesterone acetate intramuscular</i>	Tier 1	QL; GE
<i>medroxyprogesterone acetate oral</i>	Tier 1	QL
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 1	QL
<i>megestrol acetate oral tablet 20 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>megestrol acetate oral tablet 40 mg</i>	Tier 1	QL
<i>nora-be</i>	Tier 1	QL; GE
<i>norethindrone acetate oral</i>	Tier 1	QL
<i>norethindrone oral</i>	Tier 1	QL; GE
<i>norlyroc</i>	Tier 1	QL; GE
<i>progesterone oral</i>	Tier 1	DX2RX; QL
<i>sharobel</i>	Tier 1	QL; GE
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hcl</i>	Tier 1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones		
Progestins - Hormone Replacement/Modifying Drugs		
<i>aftera</i>	Tier 1	QL; GE
<i>curae</i>	Tier 1	QL; GE
<i>econtra one-step</i>	Tier 1	QL; GE
<i>her style</i>	Tier 1	QL; GE
<i>levonorgestrel</i>	Tier 1	QL; GE
<i>my choice</i>	Tier 1	QL; GE
<i>my way</i>	Tier 1	QL; GE
<i>new day</i>	Tier 1	QL; GE
<i>opcicon one-step</i>	Tier 1	QL; GE
<i>option 2</i>	Tier 1	QL; GE
PLAN B ONE-STEP (levonorgestrel)	Tier 2	QL; GE
<i>react</i>	Tier 1	QL; GE
<i>take action</i>	Tier 1	QL; GE
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox</i>	Tier 1	QL
<i>levo-t</i>	Tier 1	QL
<i>levothyroxine sodium oral tablet</i>	Tier 1	QL
<i>levoxyl</i>	Tier 1	QL
<i>liothyronine sodium oral</i>	Tier 1	QL
<i>unithroid</i>	Tier 1	QL
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN (mitotane)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	Tier 1	QL
<i>leuprolide acetate injection</i>	Tier 1	PA; SP
<i>LUPRON DEPOT (1-MONTH) (leuprolide acetate)</i>	Tier 2	PA; SP; QL
<i>LUPRON DEPOT (3-MONTH) (leuprolide acetate (3 month))</i>	Tier 2	PA; SP; QL
<i>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG (leuprolide acetate (4 month))</i>	Tier 2	PA; SP; QL
<i>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG (leuprolide acetate (6 month))</i>	Tier 2	PA; SP; QL
<i>LUPRON DEPOT-PED (1-MONTH) (leuprolide acetate)</i>	Tier 2	PA; SP; QL
<i>LUPRON DEPOT-PED (3-MONTH) (leuprolide acetate (3 month))</i>	Tier 2	PA; SP; QL
<i>LUPRON DEPOT-PED (6-MONTH) (leuprolide acetate (6 month))</i>	Tier 2	SP; QL
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 1	SP; QL
<i>ORILISSA (elagolix sodium)</i>	Tier 2	PA; QL
<i>SIGNIFOR (pasireotide diaspartate)</i>	Tier 2	PA; SP; QL
<i>SOMAVERT (pegvisomant)</i>	Tier 2	PA; SP; QL
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	Tier 1	QL
<i>propylthiouracil oral</i>	Tier 1	QL
Immunological Agents		
Angioedema Agents		
<i>HAEGARDA (c1 esterase inhibitor (human))</i>	Tier 2	PA; SP; QL
<i>icatibant acetate</i>	Tier 1	PA; SP; QL
<i>RUCONEST (c1 esterase inhibitor (recomb))</i>	Tier 2	PA; SP; QL
<i>sajazir</i>	Tier 1	PA; SP; QL
Immunological Agents, Other		
<i>COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)</i>	Tier 2	PA; SP; QL
<i>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (secukinumab)</i>	Tier 2	PA; SP; QL
<i>COSENTYX UNOREADY (secukinumab)</i>	Tier 2	QL
<i>ILARIS (canakinumab)</i>	Tier 2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
ILUMYA (tildrakizumab-asmn)	Tier 2	PA; SP; QL
KEVZARA (sarilumab)	Tier 2	PA; SP; QL
KINERET (anakinra)	Tier 2	PA; SP; QL
OLUMIANT ORAL TABLET 1 MG, 2 MG (baricitinib)	Tier 2	PA; SP; QL
OTEZLA (apremilast)	Tier 2	PA; SP; QL
SYNAGIS (palivizumab)	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (omalizumab)	Tier 2	PA; SP; QL
Immunostimulants		
ACTIMMUNE (interferon gamma-1b)	Tier 2	PA; SP
PEGASYS (peginterferon alfa-2a)	Tier 2	SP; QL
Immunosuppressants		
azathioprine oral tablet 50 mg	Tier 1	QL
CIMZIA VIAL KIT (certolizumab pegol)	Tier 2	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML (certolizumab pegol)	Tier 2	PA; SP; QL
cyclosporine modified oral capsule 100 mg, 25 mg	Tier 1	QL
cyclosporine modified oral capsule 50 mg	Tier 1	
cyclosporine modified oral solution	Tier 1	QL
cyclosporine oral	Tier 1	QL
ENBREL (etanercept)	Tier 2	PA; SP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Tier 1	QL
everolimus oral tablet 1 mg	Tier 1	
gengraf oral capsule	Tier 1	QL
leflunomide oral	Tier 1	QL
methotrexate sodium	Tier 1	
methotrexate sodium (pf)	Tier 1	
mycophenolate mofetil oral	Tier 1	QL
mycophenolate sodium	Tier 1	QL
sirolimus oral solution	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg	Tier 1	QL
sirolimus oral tablet 2 mg	Tier 1	
tacrolimus oral capsule 0.5 mg, 5 mg	Tier 1	
tacrolimus oral capsule 1 mg	Tier 1	QL
Vaccines		
ACTHIB (haemophilus b polysac conj vac)	Tier 2	

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

Drug Name	Drug Tier	Notes
ADACEL (tetanus-diphth-acell pertussis)	Tier 2	QL
BEXSERO (meningococcal b recomb omv adj)	Tier 2	QL
BOOSTRIX INTRAMUSCULAR SUSPENSION (tetanus-diphth-acell pertussis)	Tier 2	QL
DAPTACEL (diphth-acell pertussis-tetanus)	Tier 2	QL
ENGERIX-B (hepatitis b vac recombinant)	Tier 2	QL
GARDASIL 9 (hpv 9-valent recomb vaccine)	Tier 2	QL
HAVRIX (hepatitis a vaccine)	Tier 2	QL
HIBERIX (haemophilus b polysac conj vac)	Tier 2	
INFANRIX (diphth-acell pertussis-tetanus)	Tier 2	QL
IPOV (poliovirus vaccine inactivated)	Tier 2	
MENVEO (meningococcal a c y&w-135 olig)	Tier 2	QL
M-M-R II (measles, mumps & rubella vac)	Tier 2	QL
PEDIARIX (dtap-hepatitis b recomb-ipv)	Tier 2	QL
PEDVAX HIB (haemophilus b polysac conj vac)	Tier 2	
PENTACEL (dtap-ipv-hib vaccine)	Tier 2	QL
PREHEVBIO	Tier 2	QL
PRIORIX (measles, mumps & rubella vac)	Tier 2	QL
PROQUAD (measles-mumps-rubella-varicell)	Tier 2	QL
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	Tier 2	QL
RECOMBIVAX HB (hepatitis b vac recombinant)	Tier 2	QL
ROTATEQ (rotavirus vac live pentavalent)	Tier 2	
SHINGRIX (zoster vac recomb adjuvanted)	Tier 2	QL; AL
TDVAX (tetanus-diphtheria toxoids td)	Tier 2	QL
TENIVAC (tetanus-diphtheria toxoids td)	Tier 2	QL
TETANUS-DIPHTHERIA TOXOIDS TD	Tier 2	QL
TRUMENBA (meningococcal b vac (recomb))	Tier 2	QL
TWINRIX (hepatitis a-hep b recomb vac)	Tier 2	QL
VAQTA (hepatitis a vaccine)	Tier 2	QL
VARIVAX (varicella virus vaccine live)	Tier 2	QL
VAXNEUVANCE (pneumococcal 15-val conj vacc)	Tier 2	QL
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
Vaccines		
AFLURIA QUADRIVALENT (influenza vac split quad)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
<i>DENGVAXIA (dengue virus vaccine live tetr)</i>	Tier 2	QL
<i>FLUAD QUADRIVALENT (influenza vac a&b sa adj quad)</i>	Tier 2	QL
<i>FLUARIX QUADRIVALENT (influenza vac split quad)</i>	Tier 2	QL
<i>FLUBLOK QUADRIVALENT (influenza vac recomb ha quad)</i>	Tier 2	QL
<i>FLUCELVAX QUADRIVALENT (influenza vac subunit quad)</i>	Tier 2	QL
<i>FLULAVAL QUADRIVALENT (influenza vac split quad)</i>	Tier 2	QL
<i>FLUMIST QUADRIVALENT (influenza virus vac live quad)</i>	Tier 2	QL
<i>FLUZONE HIGH-DOSE QUADRIVALENT (influenza vac high-dose quad)</i>	Tier 2	QL
<i>FLUZONE QUADRIVALENT (influenza vac split quad)</i>	Tier 2	QL
<i>HEPLISAV-B (hepatitis b vac recomb adj)</i>	Tier 2	QL; AL
NOVAVAX COVID-19 VACCINE	Tier 2	QL
<i>PNEUMOVAX 23 (pneumococcal vac polyvalent)</i>	Tier 2	QL
<i>PREVNAR 13 (pneumococcal 13-val conj vacc)</i>	Tier 2	QL
<i>PREVNAR 20 (pneumococcal 20-val conj vacc)</i>	Tier 2	QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	Tier 1	QL
<i>mesalamine oral capsule delayed release 400 mg</i>	Tier 1	QL
<i>mesalamine rectal</i>	Tier 1	QL
<i>SFROWASA (mesalamine)</i>	Tier 2	QL
<i>sulfasalazine oral</i>	Tier 1	QL
Glucocorticoids		
<i>budesonide oral</i>	Tier 1	DX2RX; QL
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	QL
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	QL
<i>procto-med hc</i>	Tier 1	QL
<i>proctosol hc</i>	Tier 1	QL
<i>proctozone-hc</i>	Tier 1	QL
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	Tier 1	QL
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	Tier 1	QL
<i>calcitonin (salmon) nasal</i>	Tier 1	QL
<i>calcitriol oral capsule</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>calcitriol oral solution</i>	Tier 1	Members >= 8 years of age will require PA Available for an extended day(s) supply; AL
<i>cinacalcet hcl</i>	Tier 1	PA; QL
<i>TYMLOS (abaloparotide)</i>	Tier 2	PA; SP; QL
Miscellaneous Therapeutic Agents		
<i>ABRYSVO (rsv pre-fusion f a&b vac rcmb)</i>	Tier 2	QL
<i>acne control cleanser</i>	Tier 1	
<i>acne medication 10 external lotion</i>	Tier 1	QL
<i>acne medication 5 external lotion</i>	Tier 1	
<i>acne treatment external cream 10 %</i>	Tier 1	
<i>adv acne spot treatment</i>	Tier 1	
<i>advanced acne spot treat</i>	Tier 1	
<i>ALCOHOL PREP PADS PAD , 70 %</i>	Tier 2	QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (adalimumab-atto)	Tier 2	PA; NDC(s) starting w/72511 Preferred w/PA; SP; QL
<i>ANASPAZ (hyoscyamine sulfate)</i>	Tier 2	QL
<i>antibiotic</i>	Tier 1	QL
<i>antifungal (tolnaftate)</i>	Tier 1	QL
<i>antifungal tolnaftate</i>	Tier 1	QL
<i>AREXVY (rsvpref3 vac recomb adjuvanted)</i>	Tier 2	QL
<i>arthritis pain relieving</i>	Tier 1	QL
<i>aspirin adults</i>	Tier 1	QL
<i>aspirin childrens</i>	Tier 1	QL
<i>aspirin ec oral tablet 325 mg</i>	Tier 1	QL
<i>aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	Tier 1	QL
<i>aspirin oral tablet 325 mg</i>	Tier 1	QL
<i>aspirin oral tablet chewable 81 mg</i>	Tier 1	QL
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	Tier 1	QL
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	Tier 2	QL
<i>aspirin rectal suppository 300 mg</i>	Tier 1	
<i>aspirin regimen</i>	Tier 1	QL
<i>athletes foot (tolnaftate) external aerosol powder 1 %</i>	Tier 1	
<i>athletes foot (tolnaftate) external cream 1 %</i>	Tier 1	QL
<i>athletes foot powder spray external aerosol powder 1 %</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>athletes foot relief</i>	Tier 1	
AXONA (dietary management product)	Tier 2	
<i>bacitracin external</i>	Tier 1	QL
<i>bacitracin zinc external</i>	Tier 1	QL
<i>bacitracin zinc first aid</i>	Tier 1	QL
<i>bacitracin zinc-aloe</i>	Tier 1	QL
BAYER ASPIRIN ORAL TABLET (aspirin)	Tier 2	QL
BAYER LOW DOSE ORAL TABLET CHEWABLE (aspirin)	Tier 2	QL
BD ECLIPSE NEEDLE 25G X 5/8" (needle (disp))	Tier 2	QL
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (insulin syringe-needle u-100)	Tier 2	QL
BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (insulin pen needle)	Tier 2	QL
BENZAC AC WASH (benzoyl peroxide)	Tier 2	QL
<i>bisacodyl ec</i>	Tier 1	QL
<i>bisacodyl laxative</i>	Tier 1	QL
<i>bisacodyl oral</i>	Tier 1	QL
<i>bisacodyl rectal</i>	Tier 1	QL
<i>bp wash external liquid 2.5 %</i>	Tier 1	
BREATHE COMFORT HUMIDIFIER (humidifiers)	Tier 2	QL
<i>calamine external lotion</i>	Tier 1	
CALQUENCE (acalabrutinib maleate)	Tier 2	SP; QL
<i>capsaicin external cream 0.025 %, 0.1 %</i>	Tier 1	QL
<i>capsaicin hp</i>	Tier 1	QL
<i>capsaicin pain relief</i>	Tier 1	QL
CAPZASIN-HP (capsaicin)	Tier 2	QL
<i>capzix</i>	Tier 1	QL
<i>CAREPOINT POLY HUB NEEDLE 25G X 5/8"</i>	Tier 2	QL
<i>CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8"</i>	Tier 2	QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (needle (disp))	Tier 2	QL
CASTIVA WARMING (capsaicin)	Tier 2	QL
CAYA (diaphragm arc-spring)	Tier 2	QL
CENTRUM FLAVOR BURST KIDS (pediatric multivit-minerals)	Tier 2	QL
CENTRUM KIDS (pediatric multivit-minerals)	Tier 2	QL
childrens aspirin oral tablet chewable 81 mg	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>c-lax laxative</i>	Tier 1	QL
<i>clearskin</i>	Tier 1	
COMIRNATY (covid-19 mrna virus vaccine)	Tier 2	QL
CONDOMS	Tier 2	QL
COOL MIST HUMIDIFER	Tier 2	QL
COOL MIST HUMIDIFIER	Tier 2	QL
<i>corn & callus remover</i>	Tier 1	
<i>corn and callus remover</i>	Tier 1	
<i>daily acne wash</i>	Tier 1	
<i>darunavir</i>	Tier 1	QL
DERMELEVE ADVANCED FORMULA (aluminum acetate)	Tier 2	
DEXCOM G6 TRANSMITTER (continuous blood gluc transmit)	Tier 2	PA; QL
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Tier 1	
DROPSAFE ALCOHOL PREP (alcohol swabs)	Tier 2	QL
DUREX EXTRA SENSITIVE THIN (condoms latex lubricated)	Tier 2	QL
EASIVENT (spacer/aero-holding chambers)	Tier 2	QL
EASIVENT MASK LARGE (spacer/aero-holding chambers)	Tier 2	QL
EASIVENT MASK MEDIUM (spacer/aero-holding chambers)	Tier 2	QL
EASIVENT MASK SMALL (spacer/aero-holding chambers)	Tier 2	QL
<i>enteric aspirin</i>	Tier 1	QL
EX-LAX ULTRA (bisacodyl)	Tier 2	QL
<i>fast relief laxative</i>	Tier 1	QL
FLEET BISACODYL (bisacodyl)	Tier 2	QL
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (pediatric multivit-minerals)	Tier 2	QL
<i>folic acid oral tablet 1 mg</i>	Tier 1	QL
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1	
<i>foot & sneaker</i>	Tier 1	
FORMULA 3 THE TREATMENT (tolnaftate)	Tier 2	QL
FORMULA 7 THE SOLUTION (tolnaftate)	Tier 2	QL
<i>ft antifungal external cream 1 %</i>	Tier 1	QL
<i>ft aspirin</i>	Tier 1	QL
<i>ft aspirin low dose</i>	Tier 1	QL
<i>ft enteric coated aspirin</i>	Tier 1	QL
<i>ft gentle laxative</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>ft laxative</i>	Tier 1	QL
<i>fungi-guard</i>	Tier 1	QL
<i>gentle laxative</i>	Tier 1	QL
<i>gentle laxative womens</i>	Tier 1	QL
<i>genuine aspirin</i>	Tier 1	QL
<i>gummy dinos</i>	Tier 1	QL
<i>gummy multivitamin kids</i>	Tier 1	QL
HADLIMA (adalimumab-bwwd)	Tier 2	PA; SP; QL
HADLIMA PUSHTOUCH (adalimumab-bwwd)	Tier 2	PA; SP; QL
<i>h-e-b aspirin</i>	Tier 1	QL
<i>hydrocodone bit-homatrop mbr</i>	Tier 1	QL; AL
<i>hydromet</i>	Tier 1	QL; AL
<i>hyoscyamine sulfate oral</i>	Tier 1	QL
<i>hyoscyamine sulfate sl</i>	Tier 1	QL
<i>hyoscyamine sulfate sublingual</i>	Tier 1	QL
<i>hyosyne</i>	Tier 1	QL
HYRIMOZ-CROHNS/UC STARTER PACK (adalimumab-adaz)	Tier 2	PA; SP; QL
INSPIREASE (spacer/aero-holding chambers)	Tier 2	QL
INSPIREASE RESERVOIR BAGS (spacer/aero-hold chamber bags)	Tier 2	QL
<i>jock itch max st</i>	Tier 1	
<i>jock itch spray powder</i>	Tier 1	
<i>laxative oral tablet delayed release 5 mg</i>	Tier 1	QL
<i>laxative rectal suppository 10 mg</i>	Tier 1	QL
<i>liquid corn & callus rem</i>	Tier 1	
<i>liquid wart remover max st</i>	Tier 1	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	Tier 1	
MAOX (magnesium oxide)	Tier 2	
MASK VORTEX/CHILD/FROG (spacer/aero-hold chamber mask)	Tier 2	QL
MASK VORTEX/TODDLER/LADYBUG (spacer/aero-hold chamber mask)	Tier 2	QL
<i>medicated spot</i>	Tier 1	
<i>medi-first aspirin</i>	Tier 1	QL
<i>medique aspirin</i>	Tier 1	QL
MICOMITIN (tolnaftate)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
<i>mm aspirin</i>	Tier 1	QL
MODERNA COVID-19 VAC 6M-11Y (covid-19 mrna virus vaccine)	Tier 2	QL
MOUNJARO (tirzepatide)	Tier 2	PA; QL
MYCOZYL AL (tolnaftate)	Tier 2	QL
NEODOT THERMOMETER	Tier 2	QL
NEUTROGENA OIL-FREE ACNE WASH (salicylic acid)	Tier 2	
NULEV (hyoscyamine sulfate)	Tier 2	QL
OMNIFLEX DIAPHRAGM (diaphragms)	Tier 2	QL; GE
ONELAX (bisacodyl)	Tier 2	QL
OVACE PLUS WASH EXTERNAL LIQUID (sulfacetamide sodium)	Tier 2	
OVACE WASH (sulfacetamide sodium)	Tier 2	
PANOXYL (benzoyl peroxide)	Tier 2	
PFIZER COVID-19 VAC-TRIS 5-11Y (covid-19 mrna virus vaccine)	Tier 2	QL
PFIZER COVID-19 VAC-TRIS 6M-4Y	Tier 2	QL
poly bacitracin	Tier 1	
POLYSPORIN (bacitracin-polymyxin b)	Tier 2	
PREZISTA ORAL SUSPENSION (darunavir)	Tier 2	QL
PREZISTA ORAL TABLET 150 MG, 75 MG (darunavir)	Tier 2	QL
PRO-CRITIC	Tier 2	
scalp relief external liquid 3 %	Tier 1	
sodium sulfacetamide wash	Tier 1	
SPIKEVAX (covid-19 mrna virus vaccine)	Tier 2	QL
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (aspirin)	Tier 2	QL
STRIVE DUAL ZONE PEAK FLOW MTR (peak flow meter)	Tier 2	QL
sulfacetamide sodium external	Tier 1	
SUNLENCA ORAL (lenacapavir sodium)	Tier 2	QL; AL
sure result sr relief	Tier 1	QL
the magic bullet	Tier 1	QL
TINACTIN EXTERNAL CREAM (tolnaftate)	Tier 2	QL
tinaspore	Tier 1	QL
tm-tolnaftate	Tier 1	QL
tm-tolnaftate lr	Tier 1	QL
TOLNAFI-AL	Tier 2	QL

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

Drug Name	Drug Tier	Notes
<i>tolnaftate antifungal</i>	Tier 1	QL
<i>tolnaftate external cream</i>	Tier 1	QL
<i>tolnaftate external powder</i>	Tier 1	
VAPORIZER WARM STEAM	Tier 2	QL
<i>VAXELIS (dtap-ipv-hib-hepatitis b recmb)</i>	Tier 2	QL
<i>vitachew multiple vitamin</i>	Tier 1	QL
<i>wart remover external liquid 17 %</i>	Tier 1	
<i>wart remover maximum strength external liquid</i>	Tier 1	
<i>WIDE-SEAL DIAPHRAGM 60 (diaphragm wide seal)</i>	Tier 2	QL
<i>WIDE-SEAL DIAPHRAGM 65 (diaphragm wide seal)</i>	Tier 2	QL
<i>WIDE-SEAL DIAPHRAGM 70 (diaphragm wide seal)</i>	Tier 2	QL
<i>WIDE-SEAL DIAPHRAGM 75 (diaphragm wide seal)</i>	Tier 2	QL
<i>WIDE-SEAL DIAPHRAGM 80 (diaphragm wide seal)</i>	Tier 2	QL
<i>WIDE-SEAL DIAPHRAGM 85 (diaphragm wide seal)</i>	Tier 2	QL
<i>WIDE-SEAL DIAPHRAGM 90 (diaphragm wide seal)</i>	Tier 2	QL
<i>WIDE-SEAL DIAPHRAGM 95 (diaphragm wide seal)</i>	Tier 2	QL
<i>womans laxative</i>	Tier 1	QL
<i>womens gentle laxative</i>	Tier 1	QL
<i>womens laxative</i>	Tier 1	QL
<i>ZOSTRIX HP (capsaicin)</i>	Tier 2	QL
Molecular Target Inhibitors - Chemotherapy Agents		
Antineoplastics - Drugs to Treat Cancer		
<i>ALECENSA (alectinib hcl)</i>	Tier 2	PA; SP; QL
<i>ALUNBRIG (brigatinib)</i>	Tier 2	PA; SP; QL
<i>BOSULIF (bosutinib)</i>	Tier 2	PA; SP; QL
<i>BRUKINSA (zanubrutinib)</i>	Tier 2	PA; SP; QL
<i>CABOMETYX (cabozantinib s-malate)</i>	Tier 2	PA; SP; QL
<i>CAPRELSA (vandetanib)</i>	Tier 2	PA; SP; QL
<i>COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate)</i>	Tier 2	PA; SP; QL
<i>COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate)</i>	Tier 2	PA; SP; QL
<i>COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate)</i>	Tier 2	PA; SP; QL
<i>erlotinib hcl</i>	Tier 1	PA; SP; QL
<i>gefitinib</i>	Tier 1	PA; SP; QL
<i>GILOTrif (afatinib dimaleate)</i>	Tier 2	PA; SP; QL
<i>ICLUSIG ORAL TABLET 15 MG, 45 MG (ponatinib hcl)</i>	Tier 2	PA; SP; QL
<i>imatinib mesylate</i>	Tier 1	PA; SP; QL

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

Drug Name	Drug Tier	Notes
IMBRUVICA ORAL CAPSULE (ibrutinib)	Tier 2	PA; SP; QL
IMBRUVICA ORAL SUSPENSION (ibrutinib)	Tier 2	SP; QL
IMBRUVICA ORAL TABLET (ibrutinib)	Tier 2	PA; SP; QL
INLYTA (axitinib)	Tier 2	PA; SP; QL
Iapatinib ditosylate	Tier 1	PA; SP; QL
LENVIMA (10 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
LENVIMA (12 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
LENVIMA (14 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
LENVIMA (18 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
LENVIMA (20 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
LENVIMA (24 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
LENVIMA (4 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
LENVIMA (8 MG DAILY DOSE) (lenvatinib mesylate)	Tier 2	PA; SP; QL
pazopanib hcl	Tier 1	PA; SP; QL
SPRYCEL (dasatinib)	Tier 2	PA; SP; QL
TASIGNA (nilotinib hcl)	Tier 2	PA; SP; QL
TURALIO (pexidartinib hcl)	Tier 2	PA; SP; QL; AL
XALKORI ORAL CAPSULE (crizotinib)	Tier 2	PA; SP; QL
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost ophthalmic	Tier 1	QL
Ophthalmic Agents, Other		
altafrin	Tier 1	
atropine sulfate ophthalmic ointment	Tier 1	
atropine sulfate ophthalmic solution 1 %	Tier 1	QL
cyclopentolate hcl ophthalmic	Tier 1	QL
CYSTARAN (cysteamine hcl)	Tier 2	DX2RX; SP; QL
dorzolamide hcl-timolol mal	Tier 1	QL
neomycin-polymyxin-dexameth ophthalmic ointment	Tier 1	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Tier 1	QL
phenylephrine hcl ophthalmic	Tier 1	
sulfacetamide-prednisolone	Tier 1	
TOBRADEX (tobramycin-dexamethasone)	Tier 2	QL
tobramycin-dexamethasone	Tier 1	QL
XIIDRA (lifitegrast)	Tier 2	PA; QL

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

Drug Name	Drug Tier	Notes
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic</i>	Tier 1	ST
<i>cromolyn sodium ophthalmic</i>	Tier 1	QL
<i>olopatadine hcl ophthalmic</i>	Tier 1	QL
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (olopatadine hcl)	Tier 2	QL
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic</i>	Tier 1	QL
<i>bacitracin-polymyxin b ophthalmic</i>	Tier 1	QL
<i>ciprofloxacin hcl ophthalmic</i>	Tier 1	QL
<i>erythromycin ophthalmic</i>	Tier 1	QL
<i>gentamicin sulfate ophthalmic</i>	Tier 1	QL
<i>neomycin-bacitracin zn-polymyx</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	QL
<i>neo-polycin</i>	Tier 1	
<i>ofloxacin ophthalmic</i>	Tier 1	QL
<i>polycin</i>	Tier 1	QL
<i>polymyxin b-trimethoprim</i>	Tier 1	QL
<i>sulfacetamide sodium ophthalmic</i>	Tier 1	QL
<i>tobramycin ophthalmic</i>	Tier 1	QL
<i>trifluridine</i>	Tier 1	QL
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate ophthalmic</i>	Tier 1	
<i>diclofenac sodium ophthalmic</i>	Tier 1	QL
<i>fluorometholone</i>	Tier 1	QL
<i>flurbiprofen sodium</i>	Tier 1	QL
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL
<i>prednisolone acetate ophthalmic</i>	Tier 1	QL
<i>PREDNISOLONE ACETATE P-F</i>	Tier 2	QL
<i>prednisolone sodium phosphate ophthalmic</i>	Tier 1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic</i>	Tier 1	QL
<i>carteolol hcl</i>	Tier 1	
<i>levobunolol hcl</i>	Tier 1	QL
<i>timolol maleate (once-daily)</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>timolol maleate ophthalmic solution</i>	Tier 1	QL
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>apraclonidine hcl</i>	Tier 1	QL
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 1	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	Tier 2	QL
<i>dorzolamide hcl solution 2 % ophthalmic</i>	Tier 1	QL
<i>methazolamide oral</i>	Tier 1	QL
<i>PHOSPHOLINE IODIDE (echothiophate iodide)</i>	Tier 2	
<i>pilocarpine hcl ophthalmic</i>	Tier 1	
Ophthalmic Agents - Drugs to Treat Eye Conditions		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs		
<i>altachlore ophthalmic ointment</i>	Tier 1	
<i>altachlore ophthalmic solution</i>	Tier 1	QL
<i>altalube</i>	Tier 1	QL
<i>artificial tears ophthalmic solution</i>	Tier 1	
<i>astringent eye drops</i>	Tier 1	QL
<i>BION TEARS (carboxymethylcellulose sodium)</i>	Tier 2	
<i>BION TEARS PF (dextran 70-hypromellose)</i>	Tier 2	
<i>carboxymethylcellulose sodium ophthalmic solution</i>	Tier 1	QL
<i>dry eye relief ophthalmic gel 0.4-0.3 %</i>	Tier 1	QL
<i>dry-eye relief nighttime</i>	Tier 1	QL
<i>eye drops advanced relief</i>	Tier 1	QL
<i>eye drops long lasting</i>	Tier 1	QL
<i>eye drops ophthalmic solution 0.05 %</i>	Tier 1	
<i>eye drops ophthalmic solution 0.05-0.1-1-1 %, 0.05-0.25 %</i>	Tier 1	QL
<i>eye irritation relief drops</i>	Tier 1	QL
<i>eye lubricant</i>	Tier 1	QL
<i>for sty relief</i>	Tier 1	QL
<i>GENTEAL SEVERE (hypromellose)</i>	Tier 2	QL
<i>GENTEAL TEARS MODERATE PF (dextran 70-hypromellose)</i>	Tier 2	
<i>GENTEAL TEARS NIGHT-TIME (white petrolatum-mineral oil)</i>	Tier 2	QL
<i>GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (artificial tear solution)</i>	Tier 2	
<i>GENTEAL TEARS PF (dextran 70-hypromellose)</i>	Tier 2	

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

Drug Name	Drug Tier	Notes
GENTEAL TEARS SEVERE DAY/NIGHT (polyethyl glycol-propyl glycol)	Tier 2	QL
HYPOTEARs (white petrolatum-mineral oil)	Tier 2	QL
lubricant drops fast act	Tier 1	QL
lubricant drops ophthalmic gel 0.25-0.3 %	Tier 1	QL
lubricant drops ophthalmic solution	Tier 1	QL
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	Tier 1	QL
lubricant eye drops (pf) ophthalmic solution 0.5 %	Tier 1	
lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %, 0.6 %	Tier 1	QL
lubricant eye drops pf	Tier 1	
lubricant eye nighttime	Tier 1	QL
lubricant eye ophthalmic solution 0.4-0.3 %	Tier 1	QL
lubricant pm	Tier 1	QL
lubricating eye drop	Tier 1	
lubricating eye drops	Tier 1	QL
lubricating eye/overnight	Tier 1	QL
lubricating plus eye drops	Tier 1	
lubricating plus ophthalmic solution 0.5 %	Tier 1	
lubricating tears ophthalmic solution 0.4-0.3 %	Tier 1	QL
lubrifresh p.m.	Tier 1	QL
MURO 128 OPHTHALMIC OINTMENT (sodium chloride (hypertonic))	Tier 2	
MURO 128 OPHTHALMIC SOLUTION 5 % (sodium chloride (hypertonic))	Tier 2	QL
natural tears pf	Tier 1	
nighttime dry-eye relief	Tier 1	QL
nighttime relief lub eye	Tier 1	QL
polyvinyl alcohol ophthalmic	Tier 1	
pure & gentle lubricant	Tier 1	
REFRESH LACRI-LUBE (white petrolatum-mineral oil)	Tier 2	QL
REFRESH PLUS (carboxymethylcellulose sodium)	Tier 2	
REFRESH TEARS (carboxymethylcellulose sodium)	Tier 2	QL
relief eye drops	Tier 1	QL
restore plus lubricant eye	Tier 1	
restore pm	Tier 1	QL
sod chloride hypertonicity	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>sodium chloride (hypertonic) ophthalmic ointment</i>	Tier 1	
<i>sodium chloride (hypertonic) ophthalmic solution</i>	Tier 1	QL
<i>sodium chloride ophthalmic ointment 5 %</i>	Tier 1	
<i>sodium chloride ophthalmic solution 5 %</i>	Tier 1	QL
<i>SYSTANE (polyethyl glycol-propyl glycol)</i>	Tier 2	QL
<i>SYSTANE BALANCE (propylene glycol)</i>	Tier 2	QL
<i>SYSTANE COMPLETE (propylene glycol)</i>	Tier 2	QL
<i>SYSTANE CONTACTS (artificial tear solution)</i>	Tier 2	
<i>SYSTANE HYDRATION PF (polyethyl glycol-propyl glycol)</i>	Tier 2	QL
<i>SYSTANE NIGHTTIME (white petrolatum-mineral oil)</i>	Tier 2	QL
<i>SYSTANE PRESERVATIVE FREE (polyethyl glycol-propyl glycol)</i>	Tier 2	QL
<i>SYSTANE ULTRA (polyethyl glycol-propyl glycol)</i>	Tier 2	QL
<i>SYSTANE ULTRA PF (polyethyl glycol-propyl glycol)</i>	Tier 2	QL
<i>ultra fresh</i>	Tier 1	QL
<i>ultra fresh pm</i>	Tier 1	QL
<i>ultra lubricant drop</i>	Tier 1	QL
<i>ultra lubricating eye drops</i>	Tier 1	QL
<i>ultra lubricating eye drops pf</i>	Tier 1	QL
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs		
<i>NAPHCON-A (naphazoline-pheniramine)</i>	Tier 2	
<i>VISINE (naphazoline-pheniramine)</i>	Tier 2	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs		
<i>ALAWAY (ketotifen fumarate)</i>	Tier 2	QL
<i>ALAWAY CHILDRENS ALLERGY (ketotifen fumarate)</i>	Tier 2	QL
<i>allergy eye drops</i>	Tier 1	QL
<i>eye itch relief ophthalmic solution 0.035 %</i>	Tier 1	QL
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Tier 1	QL
<i>ZADITOR (ketotifen fumarate)</i>	Tier 2	QL
Otic Agents		
<i>acetic acid otic</i>	Tier 1	QL
<i>ciprofloxacin-dexamethasone</i>	Tier 1	DX2RX; QL
<i>hydrocortisone-acetic acid</i>	Tier 1	QL
<i>neomycin-polymyxin-hc otic</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>ofloxacin otic</i>	Tier 1	QL
Otic Agents - Drugs to Treat Ear Conditions		
Otic Agents - Drugs for the Ear		
<i>CLEARCANAL EARWAX SOFTENER (carbamide peroxide)</i>	Tier 2	
<i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (carbamide peroxide)</i>	Tier 2	
<i>ear drops</i>	Tier 1	
<i>ear wax kit</i>	Tier 1	
<i>ear wax removal</i>	Tier 1	
<i>ear wax removal system</i>	Tier 1	
<i>earwax removal</i>	Tier 1	
<i>earwax removal drops</i>	Tier 1	
<i>earwax removal kit</i>	Tier 1	
<i>ft earwax removal</i>	Tier 1	
<i>ft earwax removal kit</i>	Tier 1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>all day allergy oral tablet 10 mg</i>	Tier 1	QL
<i>allergy (cetirizine)</i>	Tier 1	QL
<i>allergy 24hour indoor/outdoor</i>	Tier 1	QL
<i>allergy childrens oral liquid</i>	Tier 1	QL
<i>allergy medication</i>	Tier 1	QL
<i>allergy medicine</i>	Tier 1	QL
<i>allergy oral capsule 25 mg</i>	Tier 1	QL
<i>allergy oral liquid 12.5 mg/5ml</i>	Tier 1	QL
<i>allergy oral tablet 25 mg</i>	Tier 1	QL
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	Tier 1	QL
<i>allergy relief adult</i>	Tier 1	QL
<i>allergy relief cetirizine</i>	Tier 1	QL
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Tier 1	QL
<i>allergy relief childrens oral tablet chewable 12.5 mg</i>	Tier 1	QL
<i>allergy relief max st</i>	Tier 1	QL
<i>allergy relief oral capsule 25 mg</i>	Tier 1	QL
<i>allergy relief oral liquid 25 mg/10ml</i>	Tier 1	QL
<i>allergy relief oral tablet 25 mg</i>	Tier 1	QL
<i>allergy relief oral tablet chewable 12.5 mg</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>allergy relief(cetirizine)</i>	Tier 1	QL
<i>allergy relief/door/outdoor oral tablet 10 mg</i>	Tier 1	QL
<i>aller-tec</i>	Tier 1	QL
<i>anti-hist allergy</i>	Tier 1	QL
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Tier 1	QL
<i>banophen oral capsule 25 mg</i>	Tier 1	QL
<i>banophen oral tablet</i>	Tier 1	QL
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (diphenhydramine hcl)	Tier 2	QL
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (diphenhydramine hcl)	Tier 2	QL
BENADRYL ALLERGY ORAL TABLET (diphenhydramine hcl)	Tier 2	QL
BENADRYL ALLERGY ULTRATABS (diphenhydramine hcl)	Tier 2	QL
<i>cetirizine allergy relief</i>	Tier 1	QL
<i>cetirizine hcl oral solution 1 mg/ml</i>	Tier 1	QL
<i>cetirizine hcl oral tablet</i>	Tier 1	QL
<i>childrens allergy oral liquid 12.5 mg/5ml</i>	Tier 1	QL
<i>clemastine fumarate oral syrup</i>	Tier 1	QL
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	QL
<i>complete allergy</i>	Tier 1	QL
<i>complete allergy medicine oral capsule</i>	Tier 1	QL
<i>complete allergy relief</i>	Tier 1	QL
<i>ciproheptadine hcl oral</i>	Tier 1	QL
DAYHIST ALLERGY 12 HOUR RELIEF (clemastine fumarate)	Tier 2	QL
<i>diphedryl allergy</i>	Tier 1	QL
<i>diphen</i>	Tier 1	QL
<i>diphenhydramine hcl childrens</i>	Tier 1	QL
<i>diphenhydramine hcl oral</i>	Tier 1	QL
<i>ft all day allergy</i>	Tier 1	QL
<i>ft all day allergy 24 hour</i>	Tier 1	QL
<i>ft allergy relief childrens oral liquid</i>	Tier 1	QL
<i>ft allergy relief oral capsule</i>	Tier 1	QL
<i>ft allergy relief oral tablet 25 mg</i>	Tier 1	QL
<i>geri-dryl</i>	Tier 1	QL
<i>h-e-b childrens allergy</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>indoor/outdoor allergy rif</i>	Tier 1	QL
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 1	QL
<i>liquid allergy relief</i>	Tier 1	QL
<i>m-dryl</i>	Tier 1	QL
MM ALLER-BEN (diphenhydramine hcl)	Tier 2	QL
NARAMIN (diphenhydramine hcl)	Tier 2	QL
<i>pharbedryl</i>	Tier 1	QL
<i>siladryl allergy</i>	Tier 1	QL
<i>total allergy</i>	Tier 1	QL
<i>total allergy medicine</i>	Tier 1	QL
ZYRTEC ALLERGY ORAL TABLET (cetirizine hcl)	Tier 2	QL
Anti-inflammatories, Inhaled Corticosteroids		
ASMANEX (120 METERED DOSES) (mometasone furoate)	Tier 2	PA; QL
ASMANEX (14 METERED DOSES) (mometasone furoate)	Tier 2	PA; QL
ASMANEX (30 METERED DOSES) (mometasone furoate)	Tier 2	PA; QL
ASMANEX (60 METERED DOSES) (mometasone furoate)	Tier 2	PA; QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT (mometasone furoate)	Tier 2	PA; Available for an extended day(s) supply Members >= 8 years of age will require PA; QL
ASMANEX HFA INHALATION AEROSOL 200 MCG/ACT (mometasone furoate)	Tier 2	PA; Available for an extended day(s) supply Members >= 8 years of age will require PA; QL; AL
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (mometasone furoate)	Tier 2	PA; Members >= 8 years of age will require PA; QL
<i>budesonide inhalation</i>	Tier 1	Available for an extended day(s) supply Members >= 5 years of age will require PA; QL; AL
FLUTICASONE PROPIONATE HFA	Tier 2	QL
<i>fluticasone propionate nasal</i>	Tier 1	QL
Antileukotrienes		
<i>montelukast sodium oral</i>	Tier 1	QL
Bronchodilators, Anticholinergic		
ATROVENT HFA (ipratropium bromide hfa)	Tier 2	QL
INCRUSE ELLIPTA (umeclidinium bromide)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
<i>ipratropium bromide inhalation</i>	Tier 1	QL
<i>ipratropium bromide nasal</i>	Tier 1	QL
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Tier 2	QL
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>	Tier 1	QL
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</i>	Tier 1	Members >= 8 years of age will require PA; QL; AL
<i>albuterol sulfate oral syrup</i>	Tier 1	QL
<i>epinephrine injection solution auto-injector</i>	Tier 1	QL
<i>levalbuterol hcl inhalation</i>	Tier 1	ST; QL
<i>STRIVERDI RESPIMAT (olodaterol hcl)</i>	Tier 2	QL
<i>SYMJEPI (epinephrine)</i>	Tier 2	QL
Cystic Fibrosis Agents		
<i>CAYSTON (aztreonam lysine)</i>	Tier 2	DX2RX; SP; QL
<i>KALYDECO (ivacaftor)</i>	Tier 2	PA; SP; QL
<i>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (lumacaftor-ivacaftor)</i>	Tier 2	PA; SP; QL
<i>ORKAMBI ORAL PACKET 75-94 MG (lumacaftor-ivacaftor)</i>	Tier 2	SP; QL
<i>ORKAMBI ORAL TABLET (lumacaftor-ivacaftor)</i>	Tier 2	PA; SP; QL
<i>PULMOZYME (dornase alfa)</i>	Tier 2	DX2RX; SP; QL
<i>SYMDEKO (tezacaftor-ivacaftor)</i>	Tier 2	PA; SP; QL
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Tier 1	DX2RX; SP; QL
<i>TRIKAFTA ORAL TABLET THERAPY PACK (elexacaftor-tezacaftor-ivacaft)</i>	Tier 2	PA; SP; QL
<i>TRIKAFTA ORAL THERAPY PACK (elexacaftor-tezacaftor-ivacaft)</i>	Tier 2	PA; SP; QL; AL
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation</i>	Tier 1	QL
Phosphodiesterase Inhibitors, Airways Disease		
<i>elizophyllin</i>	Tier 1	QL
<i>THEO-24 (theophylline)</i>	Tier 2	
<i>theophylline</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	QL
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL
<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	Tier 1	
Pulmonary Antihypertensives		
<i>ADEMPAS (riociguat)</i>	Tier 2	DX2RX; SP; QL
<i>ambrisentan</i>	Tier 1	DX2RX; SP; QL
<i>bosentan</i>	Tier 1	DX2RX; SP; QL
<i>OPSUMIT (macitentan)</i>	Tier 2	DX2RX; SP; QL
<i>sildenafil citrate oral suspension reconstituted</i>	Tier 1	DX2RX; SP
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	DX2RX; SP; QL
<i>TRACLEER 32 MG (bosentan)</i>	Tier 2	DX2RX; SP; QL; AL
Pulmonary Fibrosis Agents		
<i>OFEV (nintedanib esylate)</i>	Tier 2	PA; SP; QL
<i>pirfenidone oral capsule</i>	Tier 1	PA; SP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 1	PA; SP; QL
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %</i>	Tier 1	QL
<i>acetylcysteine inhalation solution 20 %</i>	Tier 1	
<i>FASENRA PEN (benralizumab)</i>	Tier 2	PA; SP; QL
<i>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (mepolizumab)</i>	Tier 2	PA; SP; QL
<i>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (mepolizumab)</i>	Tier 2	PA; SP; QL
<i>promethazine vc</i>	Tier 1	QL; AL
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
<i>4-WAY FAST ACTING (phenylephrine hcl)</i>	Tier 2	
<i>4-WAY MENTHOL (phenylephrine hcl)</i>	Tier 2	
<i>AFRIN SALINE NASAL MIST (saline)</i>	Tier 2	
<i>altamist spray</i>	Tier 1	
<i>altarussin</i>	Tier 1	QL; AL
<i>AYR (saline)</i>	Tier 2	
<i>AYR SALINE NASAL DROPS (saline)</i>	Tier 2	
<i>BABY AYR SALINE (saline)</i>	Tier 2	
<i>BROMFED DM (pseudoeph-bromphen-dm)</i>	Tier 2	QL; AL

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

Drug Name	Drug Tier	Notes
BUCKLEY'S CHEST CONGESTION (guaifenesin)	Tier 2	QL; AL
<i>chest congestion relief</i>	Tier 1	
<i>chest congestion relief child</i>	Tier 1	QL; AL
<i>chest congestion relief oral liquid</i>	Tier 1	QL; AL
<i>chest congestion relief oral tablet</i>	Tier 1	
CORICIDIN HBP COUGH/COLD (chlorpheniramine-dm)	Tier 2	AL
<i>cough & cold</i>	Tier 1	AL
<i>cough & cold hbp</i>	Tier 1	AL
<i>cough relief oral syrup 15 mg/5ml</i>	Tier 1	AL
<i>cough/cold hbp</i>	Tier 1	AL
<i>deep sea nasal spray</i>	Tier 1	
<i>ed bron gp</i>	Tier 1	AL
<i>ephrine nose drops</i>	Tier 1	
<i>ft chest congestion relief</i>	Tier 1	
ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg	Tier 1	QL; AL
<i>ft nasal decongestant pe</i>	Tier 1	
<i>ft tussin adult</i>	Tier 1	QL; AL
<i>geri-tussin oral liquid</i>	Tier 1	QL; AL
guaifenesin er oral tablet extended release 12 hour 1200 mg	Tier 1	QL; AL
<i>guaifenesin oral liquid</i>	Tier 1	QL; AL
<i>guaifenesin oral tablet 400 mg</i>	Tier 1	
MAX TUSSIN MUCUS & CHEST CONG (guaifenesin)	Tier 2	QL; AL
<i>maxi-tuss pe max</i>	Tier 1	AL
<i>medifin 400</i>	Tier 1	
<i>medifin mucus relief child</i>	Tier 1	QL; AL
MUCINEX FAST-MAX CHEST CONG MS (guaifenesin)	Tier 2	QL; AL
MUCINEX MAXIMUM STRENGTH (guaifenesin)	Tier 2	QL; AL
<i>mucus er maximum str</i>	Tier 1	QL; AL
mucus er oral tablet extended release 12 hour 1200 mg	Tier 1	QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg	Tier 1	QL; AL
<i>mucus relief 12 hour max st</i>	Tier 1	QL; AL
<i>mucus relief chest oral tablet 400 mg</i>	Tier 1	
<i>mucus relief childrens oral liquid 100 mg/5ml</i>	Tier 1	QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg	Tier 1	QL; AL

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

Drug Name	Drug Tier	Notes
<i>mucus relief max st</i>	Tier 1	QL; AL
<i>mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	Tier 1	QL; AL
<i>mucus relief oral tablet 400 mg</i>	Tier 1	
<i>mucus relief oral tablet extended release 12 hour 1200 mg</i>	Tier 1	QL; AL
<i>mucus+chest congestion</i>	Tier 1	QL; AL
<i>mucus-er oral tablet extended release 12 hour 1200 mg</i>	Tier 1	QL; AL
<i>nasal decongestant pe max st</i>	Tier 1	
<i>nasal decongestant pe oral tablet 10 mg</i>	Tier 1	
<i>nasal four</i>	Tier 1	
<i>nasal four spray</i>	Tier 1	
NASAL MOIST NASAL SOLUTION (saline)	Tier 2	
<i>nasal moisturizing spray</i>	Tier 1	
<i>nasal spray fast acting</i>	Tier 1	
<i>nasal spray nasal solution 1 %</i>	Tier 1	
<i>nasal spray saline</i>	Tier 1	
NEO-SYNEPHRINE COLD/ALLRGY EXT (phenylephrine hcl)	Tier 2	
<i>non-pseudo sinus decongestant</i>	Tier 1	
<i>nose drops extstrength</i>	Tier 1	
<i>nose drops nasal solution 1 %</i>	Tier 1	
OCEAN FOR KIDS (saline)	Tier 2	
OCEAN NASAL SPRAY (saline)	Tier 2	
<i>pharbinex</i>	Tier 1	
<i>phenylephrine hcl oral</i>	Tier 1	
<i>pseudoephedrine-bromphen-dm</i>	Tier 1	QL; AL
<i>refenesen 400</i>	Tier 1	
<i>saline mist spray</i>	Tier 1	
<i>saline nasal spray</i>	Tier 1	
<i>sb mucus relief</i>	Tier 1	
<i>siltussin sa</i>	Tier 1	QL; AL
<i>sinus pe decongestant</i>	Tier 1	
<i>sinus relief extra strength</i>	Tier 1	
<i>sinus/congestion relief pe</i>	Tier 1	
SUDAFED PE CONGESTION ORAL TABLET 10 MG (phenylephrine hcl)	Tier 2	
SUDAFED PE SINUS CONGESTION (phenylephrine hcl)	Tier 2	

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

Drug Name	Drug Tier	Notes
<i>tab tussin</i>	Tier 1	
<i>tusnel-ex</i>	Tier 1	QL; AL
<i>tussin adult chest congest</i>	Tier 1	QL; AL
<i>tussin chest congestion oral liquid 100 mg/5ml</i>	Tier 1	QL; AL
<i>tussin cough long acting</i>	Tier 1	AL
<i>tussin cough oral syrup</i>	Tier 1	AL
<i>tussin expectorant adult</i>	Tier 1	QL; AL
<i>tussin maximum strength oral syrup 15 mg/5ml</i>	Tier 1	AL
<i>tussin mucus & chest cong</i>	Tier 1	QL; AL
<i>tussin mucus & chest congest</i>	Tier 1	QL; AL
<i>tussin mucus/chest congest</i>	Tier 1	QL; AL
<i>tussin mucus/congestion</i>	Tier 1	QL; AL
<i>tussin mucus+chest congest</i>	Tier 1	QL; AL
<i>tussin mucus+chest congest sf</i>	Tier 1	QL; AL
<i>tussin mucus+chest congestion</i>	Tier 1	QL; AL
<i>tussin oral liquid 100 mg/5ml</i>	Tier 1	QL; AL
XPECT (guaifenesin)	Tier 2	
Antihistamines - Allergy Drugs		
<i>12 hour allergy-d</i>	Tier 1	QL; AL
<i>all day allergy d</i>	Tier 1	QL; AL
<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	QL; AL
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	QL; AL
<i>allergy relief oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	QL; AL
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	Tier 1	QL; AL
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	QL; AL
<i>aller-tec d</i>	Tier 1	QL; AL
<i>cetiri-d</i>	Tier 1	QL; AL
<i>cetirizine-pseudoephedrine er</i>	Tier 1	QL; AL
<i>desgen dm oral liquid</i>	Tier 1	AL
ED A-HIST ORAL LIQUID (chlorpheniramine-phenylephrine)	Tier 2	QL; AL
<i>ft tussin cf adult</i>	Tier 1	AL
<i>nohist-lq</i>	Tier 1	QL; AL
<i>robafen cf multi-symptom cold</i>	Tier 1	AL

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

Drug Name	Drug Tier	Notes
ROBITUSSIN PEAK COLD MULTI-SYM (phenylephrine-dm-gg)	Tier 2	AL
tussin cf oral liquid 5-10-100 mg/5ml	Tier 1	AL
tussin multi-symptom cold cf	Tier 1	AL
ZYRTEC-D ALLERGY & CONGESTION (cetirizine-pseudoephedrine)	Tier 2	QL; AL
ZYRTEC-D ALLERGY & SINUS (cetirizine-pseudoephedrine)	Tier 2	QL; AL
Antihistamines - Drugs to Treat Allergies		
12hr allergy relief	Tier 1	QL
24hr allergy relief	Tier 1	QL
all day allergy relief oral tablet 10 mg	Tier 1	QL
ALLEGRA ALLERGY (fexofenadine hcl)	Tier 2	QL
ALLEGRA HIVES 24HR (fexofenadine hcl)	Tier 2	QL
allerclear	Tier 1	QL
aller-ease oral tablet 180 mg	Tier 1	QL
aller-fex	Tier 1	QL
allerg rel child (lorat)	Tier 1	QL
allerg relief child (lorat)	Tier 1	QL
allergy 24-hr	Tier 1	QL
allergy childrens oral solution	Tier 1	QL
allergy rel child (loratadine)	Tier 1	QL
allergy relief (loratadine) oral tablet	Tier 1	QL
allergy relief child	Tier 1	QL
allergy relief childrens oral solution 5 mg/5ml	Tier 1	QL
allergy relief oral tablet 10 mg, 180 mg, 60 mg	Tier 1	QL
allergy relief oral tablet dispersible 10 mg	Tier 1	QL
allergy relief/indoor/outdoor oral tablet 180 mg	Tier 1	QL
childrens loratadine	Tier 1	QL
CLARITIN ALLERGY CHILDRENS (loratadine)	Tier 2	QL
CLARITIN ORAL TABLET (loratadine)	Tier 2	QL
CLARITIN REDITABS JUNIORS (loratadine)	Tier 2	QL
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (loratadine)	Tier 2	QL
ed chlorped jr	Tier 1	QL
fexofenadine hcl oral	Tier 1	QL
ft all day allergy relief	Tier 1	QL
ft allergy relief 12 hour	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>ft allergy relief 24 hour</i>	Tier 1	QL
<i>loradamed</i>	Tier 1	QL
<i>loratadine allergy relief oral tablet 10 mg</i>	Tier 1	QL
<i>loratadine allergy relief oral tablet dispersible 10 mg</i>	Tier 1	QL
<i>loratadine childrens oral solution</i>	Tier 1	QL
<i>loratadine oral solution</i>	Tier 1	QL
<i>loratadine oral tablet</i>	Tier 1	QL
<i>loratadine oral tablet dispersible</i>	Tier 1	QL
TRIAMINIC ALLERCHEWS (loratadine)	Tier 2	QL
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs		
<i>24 hour nasal allergy</i>	Tier 1	QL
<i>allergy spray 24 hour nasal aerosol</i>	Tier 1	QL
NASACORT ALLERGY 24HR (triamcinolone acetonide)	Tier 2	QL
<i>nasal allergy 24 hour</i>	Tier 1	QL
<i>nasal allergy nasal aerosol 55 mcg/act</i>	Tier 1	QL
<i>nasal allergy spray</i>	Tier 1	QL
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs		
ANORO ELLIPTA (umeclidinium-vilanterol)	Tier 2	QL
<i>breyna</i>	Tier 1	PA; QL
COMBIVENT RESPIMAT (ipratropium-albuterol)	Tier 2	QL
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	Tier 2	PA; QL
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT	Tier 2	PA; QL; AL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Tier 2	QL
<i>ipratropium-albuterol</i>	Tier 1	QL
STIOLTO RESPIMAT (tiotropium bromide-olodaterol)	Tier 2	QL
<i>wixela inhuh</i>	Tier 1	QL
Mast Cell Stabilizers - Drugs for the Lungs		
<i>cromolyn sodium nasal</i>	Tier 1	QL
NASALCROM (cromolyn sodium)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
12 hour decongestant	Tier 1	
12 hour nasal decongestant	Tier 1	
12 hour nasal relief spray	Tier 1	
12 hour nasal spray	Tier 1	
ADVIL COLD/SINUS (pseudoephedrine-ibuprofen)	Tier 2	AL
AFRIN NODRIP ORIGINAL (oxymetazoline hcl)	Tier 2	
ALAVERT ALLERGY/SINUS (loratadine-pseudoephedrine)	Tier 2	QL; AL
allerclear d-12hr	Tier 1	QL; AL
allerclear d-24hr	Tier 1	QL; AL
allergy & congestion oral tablet extended release 24 hour 10-240 mg	Tier 1	QL; AL
allergy & congestion relief	Tier 1	QL; AL
allergy nasal mist no drip	Tier 1	
allergy relief d-12	Tier 1	QL; AL
allergy relief d-24	Tier 1	QL; AL
allergy relief nasal decong	Tier 1	QL; AL
allergy relief/nasal decong	Tier 1	QL; AL
allergy relief/nasal decongest oral tablet extended release 24 hour	Tier 1	QL; AL
allergy relief-d oral tablet extended release 12 hour 5-120 mg	Tier 1	QL; AL
allergy relief-d oral tablet extended release 24 hour 10-240 mg	Tier 1	QL; AL
allergy relief-d12	Tier 1	QL; AL
allergy/congestion relief	Tier 1	QL; AL
altarussin dm	Tier 1	QL; AL
anefrin spray	Tier 1	
APRODINE (triprolidine-pseudoephedrine)	Tier 2	AL
benzonatate oral capsule 100 mg, 200 mg	Tier 1	QL; AL
chest congest/cough child	Tier 1	
chest congestion relief dm oral syrup	Tier 1	QL; AL
childrens cold & allergy	Tier 1	AL
childrens cough	Tier 1	
childrens mucus relief cough	Tier 1	
CLARITIN-D 12 HOUR (loratadine-pseudoephedrine)	Tier 2	QL; AL
CLARITIN-D 24 HOUR (loratadine-pseudoephedrine)	Tier 2	QL; AL

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

Drug Name	Drug Tier	Notes
<i>cold & allergy</i>	Tier 1	AL
<i>cold & allergy childrens oral elixir 1-15 mg/5ml</i>	Tier 1	AL
<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml</i>	Tier 1	QL; AL
<i>cold & sinus</i>	Tier 1	AL
<i>cold & sinus relief oral tablet 30-200 mg</i>	Tier 1	AL
<i>cold/cough</i>	Tier 1	QL; AL
<i>cold/cough childrens</i>	Tier 1	QL; AL
<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Tier 1	QL; AL
<i>cold/cough dm oral liquid 2.5-1-5 mg/5ml</i>	Tier 1	QL; AL
<i>cough & chest congestion</i>	Tier 1	
<i>cough childrens</i>	Tier 1	
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	Tier 1	QL; AL
<i>cough dm er</i>	Tier 1	QL; AL
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Tier 1	QL; AL
<i>DELSYM CGH/CHEST CONG DM CHILD (dextromethorphan-guaifenesin)</i>	Tier 2	
<i>DELSYM COUGH CHILDRENS (dextromethorphan polistirex)</i>	Tier 2	QL; AL
<i>DELSYM COUGH/CHEST CONGEST DM (dextromethorphan-guaifenesin)</i>	Tier 2	
<i>DELSYM ORAL SUSPENSION EXTENDED RELEASE (dextromethorphan polistirex)</i>	Tier 2	QL; AL
<i>dextromethorphan polistirex er</i>	Tier 1	QL; AL
<i>dextromethorphan-guaifenesin oral syrup</i>	Tier 1	QL; AL
<i>dibromm childrens cold/cgh</i>	Tier 1	QL; AL
<i>dimaphen dm cold/cough</i>	Tier 1	QL; AL
<i>dm maximum adult</i>	Tier 1	
<i>ENDACOF-DM (phenylephrine-bromphen-dm)</i>	Tier 2	QL; AL
<i>ft mucus relief d 12 hour</i>	Tier 1	AL
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 1	QL; AL
<i>ft nasal decongestant max str</i>	Tier 1	QL
<i>g tussin ac</i>	Tier 1	QL; AL
<i>geri-tussin dm oral syrup</i>	Tier 1	QL; AL
<i>giltuss severe sinus</i>	Tier 1	
<i>guaifenesin ac</i>	Tier 1	QL; AL

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

Drug Name	Drug Tier	Notes
guaifenesin-codeine	Tier 1	QL; AL
guaifenesin-dm oral syrup	Tier 1	QL; AL
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (sodium chloride)	Tier 2	
ibuprofen cold & sinus	Tier 1	AL
ibuprofen cold/sinus oral tablet 30-200 mg	Tier 1	AL
ibu-profen cold/sinus oral tablet 30-200 mg	Tier 1	AL
long acting nasal spray	Tier 1	
long lasting nasal spray	Tier 1	
lorata-d	Tier 1	QL; AL
lorata-dine d	Tier 1	QL; AL
loratadine d 12hr	Tier 1	QL; AL
loratadine-d	Tier 1	QL; AL
loratadine-d 12hr	Tier 1	QL; AL
loratadine-d 24hr	Tier 1	QL; AL
maxi-tuss ac	Tier 1	QL; AL
maxi-tuss gmx	Tier 1	AL
meijer allergy relief-d	Tier 1	QL; AL
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (dextromethorphan-guaifenesin)	Tier 2	
MUCINEX CHILDRENS STUFFY NOSE (oxymetazoline hcl)	Tier 2	
MUCINEX COUGH CHILDRENS (dextromethorphan-guaifenesin)	Tier 2	
MUCINEX D (pseudoephedrine-guaifenesin)	Tier 2	AL
MUCINEX D MAX STRENGTH (pseudoephedrine-guaifenesin)	Tier 2	AL
MUCINEX DM (dextromethorphan-guaifenesin)	Tier 2	QL; AL
MUCINEX FAST-MAX DM MAX (dextromethorphan-guaifenesin)	Tier 2	
MUCINEX SINUS-MAX CLEAR & COOL (oxymetazoline hcl)	Tier 2	
MUCINEX SINUS-MAX SINUS/ALLRGY (oxymetazoline hcl)	Tier 2	
mucus & cough relief child	Tier 1	
mucus d	Tier 1	AL
mucus d extended release	Tier 1	AL
mucus d max st er	Tier 1	AL
mucus dm	Tier 1	QL; AL

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

Drug Name	Drug Tier	Notes
mucus dm extended release oral tablet extended release 12 hour 30-600 mg	Tier 1	QL; AL
mucus relief cough childrens	Tier 1	
mucus relief d max strength	Tier 1	AL
mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	Tier 1	AL
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml	Tier 1	
mucus relief dm oral liquid 20-400 mg/20ml	Tier 1	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Tier 1	QL; AL
mucus-d	Tier 1	AL
mucus-dm	Tier 1	QL; AL
nasal decongestant 12 hour	Tier 1	
nasal decongestant 12hr	Tier 1	
nasal decongestant max st	Tier 1	QL
nasal decongestant oral tablet 30 mg	Tier 1	QL
nasal decongestant oral tablet extended release 12 hour 120 mg	Tier 1	
nasal decongestant pe oral tablet 30 mg	Tier 1	QL
nasal decongestant spray	Tier 1	
nasal mist nasal solution	Tier 1	
nasal mist no drip	Tier 1	
nasal relief	Tier 1	
nasal spray 12 hour	Tier 1	
nasal spray extra moist	Tier 1	
nasal spray extra moisturizing	Tier 1	
nasal spray nasal solution 0.05 %	Tier 1	
nasal spray no drip	Tier 1	
nasal spray sinus	Tier 1	
nebusal inhalation nebulization solution 3 %	Tier 1	
no drip extra moisturizing	Tier 1	
no drip nasal relief	Tier 1	
no drip nasal spray	Tier 1	
no drip original 12 hours	Tier 1	
promethazine vc/codeine	Tier 1	QL; AL
promethazine-codeine	Tier 1	QL; AL

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

Drug Name	Drug Tier	Notes
<i>promethazine-dm</i>	Tier 1	QL; AL
<i>pseudoephedrine hcl 12 hr</i>	Tier 1	
<i>pseudoephedrine hcl er</i>	Tier 1	
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	QL
<i>pseudoephedrine-guaifenesin er</i>	Tier 1	AL
<i>pulmosal</i>	Tier 1	
<i>ROBITUSSIN 12 HOUR COUGH (dextromethorphan polistirex)</i>	Tier 2	QL; AL
<i>ROBITUSSIN 12 HOUR COUGH CHILD (dextromethorphan polistirex)</i>	Tier 2	QL; AL
<i>ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (dextromethorphan-guaifenesin)</i>	Tier 2	
<i>rynex dm</i>	Tier 1	QL; AL
<i>rynex pe</i>	Tier 1	AL
<i>rynex pse</i>	Tier 1	AL
<i>siltussin-dm alcohol free</i>	Tier 1	QL; AL
<i>sinus 12 hour</i>	Tier 1	
<i>sinus 12-hour</i>	Tier 1	
<i>sinus congestion max strength</i>	Tier 1	QL
<i>sinus nasal spray</i>	Tier 1	
<i>sodium chloride inhalation nebulization solution 0.9 %</i>	Tier 1	QL
<i>sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %</i>	Tier 1	
<i>SUDAFED (pseudoephedrine hcl)</i>	Tier 2	QL
<i>SUDAFED SINUS CONGESTION (pseudoephedrine hcl)</i>	Tier 2	QL
<i>SUDAFED SINUS CONGESTION 12HR (pseudoephedrine hcl)</i>	Tier 2	
<i>sudogest 12 hour</i>	Tier 1	
<i>sudogest maximum strength</i>	Tier 1	QL
<i>sudogest oral tablet 30 mg</i>	Tier 1	QL
<i>suphedrine 12hour</i>	Tier 1	
<i>suphedrine maximum strength</i>	Tier 1	
<i>suphedrine oral tablet 30 mg</i>	Tier 1	QL
<i>suphedrine oral tablet extended release 12 hour 120 mg</i>	Tier 1	
<i>tussin cf oral liquid 30-10-100 mg/5ml</i>	Tier 1	
<i>tussin cough dm sugar free</i>	Tier 1	QL; AL
<i>tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	Tier 1	QL; AL

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

Drug Name	Drug Tier	Notes
<i>tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	Tier 1	AL
<i>tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	Tier 1	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	Tier 1	
<i>tussin dm cough/chest cong</i>	Tier 1	QL; AL
<i>tussin dm cough/chest oral syrup 10-100 mg/5ml</i>	Tier 1	QL; AL
<i>tussin dm max adult</i>	Tier 1	
<i>tussin dm max daytime</i>	Tier 1	
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	Tier 1	
<i>tussin dm max st</i>	Tier 1	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	Tier 1	QL; AL
Skeletal Muscle Relaxants		
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	Tier 1	QL
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL
<i>methocarbamol oral</i>	Tier 1	QL
<i>orphenadrine citrate er</i>	Tier 1	QL
Sleep Disorder Agents		
Sleep Promoting Agents		
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL
<i>triazolam</i>	Tier 1	QL
<i>zaleplon</i>	Tier 1	QL
<i>zolpidem tartrate er</i>	Tier 1	
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL
Wakefulness Promoting Agents		
<i>armodafinil</i>	Tier 1	DX2RX; QL; AL
<i>modafinil</i>	Tier 1	DX2RX; QL; AL
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs		
<i>animal shapes complete</i>	Tier 1	QL
<i>animal shapes kids first</i>	Tier 1	QL
<i>ascorbic acid oral tablet 500 mg</i>	Tier 1	QL
<i>biocel</i>	Tier 1	QL
<i>b-plex plus</i>	Tier 1	QL
BPROTECTED PEDIA POLY-VITE (pediatric multiple vitamins)	Tier 2	QL

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

Drug Name	Drug Tier	Notes
BPROTECTED PEDIA POLY-VITE/FE (pediatric multivitamins-iron)	Tier 2	QL
BPROTECTED VITAMIN C (ascorbic acid)	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-unit-mcg	Tier 1	
cerovite jr	Tier 1	QL
chewable c	Tier 1	QL
chewable c with rose hips	Tier 1	QL
chewable childrens vitamin	Tier 1	QL
childrens animal shapes	Tier 1	QL
childrens chewable vitamins	Tier 1	QL
childrens chewables/ex c	Tier 1	QL
childrens chewables/iron	Tier 1	QL
childrens complete oral tablet chewable 18 mg	Tier 1	QL
childrens vitamins/extra c	Tier 1	QL
childrens vitamins/iron	Tier 1	QL
daily multivitamins/iron	Tier 1	QL
effer-k oral tablet effervescent 25 meq	Tier 1	QL
ergocalciferol oral capsule	Tier 1	QL
FLINTSTONES PLUS EXTRA IRON (pediatric multivitamins-iron)	Tier 2	QL
FOLAGENT DHA	Tier 2	
FOLAMED DHA	Tier 2	
fruity c	Tier 1	QL
klor-con/ef	Tier 1	QL
k-prime	Tier 1	QL
little ones childrens	Tier 1	QL
lysiplex plus oral tablet	Tier 1	QL
multiple vitamins/iron	Tier 1	QL

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

Drug Name	Drug Tier	Notes
MULTIPRO	Tier 2	
<i>multivitamin infant & toddler oral solution</i>	Tier 1	QL
<i>multi-vitamin/iron</i>	Tier 1	QL
<i>nutrifac zx</i>	Tier 1	QL
<i>OBTREX (prenatal vit-dss-fe cbn-fa)</i>	Tier 2	
<i>OCUVEL (multiple vitamins-minerals)</i>	Tier 2	
<i>one-daily multi-vitamin/iron</i>	Tier 1	QL
<i>one-daily/iron</i>	Tier 1	QL
<i>oyster shell calcium oral tablet 500 mg</i>	Tier 1	QL
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	Tier 1	QL
<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg</i>	Tier 1	QL
<i>POLY-VI-SOL (pediatric multiple vitamins)</i>	Tier 2	QL
POLY-VITE PEDIATRIC	Tier 2	QL
<i>prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	Tier 1	
<i>stress formula/iron</i>	Tier 1	QL
SUPPORT	Tier 2	QL
<i>v-c forte</i>	Tier 1	
<i>vic-forте</i>	Tier 1	
<i>vit c/rose hips</i>	Tier 1	QL
<i>vita s forte</i>	Tier 1	QL
<i>vitacel</i>	Tier 1	QL
<i>vitamin c cr oral tablet extended release 500 mg</i>	Tier 1	QL
<i>vitamin c er oral tablet extended release 1500 mg</i>	Tier 1	QL
<i>vitamin c oral liquid 500 mg/5ml</i>	Tier 1	QL
<i>vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	Tier 1	QL
<i>vitamin c oral tablet chewable 100 mg, 250 mg, 500 mg</i>	Tier 1	QL
<i>vitamin clacerola</i>	Tier 1	QL
<i>vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	Tier 1	QL
<i>vitamin c-rose hips oral tablet</i>	Tier 1	QL
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Tier 1	QL
<i>vitamins complete childrens</i>	Tier 1	QL
<i>zinc oral tablet 50 mg</i>	Tier 1	QL
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs		
<i>b-1</i>	Tier 1	QL

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

Drug Name	Drug Tier	Notes
<i>b6</i>	Tier 1	QL
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	QL
<i>DODEX (cyanocobalamin)</i>	Tier 2	QL
<i>pyridoxine hcl oral</i>	Tier 1	QL
<i>thiamine hcl oral</i>	Tier 1	QL
<i>vitamin b1</i>	Tier 1	QL
<i>vitamin b-1 oral tablet 250 mg</i>	Tier 1	QL
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 1	
<i>vitamin b12 oral tablet extended release 1000 mcg</i>	Tier 1	
<i>vitamin b-12 tr oral tablet extended release 1000 mcg</i>	Tier 1	
<i>vitamin b-6</i>	Tier 1	QL
<i>vitamin b-6 er</i>	Tier 1	QL
<i>vitamin e oral capsule 180 mg (400 unit)</i>	Tier 1	QL

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

Index of Drugs

12 hour allergy-d	92	acetaminophen infants	3	ALEVE	1
12 hour decongestant	95	acetaminophen-codeine	2	alfuzosin hcl er	61
12 hour nasal decongestant	95	acetazolamide	32	all day allergy	85
12 hour nasal relief spray	95	acetazolamide er	32	all day allergy d	92
12 hour nasal spray	95	acetic acid	84	all day allergy relief	93
12hr allergy relief	93	acetylcysteine	89	all day allergy-d	92
24 hour nasal allergy	94	acid controller	50	all day pain relief	1
24hr allergy relief	93	acid gone	51	all day relief	1
3 day	15	acid reducer	50, 51	ALLEGRA ALLERGY	93
3 day vaginal	15	acidophilus	51	ALLEGRA HIVES 24HR	93
3-day vaginal	15	acidophilus lactobacillus	51	allerclear	93
4-WAY FAST ACTING	89	acidophilus probiotic	51	allerclear d-12hr	95
4-WAY MENTHOL	89	acidophilus/l-sporogenes	52	allerclear d-24hr	95
7T LIDO	6	acitretin	36	aller-ease	93
8 hour arthritis pain	3	acne control cleanser	74	aller-fex	93
8 hour arthritis relief	3	acne medication 10	74	allerg rel child (lorat)	93
8 hour pain relief	3	acne medication 5	74	allerg relief child (lorat)	93
8 hour pain reliever	3	acne treatment	74	allergy	85
8 hr arthritis pain relief	3	ACTHIB	71	allergy & congestion	95
8hr arthritis pain relief	3	ACTIMMUNE	71	allergy & congestion relief	95
8hr muscle aches & pain	3	acyclovir	23	allergy (cetirizine)	85
a-25	46	ADACEL	72	allergy 24hour	
abacavir sulfate	24	ADEMPAS	89	indoor/outdoor	85
abacavir sulfate-lamivudine	24	adult 50+ probiotic	52	allergy 24-hr	93
abatinex	51	adult probiotic	52	allergy childrens	85, 93
ABILIFY MAINTENA	22	adv acne spot treatment	74	allergy eye drops	84
abiraterone acetate	18	advanced acne spot treat	74	allergy medication	85
ABREVA	40	advanced antacid	52	allergy medicine	85
ABRYSVO	74	advanced healing	39	allergy nasal mist no drip	95
acamprosate calcium	7	ADVIL	1	allergy rel child (loratadine)	93
acarbose	26	ADVIL COLD/SINUS	95	allergy relief	85, 92, 93
ACCU-CHEK AVIVA DEVICE	40	ADVIL JUNIOR STRENGTH	1	allergy relief (cetirizine)	85
ACCU-CHEK GUIDE		afirmelle	64	allergy relief (loratadine)	93
CONTROL	40	AFLURIA QUADRIVALENT	72	allergy relief adult	85
ACCU-CHEK SMARTVIEW		AFRIN NODRIP ORIGINAL	95	allergy relief cetirizine	85
CONTROL	41	AFRIN SALINE NASAL MIST	89	allergy relief child	93
ACCURETIC	32	aftera	69	allergy relief childrens	85, 93
accutane	36	AIMOVIG	17	allergy relief d	92
ACCUTREND GLUCOSE		ala-cort	36	allergy relief d-12	95
CONTROL	41	ALAVERT ALLERGY/SINUS	95	allergy relief d-24	95
acebutolol hcl	31	ALAWAY	84	allergy relief max st	85
acetaminophen	3, 4	ALAWAY CHILDRENS		allergy relief nasal decong	95
acetaminophen 8 hour	3	ALLERGY	84	allergy relief(cetirizine)	86
acetaminophen 8 hours	3	albendazole	20	allergy reliefflindoor/outdoor	
acetaminophen 8hr arth pain	3	albuterol sulfate	88	86, 93
acetaminophen 8hr musc		ALBUTEROL SULFATE	88	allergy relief/nasal decong	95
ache	3	albuterol sulfate hfa	88	allergy relief/nasal	
acetaminophen childrens	3	ALBUTEROL SULFATE HFA	88	decongest	92, 95
acetaminophen er	3	alclometasone dipropionate	36	allergy relief-d	92, 95
acetaminophen ex st	3	ALCOHOL PREP PADS	74	allergy relief-d12	95
acetaminophen extra		ALECENSA	79	allergy spray 24 hour	94
strength	3	alendronate sodium	73	allergy/congestion relief	95

aller-tec	86	antacid	52	aqueous vitamin d	46
aller-tec d	92	antacid & antigas	52	aranelle	64
allopurinol	16	antacid & anti-gas	52	ARANESP (ALBUMIN FREE)	29
almacone double strength	52	antacid & gas relief	52	AREXVY	74
ALOGLIPTIN BENZOATE	26	antacid advanced	52	aripiprazole	22
ALOGLIPTIN-METFORMIN HCL	26	antacid advanced max st	52	ARISTADA	22
ALOGLIPTIN-PIOGLITAZONE	26	antacid anti-gas	52	armodafinil	100
alprazolam	26	antacid anti-gas ex st	52	arthritis pain	4
attachlore	82	antacid anti-gas max strength	52	arthritis pain relief	4
altafrin	80	antacid calcium	52	arthritis pain reliever	4
altalube	82	antacid calcium rich	52	arthritis pain relieving	74
altamist spray	89	antacid extra strength	52	artificial tears	82
altarussin	89	antacid fast relief	52	ascomp-codeine	2
altarussin dm	95	antacid i	52	ascorbic acid	100
altavera	64	antacid iii	52	ashlyna	64
alum & mag hydroxide-simeth	52	antacid kids	52	ASMANEX (120 METERED DOSES)	87
ALUNBRIG	79	antacid liquid	52	ASMANEX (14 METERED DOSES)	87
alyacen 1/35	64	antacid m	52	ASMANEX (30 METERED DOSES)	87
alyacen 7/7/7	64	antacid maximum	52	ASMANEX (60 METERED DOSES)	87
amantadine hcl	21	antacid maximum strength	52	ASMANEX HFA	87
ambrisentan	89	antacid plus antigas	52	ASPERFLEX LIDOCAINE	6
amcinonide	36	antacid regular strength	52	aspirin	74
amethia	64	antacid ultra strength	52	ASPIRIN	74
amiloride hcl	33	antacid/antigas	53	aspirin adults	74
amiloride-hydrochlorothiazide	32	antacid/anti-gas max st	53	aspirin childrens	74
aminocaproic acid	29	antacid/gas relief max st	53	aspirin ec	74
amiodarone hcl	30	antibiotic	10, 74	aspirin regimen	74
amitriptyline hcl	14	anti-diarrulant-gas	53	astringent eye drops	82
AMJEVITA	74	anti-diarrheal	49, 53	astringent solution	39
AMLADEX	46	anti-diarrheal anti-gas	53	atazanavir sulfate	25
amlodipine besylate	31	antifungal	15	atenolol	31
ammonium lactate	36	antifungal (tolnaftate)	74	atenolol-chlorthalidone	32
amnesteem	36	antifungal foot care	16	athletes foot	16
amoxapine	14	antifungal miconazole	16	athletes foot (terbinafine)	16
amoxicillin	9	antifungal tolnaftate	74	athletes foot (tolnaftate)	74
amoxicillin-potassium clavulanate	9	anti-gas	53	athletes foot powder spray	
amphetamine-dextroamphetamine	35	anti-hist allergy	86		16, 74
amphetamine-dextroamphetamine er	35	anti-itch aloe	36	athletes foot relief	75
ampicillin	9	anti-itch intensive heal	36	athletes foot spray	16
anagrelide hcl	29	anti-itch max str	36	atomoxetine hcl	34
ANASPAZ	74	anti-itch maximum strength	36	atorvastatin calcium	33
anastrozole	19	anti-nausea	15	atovaquone	20
ANECREAM	6	anti-nausea relief	15	atovaquone-proguanil hcl	20
anefrin spray	95	antiseptic	10	atropine sulfate	80
animal shapes complete	100	apra	4	ATROVENT HFA	87
animal shapes kids first	100	apraclonidine hcl	82	aura eq	64
ANORO ELLIPTA	94	aprepitant	14	aurovela 1.5/30	64
		apri	64	aurovela 1/20	64
		APRODINE	95		
		APTIVUS	25		

aurovela 24 fe	64	BENADRYL ALLERGY	BPROTECTED PEDIA POLY-
aurovela fe 1.5/30	64	CHILDRENS	VITE 100
aurovela fe 1/20	64	BENADRYL ALLERGY	BPROTECTED PEDIA POLY-
AUSTEDO	35	ULTRATABS	VITE/FE 101
AVAR-E EMOLlient	39	benazepril hcl	BPROTECTED VITAMIN C 101
AVAR-E GREEN	39	benazepril-	BREATHE COMFORT
AVEDANA GLYCERIN (ADULT)	58	hydrochlorothiazide	HUMIDIFIER 75
aviane	64	BENZAC AC WASH	breyna 94
AXONA	75	BENZNIDAZOLE	briellyn 64
AYR	89	benzonataate	BRILINTA 29
AYR SALINE NASAL DROPS	89	benztropine mesylate	brimonidine tartrate 82
ayuna	64	BETADINE	BRIXADI 7
azathioprine	71	betamethasone dipropionate	BRIXADI (WEEKLY) 7
azelaic acid	36	betamethasone dipropionate	BROMFED DM 89
azelastine hcl	81, 86	aug	BRUKINSA 79
azithromycin	9	betamethasone valerate	BUCKLEYS CHEST
azo	61	betatemp childrens	CONGESTION 90
azurette	64	betaxolol hcl	budesonide 73, 87
b complex	46	bethanechol chloride	bumetanide 32
b complex vitamins	46	bexarotene	buprenorphine 2
b-1	102	BEXZERO	buprenorphine hcl 3
b6	103	bicalutamide	buprenorphine hcl-naloxone
BABY AYR SALINE	89	BIKTARVY	hcl 7
baby basics diaper rash	39	biocel	bupropion hcl 13
bac	2	BION TEARS	bupropion hcl er (sr) 13
bacitracin	75, 81	BIOLYE	bupropion hcl er (xl) 13
bacitracin zinc	75	BION TEARS PF	buspirone hcl 25
bacitracin zinc first aid	75	biotinex	butalbital-acetaminophen 2
bacitracin zinc-aloe	75	bisacodyl	butalbital-apap-caff-cod 2
bacitracin-polymyxin b	81	bisacodyl ec	butalbital-apap-caffeine 2
baclofen	22	bisacodyl laxative	butalbital-asa-caff-codeine 2
balsalazide disodium	73	bismuth	butalbital-aspirin-caffeine 2
BALVERSA	19	bismuth subsalicylate	butorphanol tartrate 2
balziva	64	bisoprolol fumarate	cabergoline 70
banophen	86	bisoprolol-	CABLIVI 29
BAQSIMI ONE PACK	27	hydrochlorothiazide	CABOMETYX 79
BAQSIMI TWO PACK	27	blisovi 24 fe	caffeine citrate 35
BARACLUDE	23	blisovi fe 1.5/30	cal mag zinc +d3 43
BAYER ASPIRIN	75	blisovi fe 1/20	calamine 40, 75
BAYER LOW DOSE	75	BONINE	calamine-zinc oxide 40
baza antifungal	16	BOOSTRIX	calcipotriene 38
b-complex	46	boro-packs	calcitonin (salmon) 73
b-complex with b-12	46	bosentan	calcitriol 38, 73, 74
b-complex/b-12	46	BOSULIF	calcium 101
BD ECLIPSE NEEDLE	75	boudreaxxs butt paste	calcium + vitamin d3 43
BD ULTRA-FINE INSULIN		BOUDREAUXS BUTT PASTE	calcium 500/vitamin d3 43
SYRINGES	75	bp 10-1	calcium 600 101
BD ULTRA-FINE PEN		bp wash	calcium 600/vit d/minerals 43
NEEDLES	41, 75	b-plex plus	calcium 600/vitamin d 43
beauty 360 pure glycerin	39	BPROTECTED PEDIA D-VITE	calcium 600/vitamin d-3 43
beauty 360 soothing bath	39	46	calcium 600+d 43, 101
BENADRYL ALLERGY	86	BPROTECTED PEDIA IRON	calcium acetate 46

<i>calcium acetate (phos binder)</i>	46	CAREPOINT SAFETY 1ST NEEDLE.....	75	<i>chewable childrens vitamin</i>	101
<i>calcium antacid</i>	53	CARESENS CONTROL SOLUTION A/B.....	41	<i>chewy not chalky flavor</i>	53
<i>calcium antacid ex st</i>	53	CARETOUCH CONTROL SOL LEVEL 2.....	41	<i>childrens acetaminophen</i>	4
<i>calcium antacid extra strength</i>	53	CARETOUCH HYPODERMIC NEEDLE.....	75	<i>childrens allergy</i>	86
<i>calcium carb-cholecalciferol</i>	44	<i>carglumic acid</i>	42	<i>childrens animal shapes</i>	101
<i>calcium carbonate</i>	101	<i>carteolol hcl</i>	81	<i>childrens apap</i>	4
<i>calcium carbonate antacid</i>	53	<i>cartia xt</i>	31	<i>childrens aspirin</i>	75
<i>calcium cit plus vit d-3</i>	44	<i>carvedilol</i>	31	<i>childrens chewable vitamins</i>	101
<i>calcium citrate</i>	44	CASTIVA WARMING.....	75	<i>childrens chewables/ex c</i>	101
<i>calcium citrate + d3 maximum</i>	44	CAYA.....	75	<i>childrens chewables/iron</i>	101
<i>calcium citrate +d3</i>	44	CAYSTON.....	88	<i>childrens cold & allergy</i>	95
<i>calcium citrate plus vit d</i>	44	<i>cefaclor</i>	9	<i>childrens complete</i>	101
<i>calcium citrate+d</i>	44	<i>cefadroxil</i>	9	<i>childrens cough</i>	95
<i>calcium citrate+d3</i>	44	<i>cefdinir</i>	9	<i>childrens loratadine</i>	93
<i>calcium citrate+d3 w/magne</i>	44	<i>cefixime</i>	9	<i>childrens mucus relief</i>	
<i>calcium citrate-vit d</i>	44	<i>cefipodoxime proxetil</i>	9	<i>cough</i>	95
<i>calcium citrate-vitamin d</i>	44	<i>cefprozil</i>	9	<i>childrens non-aspirin</i>	4
<i>calcium fast dissolution</i>	101	<i>cefuroxime axetil</i>	9	<i>childrens silapap</i>	4
<i>calcium high potency</i>	101	<i>celecoxib</i>	1	<i>childrens soothe</i>	53
<i>calcium high potency/vitamin d</i>	44	CENTRUM FLAVOR BURST KIDS.....	75	<i>childrens vitamins/extra c</i>	101
<i>calcium oyster shell</i>	101	CENTRUM KIDS.....	75	<i>childrens vitamins/iron</i>	101
<i>calcium plus vitamin d</i>	44	CENTRUM SPECIALIST PRENATAL.....	46	<i>child's non-aspirin</i>	4
<i>calcium plus vitamin d3</i>	44	<i>cephalexin</i>	9	<i>chlordiazepoxide hcl</i>	26
<i>calcium soft chews</i>	101	<i>cerovel</i>	40	<i>chlorhexidine gluconate</i>	36
<i>calcium/minerals/vitamin d</i>	44	<i>cerovite jr</i>	101	<i>chloroquine phosphate</i>	20
<i>calcium-magnesium-zinc</i>	44	<i>cetiri-d</i>	92	<i>chlorpromazine hcl</i>	22
<i>cal-gest antacid</i>	53	<i>cetirizine allergy relief</i>	86	<i>chlorthalidone</i>	33
<i>CALQUENCE</i>	75	<i>cetirizine hcl</i>	86	<i>chlorzoxazone</i>	100
<i>camila</i>	68	<i>cetirizine-pseudoephedrine er</i>	92	<i>CHOLBAM</i>	60
<i>camrese</i>	64	<i>charlotte 24 fe</i>	64	<i>cholestyramine</i>	33
<i>camrese lo</i>	64	<i>chateal eq</i>	64	<i>cholestyramine light</i>	33
<i>capecitabine</i>	20	<i>CHEMET</i>	46	<i>CHORIONIC</i>	
<i>CAPRELSA</i>	79	<i>CHEMSTRIP 10 MD</i>	41	<i>GONADOTROPIN</i>	62
<i>capsaicin</i>	75	<i>CHEMSTRIP 10/SG</i>	41	<i>ciclodan</i>	39
<i>capsaicin hp</i>	75	<i>CHEMSTRIP 2 GP</i>	41	<i>ciclopirox</i>	39
<i>capsaicin pain relief</i>	75	<i>CHEMSTRIP 5 OB</i>	41	<i>cilstostazol</i>	29
<i>captopril</i>	30	<i>CHEMSTRIP 7</i>	41	<i>CIMDUO</i>	24
<i>captopril-hydrochlorothiazide</i>	32	<i>CHEMSTRIP 9</i>	41	<i>cimetidine</i>	50
<i>CAPZASIN-HP</i>	75	<i>CHEMSTRIP K</i>	41	<i>CIMZIA</i>	71
<i>capzix</i>	75	<i>CHEMSTRIP UGK</i>	41	<i>cinacalcet hcl</i>	74
<i>carbamazepine</i>	12	<i>chest congest/cough child</i>	95	<i>CIPRO</i>	9
<i>carbamazepine er</i>	12	<i>chest congestion relief</i>	90	<i>ciprofloxacin hcl</i>	9, 81
<i>carbidopa-levodopa</i>	21	<i>chest congestion relief child</i>	90	<i>ciprofloxacin-dexamethasone</i>	84
<i>carbidopa-levodopa er</i>	21	<i>chest congestion relief dm</i>	95	<i>citalopram hydrobromide</i>	13
<i>carboxymethylcellulose sodium</i>	82	<i>chewable c</i>	101	<i>citroma</i>	58
<i>CAREPOINT POLY HUB NEEDLE</i>	28, 75	<i>chewable c with rose hips</i>	101	<i>CITRUCEL</i>	58
				<i>claravis</i>	36
				<i>clarithromycin</i>	9
				<i>clarithromycin er</i>	9
				<i>CLARITIN</i>	93
				<i>CLARITIN ALLERGY CHILDRENS</i>	93

CLARITIN REDITABS	93	COMETRIQ (60 MG DAILY DOSE).....	79	d3	47
CLARITIN REDITABS JUNIORS	93	comfort gel	53	d3 high potency	46
CLARITIN-D 12 HOUR	95	comfort gel antacid anti-gas ..	53	d-3-5	47
CLARITIN-D 24 HOUR	95	COMIRNATY	76	d3-50	47
classic prenatal	46	COMPLERA	24	daily acne wash	76
c-lax laxative	76	complete allergy	86	daily fiber	57
CLEARCANAL EARWAX		complete allergy medicine	86	daily multiple vitamins	47
SOFTENER	85	complete allergy relief	86	daily multivitaminsliron	101
clearlax	57	compro	14	daily vitamins	47
clearskin	76	CONCERTA	34	daily vite	47
clemastine fumarate	86	CONDOMS	76	daily vites	47
clindacin etz	39	constulose	49	daily-vite	47
clindacin-p	39	COOL MIST HUMIDIFER	76	dalfampridine er	35
clindamycin hcl	8	COOL MIST HUMIDIFER	76	danazol	63
clindamycin palmitate hcl	8	COPAXONE	35	dantrolene sodium	23
clindamycin phosphate	8, 39	CORICIDIN HBP		dapsone	17
CLINERE EARWAX		COUGH/COLD	90	DAPTACEL	72
REMOVAL KIT	85	corn & callus remover	76	darunavir	76
clobazam	11	corn and callus remover	76	dasetta 1/35	64
clobetasol prop emollient		cortisone maximum strength ..	37	dasetta 7/77	64
base	37	COSENTYX	70	DAURISMO	19
clobetasol propionate	37	COSENTYX UNREADY	70	DAYHIST ALLERGY 12 HOUR	
clobetasol propionate e	37	COTELLIC	19	RELIEF	86
clomipramine hcl	14	cough & chest congestion	96	daysee	64
clonazepam	26	cough & cold	90	deblitane	68
clonidine hcl	30	cough & cold hbp	90	DECARA	47
clopidogrel bisulfate	29	cough childrens	96	deep sea nasal spray	90
clorazepate dipotassium	26	cough dm	96	deferasirox	46
clotrimazole	15, 16, 39	cough dm childrens	96	deferasirox granules	46
clotrimazole 3	16	cough dm er	96	DELSTRIGO	24
clotrimazole 7	16	cough relief	90	DELSYM	96
clotrimazole vaginal	16	cough/cold hbp	90	DELSYM CGH/CHEST CONG	
clotrimazole-betamethasone ..	38	CREON	61	DM CHILD	96
clozapine	22	critic-aid clear af	16	DELSYM COUGH	
codeine sulfate	2	cromolyn sodium	81, 88, 94	CHILDRENS	96
COLACE	58	CROTAN	38	DELSYM COUGH/CHEST	
colchicine	16	CRUEX PRESCRIPTION		CONGEST DM	96
cold & allergy	96	STRENGTH	16	delyla	64
cold & allergy childrens	96	cryselle-28	64	DENGVAXIA	73
cold & cough childrens	96	curae	69	DENTA 5000 PLUS	42
cold & sinus	96	cyanocobalamin	103	DENTAGEL	42
cold & sinus relief	96	cyclobenzaprine hcl	100	DEPO-ESTRADIOL	65
cold/cough	96	cyclopentolate hcl	80	DEPO-TESTOSTERONE	63
cold/cough childrens	96	cyclophosphamide	18	DERMELEVE ADVANCED	
cold/cough dm	96	CYCLOPHOSPHAMIDE	18	FORMULA	76
cold/cough dm childrens	96	cycloserine	17	DESCOZY	24
col-rite	58	cyclosporine	71	DESENEX	16
COMBIVENT RESPIMAT	94	cyclosporine modified	71	DESENEX JOCK ITCH	16
COMETRIQ (100 MG DAILY DOSE)	79	cyproheptadine hcl	86	desgen dm	92
COMETRIQ (140 MG DAILY DOSE)	79	cyred eq	64	desipramine hcl	14
		CYSTAGON	61	desmopressin ace spray	
		CYSTARAN	80	refrig	62
				desmopressin acetate	62

desmopressin acetate spray	62	diphenhydramine hcl	86	earwax removal kit	85
desogestrel-ethinyl estradiol	65	diphenhydramine hcl		EASIVENT	76
dexamethasone	62	childrens	86	EASIVENT MASK LARGE	76
dexamethasone intensol	62	diphenoxylate-atropine	50	EASIVENT MASK MEDIUM	76
dexamethasone sodium phosphate	81	dipyridamole	29	EASIVENT MASK SMALL	76
DEXCOM G6 RECEIVER	41	disopyramide phosphate	30	easygel	42
DEXCOM G6 SENSOR	41	disulfiram	7	easy-lax plus	58
DEXCOM G6 TRANSMITTER	76	DIURIL	33	EASYMAX 15 LEVEL 2	
DEXCOM G7 RECEIVER	41	divalproex sodium	26	CONTROL	41
DEXCOM G7 SENSOR	41	dm maximum adult	96	EASYMAX 15 LEVEL 2-3	
dexamethylphenidate hcl	34	docosanol	40	CONTROL	41
dexamethylphenidate hcl er	34	docusate calcium	58	ec-naproxen	1
dextroamphetamine sulfate	35	docusate mini	58	econtra one-step	69
dextroamphetamine sulfate er	35	docusate sodium	58	ED A-HIST	92
dextromethorphan polistirex er	96	DOCUSOL MINI	58	ed bron gp	90
dextromethorphan-guaifenesin	96	docuzen	58	ed chlorped jr	93
DHIVY	21	DODEX	103	ed-apap	4
DIALYVITE 800	47	dofetilide	30	EDURANT	24
DIALYVITE VITAMIN D 5000	47	donepezil hcl	12	efavirenz	24
diamode	49	DORZOLAMIDE HCL	82	efavirenz-emtricitab-tenofo	
diaper rash	39	dorzolamide hcl	82	df	24
diarrhea	53	dorzolamide hcl-timolol mal	80	efavirenz-lamivudine-tenofovir	24
diarrhea relief	53	dotti	65	effer-k	101
diazepam	11, 26	double antibiotic	76	EGRIFTA SV	62
 dibromm childrens cold/cgh	96	DOVATO	23	electrolyte solution	44
diclofenac potassium	1	doxazosin mesylate	30	elinet	65
diclofenac sodium	1, 81	doxepin hcl	14	ELIQUIS	28
diclofenac sodium er	1	doxycycline hyclate	10	ELIQUIS DVT/PE STARTER	
dicloxacillin sodium	9	doxycycline monohydrate	10	PACK	28
dicyclomine hcl	50	DR SMITHS ADULT BARRIER	40	elixophyllin	88
DIFFERIN	36	DR SMITHS DIAPER	40	ELLA	68
DIFICID	9	driminate	14	ELMIRON	61
digestive probiotic	53	dronabinol	14	eluryng	65
digoxin	32	DROPSAFE ALCOHOL PREP	76	EMETROL	15
dihydroergotamine mesylate	17	drospirenone-ethinyl		EMGALITY	17
DILANTIN	12	estradiol	65	EMGALITY (300 MG DOSE)	17
diltiazem hcl	31	DROXIA	29	emtricitabine	24
diltiazem hcl er	31	dry eye relief	82	emtricitabine-tenofovir df	24
diltiazem hcl er beads	31	dry-eye relief nighttime	82	EMTRIVA	24
diltiazem hcl er coated beads	31	dss	58	enalapril maleate	30
dilt-xr	32	DUAVEE	65	enalapril-hydrochlorothiazide	32
dimaphen dm cold/cough	96	duloxetine hcl	35	ENBREL	71
dimethyl fumarate	35	DUREX EXTRA SENSITIVE		ENDACOF-DM	96
dimethyl fumarate starter pack	35	THIN	76	endocet	2
diotame instydose	53	D-VI-SOL	47	enema	53
diphedryl allergy	86	d-vite pediatric	47	enema disposable	53
diphen	86	E.E.S. 400	9	enema mineral oil	57
		ear drops	85	enema ready-to-use	53
		ear wax kit	85	ENEMEEZ MINI	58
		ear wax removal	85	ENFAMIL ENFALYTE	44
		ear wax removal system	85	ENFAMIL EXPECTA	47
		earwax removal	85		
		earwax removal drops	85		

ENGERIX-B	72	eye irritation relief drops	82	FLEET PEDIATRIC	53
enilloring	65	eye itch relief	84	FLINTSTONES COMPLETE	76
enoxaparin sodium	28	eye lubricant	82	FLINTSTONES PLUS EXTRA	
enpresse-28	65	ezetimibe	33	IRON	101
enskyce	65	EZFE 200	44	FLORA VANCE	54
entacapone	21	falmina	65	floranex	54
entecavir	23	famotidine	50	FLORANEX	54
enteric aspirin	76	famotidine acid reducer	50	FLORASTOR	54
ENTRESTO	32	famotidine orig st	50	FLUAD QUADRIVALENT	73
enulose	49	FARXIGA	26	FLUARIX QUADRIVALENT	73
EPCLUSA	23	FASENRA PEN	89	FLUBLOK QUADRIVALENT	73
ephrine nose drops	90	fast relief laxative	76	FLUCELVAX	
epinephrine	88	febuxostat	16	QUADRIVALENT	73
epitol	12	felbamate	10	fluconazole	15
ergocalciferol	101	felodipine er	31	fludrocortisone acetate	62
ERIVEDGE	19	fenofibrate	33	FLULAVAL QUADRIVALENT	73
ERLEADA	18	fenofibrate micronized	33	FLUMIST QUADRIVALENT	73
erlotinib hcl	79	fentanyl	2	fluocinolone acetonide	37
errin	68	ferate	44	fluocinolone acetonide body	37
ERYTHROCIN STEARATE	9	FER-IN-SOL	44	fluocinolone acetonide scalp	37
erythromycin	9, 39, 81	ferosul	44	fluocinonide	37
erythromycin base	9	ferretts	44	fluocinonide emulsified base	37
erythromycin ethylsuccinate	9	ferrex 150	44	fluorometholone	81
escitalopram oxalate	13	FERREX 150	44	fluorouracil	38
esomeprazole magnesium	51	FERRIC X-150	44	fluoxetine hcl	13
essential one daily	47	ferrous fumarate	44	fluphenazine decanoate	22
essentials	47	ferrous gluconate	44	fluphenazine hcl	22
estarrylla	65	ferrous sulfate	44	flurbiprofen sodium	81
estradiol	65	fever reducer/pain reliever	4	FLUTICASONE FUROATE-	
ethambutol hcl	17	fever reducing childrens	4	VILANTEROL	94
ethosuximide	11	feverall adults	4	fluticasone propionate	37, 87
ethynodiol diac-eth estradiol	65	feverall childrens	4	FLUTICASONE PROPIONATE	
etodolac	1	FEVERALL INFANTS	4	HFA	87
etonogestrel-ethinyl		FEVERALL JUNIOR		fluticasone-salmeterol	94
estradiol	65	STRENGTH	4	FLUTICASONE-	
etoposide	19	fe-vite iron	44	SALMETEROL	94
etravirine	24	fexofenadine hcl	93	fluvoxamine maleate	13
EUCRISA	37	fiber	57, 59	FLUZONE HIGH-DOSE	
EULEXIN	18	fiber laxative	57, 59	QUADRIVALENT	73
euthyrox	69	fiber laxative + calcium	59	FLUZONE QUADRIVALENT	73
EVAC	57	fiber therapy	57, 59	foaming antacid	54
everolimus	19, 71	fiber-caps	59	FOLAGENT DHA	101
EVOTAZ	25	fiber-lax	59	FOLAMED DHA	101
EXCEDRIN EXTRA		finasteride	61	FOLCYTEINE	47
STRENGTH	4	fingolimod hcl	35	folic acid	76
EXCEDRIN MIGRAINE	4	finzala	65	foot & sneaker	76
exemestane	19	first aid antibiotic	10	foot care (terbinafine)	16
EX-LAX MAXIMUM		first aid antiseptic	10	for sty relief	82
STRENGTH	59	FIRVANQ	8	FORMULA 3 THE	
EX-LAX ULTRA	76	flecainide acetate	30	TREATMENT	76
eye drops	82	FLEET BISACODYL	76	FORMULA 7 THE SOLUTION	76
eye drops advanced relief	82	FLEET ENEMA	53	fosamprenavir calcium	25
eye drops long lasting	82	FLEET OIL	57	fosinopril sodium	30

fosinopril sodium-hctz	32	ft senna-s	59	geri-kot	59
FREESTYLE LIBRE 14 DAY		ft stomach relief	54	geri-lanta	54
READER	41	ft stool softener	59	geri-lanta maximum strength	55
FREESTYLE LIBRE 14 DAY		ft tussin adult	90	geri-mox	55
SENSOR	41	ft tussin cf adult	92	geri-tussin	90
FREESTYLE LIBRE READER	41	full spectrum b/vitamin c	47	geri-tussin dm	96
freeze dried acidophilus	54	fungi-guard	77	GILENYA	35
FRESKARO MAGNESIUM		furosemide	32	GILOTrif	79
CITRATE	59	FUZEON	25	giltuss severe sinus	96
fruity c	101	g tussin ac	96	glatiramer acetate	35
ft 8 hour pain relief	4	gabapentin	11	glatopa	35
ft acid reducer	51	galantamine hydrobromide	12	glimepiride	26
ft all day allergy	86	GARDASIL 9	72	glipizide er	26
ft all day allergy 24 hour	86	gas relief	54	glipizide ir	26
ft all day allergy relief	93	gas relief extra strength	54	glipizide xl	26
ft allergy relief	86	gas relief extstrength	54	GLUCAGEN HYPOKIT	27
ft allergy relief 12 hour	93	gas relief infants	54	glucagon emergency	27
ft allergy relief 24 hour	94	gas relief infants drops	54	GLUCAGON EMERGENCY	27
ft allergy relief childrens	86	gas relief ultra strength	54	GLUCO TO GO	28
ft antacid & antigas	54	gas relief ultstrength	54	glucose	28
ft antacid extra strength	54	GAS-X EXTRA STRENGTH	54	GLUCOSE CONTROL	
ft antacid regular strength	54	GAS-X ULTRA STRENGTH	54	SOLUTIONS	41
ft antifungal	16, 76	GATTEX	50	glyburide	26
ft aspirin	76	gavilax	57	glyburide micronized	26
ft aspirin low dose	76	gavilyte-c	50	glyburide-metformin	26
ft athletes foot (terbinafine)	16	gavilyte-g	50	glycerin	40
ft chest congestion relief	90	GAVISCON	54	glycerin (adult)	59
ft children's pain/fever	4	GAVISCON EXTRA RELIEF		glycerin (infants & children)	59
ft clearlax	57	FORMULA	54	glycerin adult	59
ft docosanol	40	GAVISCON EXTRA		glycerin child	59
ft earwax removal	85	STRENGTH	54	glycerin childrens	59
ft earwax removal kit	85	gefitinib	79	glycerin pediatric	59
ft enteric coated aspirin	76	GELUSIL	54	glycolax	57
ft fiber laxative	59	gemfibrozil	33	glycopyrrolate	50
ft gas relief	54	generlac	49	gormel	40
ft gas relief extra strength	54	gentraf	71	gormel 10	40
ft gas relief infants	54	GENICIN VITA-Q	47	griseofulvin microsize	15
ft gas relief ultra strength	54	gentamicin sulfate	39, 81	griseofulvin ultramicrosize	15
ft gentle laxative	76	GENTEAL SEVERE	82	guaifenesin	90
ft laxative	77	GENTEAL TEARS	82	guaifenesin ac	96
ft magnesium citrate	59	GENTEAL TEARS		guaifenesin er	90
ft milk of magnesia	54	MODERATE PF	82	guaifenesin-codeine	97
ft mineral oil	57	GENTEAL TEARS NIGHT-TIME	82	guaifenesin-dm	97
ft motion sickness	14	GENTEAL TEARS PF	82	guanfacine hcl	30
ft mucus relief 12hr	90	GENTEAL TEARS SEVERE DAY/NIGHT	83	guanfacine hcl er	34
ft mucus relief d 12 hour	96	gentle laxative	77	gummy dinos	77
ft mucus relief dm	96	gentle laxative womens	77	gummy multivitamin kids	77
ft nasal decongestant max str	96	gentlelax	57	GVOKE HYPOPEN 1-PACK	27
ft nasal decongestant pe	90	genuine aspirin	77	GVOKE HYPOPEN 2-PACK	27
ft pain relief	4	GENVOYA	23	GVOKE KIT	27
ft pain relief adult extra st	4	geri-dryl	86	GVOKE PFS	27
ft senna laxatives	59			habitrol	7
				HADLIMA	77

HADLIMA PUSHTOUCH	77	<i>hydrocortisone ultra-moisture</i>	37	<i>indoor/outdoor allergy rlf</i>	87
HAEGARDA	70	<i>hydrocortisone/aloe</i>	37	INFANRIX	72
<i>hailey 1.5/30</i>	65	<i>hydrocortisone/aloe max str</i>	37	<i>infant gas relief</i>	55
<i>hailey 24 fe</i>	65	<i>hydrocortisone-acetic acid</i>	84	INFANTS ADVIL	1
<i>hailey fe 1.5/30</i>	65	<i>hydrocortisone-aloe max st</i>	38	<i>infants gas relief</i>	55
<i>hailey fe 1/20</i>	65	<i>hydrolatum</i>	40	<i>infants ibuprofen</i>	1
<i>halobetasol propionate</i>	37	<i>hydromet</i>	77	<i>infants pain & fever</i>	4
<i>haloette</i>	65	<i>hydromorphone hcl</i>	2	<i>infants pain relief drops</i>	4
<i>haloperidol</i>	22	<i>hydrophor</i>	40	<i>infants pain/fever</i>	4
<i>haloperidol decanoate</i>	22	<i>hydroxychloroquine sulfate</i>	21	INGREZZA	35
HAVRIX	72	<i>hydroxyurea</i>	18	INLYTA	80
<i>headache formula</i>	4	<i>hydroxyzine hcl</i>	25	INSPIREASE	77
<i>headache relief</i>	4	<i>hydroxyzine pamoate</i>	25	INSPIREASE RESERVOIR	
<i>headache relief extra str</i>	4	<i>hyoscyamine sulfate</i>	77	BAGS	77
<i>healthy hair/skin/nails</i>	47	<i>hyoscyamine sulfate sl</i>	77	<i>instacort 5</i>	38
<i>heartburn antacid</i>	55	<i>hyosyne</i>	77	INSULIN ASPART PROT &	
<i>heartburn antacid ex st</i>	55	HYPERSAL	97	ASPART	27
<i>heartburn prevention</i>	50	HYPOTEARS	83	INSULIN LISPRO	27
<i>heartburn relief</i>	50, 55	HYRIMOZ-CROHNS/UC		INSULIN LISPRO (1 UNIT	
<i>heartburn relief ex st</i>	55	STARTER PACK	77	DIAL)	28
<i>heartland gas relief</i>	55	IBRANCE	19	INSULIN LISPRO JUNIOR	
<i>heather</i>	68	<i>ibu-200</i>	1	KWIKPEN	28
<i>h-e-b aspirin</i>	77	<i>ibuprofen</i>	1	INSULIN LISPRO PROT &	
<i>h-e-b childrens allergy</i>	86	<i>ibuprofen childrens</i>	1	LISPRO	28
HEMLIBRA	30	<i>ibuprofen cold & sinus</i>	97	INTELENCE	24
<i>hemorrhoidal</i>	40	<i>ibuprofen cold/sinus</i>	97	<i>intestinex</i>	55
<i>heparin sodium (porcine)</i>	28	<i>ibu-profen cold/sinus</i>	97	<i>introvale</i>	65
<i>heparin sodium (porcine) pf</i>	28	<i>ibuprofen ib</i>	1	INVEGA HAFYERA	22
HEPLISAV-B	73	<i>ibuprofen ib childrens</i>	1	INVEGA SUSTENNA	22
<i>her style</i>	69	<i>ibuprofen infants</i>	1	INVEGA TRINZA	22
<i>hi cal</i>	45	<i>ibuprofen jr</i>	1	IPOL	72
HIBERIX	72	<i>ibuprofen junior</i>	1	<i>ipratropium bromide</i>	88
HUMALOG MIX 50/50	27	<i>ibuprofen junior strength</i>	1	<i>ipratropium-albuterol</i>	94
HUMATIN	8	<i>icatibant acetate</i>	70	<i>iron</i>	45
HUMULIN 70/30 VIAL	27	<i>iclevia</i>	65	<i>iron (ferrous sulfate)</i>	45
HUMULIN N VIAL	27	ICLUSIG	79	<i>iron infant/toddler</i>	45
HUMULIN R VIAL	27	IDHIFA	18	<i>iron supplement childrens</i>	45
HYCAMTIN	19	<i>iferex 150</i>	45	ISENTRESS	23
<i>hydralazine hcl</i>	34	ILARIS	70	ISENTRESS HD	23
<i>hydrochlorothiazide</i>	33	ILUMYA	71	<i>isibloom</i>	65
<i>hydrocodone bit-homatrop mbr</i>	77	<i>imatinib mesylate</i>	79	<i>isoniazid</i>	17
<i>hydrocodone-acetaminophen</i>	2	IMBRUVICA	80	<i>isosorbide dinitrate</i>	34
<i>hydrocortisone</i>	37, 62, 73	<i>imipramine hcl</i>	14	<i>isosorbide mononitrate</i>	34
<i>hydrocortisone (perianal)</i>	73	<i>imiquimod</i>	38	<i>isosorbide mononitrate er</i>	34
<i>hydrocortisone anti-itch</i>	37	IMODIUM A-D	50	<i>isotretinoin</i>	36
<i>hydrocortisone butyrate</i>	37	IMODIUM MULTI-SYMPTOM		<i>itraconazole</i>	15
<i>hydrocortisone max st</i>	37	RELIEF	55	<i>ivermectin</i>	20
<i>hydrocortisone max st/12 moist</i>	37	<i>incassia</i>	68	<i>jaimiess</i>	65
<i>hydrocortisone plus</i>	37	INCRELEX	62	JAKAFI	19
<i>hydrocortisone plus 12</i>	37	INCRUSE ELLIPTA	87	<i>jantoven</i>	28, 29
		<i>indapamide</i>	33	<i>jasmiel</i>	65
		<i>indomethacin</i>	1	<i>jencycla</i>	68
				<i>jock itch</i>	16

<i>jock itch max st</i>	77	<i>lamivudine-zidovudine</i>	24	<i>levocetirizine dihydrochloride</i>	87
<i>jock itch spray powder</i>	77	<i>lamotrigine</i>	10, 11	<i>levofloxacin</i>	10
<i>jolessa</i>	65	<i>lamotrigine starter kit-blue</i>	11	<i>levonest</i>	66
<i>juleber</i>	65	<i>lamotrigine starter kit-green</i> ..	11	<i>levonorgest-eth estrad 91-day</i>	66
JULUCA.....	23	<i>lamotrigine starter kit-orange</i>	11	<i>levonorgestrel</i>	69
<i>junel 1.5/30</i>	65	LANCETS.....	41	<i>levonorgestrel-ethinyl estrad</i>66	66
<i>junel 1/20</i>	65	<i>lansoprazole</i>	51	<i>levonorg-eth estrad triphasic</i>66	66
<i>junel fe</i>	65	LANTUS SOLOSTAR.....	28	<i>levora 0.15/30 (28)</i>	66
<i>kalliga</i>	66	LANTUS U-100 VIAL.....	28	<i>levo-t</i>	69
KALYDECO.....	88	<i>lapatinib ditosylate</i>	80	<i>levothyroxine sodium</i>	69
KAOPECTATE.....	55	<i>larin 1.5/30</i>	66	<i>levoxyl</i>	69
<i>kariva</i>	66	<i>larin 1/20</i>	66	LEXIVA.....	25
<i>kelnor 1/35</i>	66	<i>larin 24 fe</i>	66	<i>lice killing</i>	21, 38
<i>kelnor 1/50</i>	66	<i>larin fe 1.5/30</i>	66	<i>lice killing max st</i>	21
<i>ketoconazole</i>	15, 39	<i>larin fe 1/20</i>	66	<i>lice killing max strength</i>	21
KETO-DIASTIX.....	41	<i>latanoprost</i>	80	<i>lice killing maximum strength</i>	21
KETONE CARE.....	41	<i>laxacin</i>	59	<i>lice maximum strength</i>	21
KETONE TEST.....	41	<i>laxaclear</i>	57	<i>lice treatment</i>	21, 38
<i>ketoprofen</i>	1	<i>laxative</i>	58, 77	<i>lidocaine</i>	6
<i>ketorolac tromethamine</i>	1, 81	<i>laxative max str</i>	59	<i>lidocaine hcl</i>	6
KETOSTIX.....	41	<i>laxative maximum strength</i>	59	<i>lidocaine viscous hcl</i>	6
<i>ketotifen fumarate</i>	84	<i>laxative pills</i>	59	<i>lidocaine-prilocaine</i>	6
KEVZARA.....	71	<i>laxative pills max st</i>	59	<i>lidopin</i>	7
KINERET.....	71	<i>laxative regular strength</i>	59	<i>linezolid</i>	8
KISQALI FEMARA (200 MG DOSE).....	19	<i>leena</i>	66	<i>liothyronine sodium</i>	69
KISQALI FEMARA (400 MG DOSE).....	19	<i>leflunomide</i>	71	<i>liquid acetaminophen</i>	5
KISQALI FEMARA (600 MG DOSE).....	19	<i>lenalidomide</i>	18	<i>liquid allergy relief</i>	87
<i>klor-con</i>	42	LENVIMA (10 MG DAILY DOSE).....	80	<i>liquid corn & callus rem</i>	77
<i>klor-con 10</i>	43	LENVIMA (12 MG DAILY DOSE).....	80	<i>liquid pain relief</i>	5
<i>klor-con m10</i>	43	LENVIMA (14 MG DAILY DOSE).....	80	<i>liquid wart remover max st</i>	77
<i>klor-con m20</i>	43	LENVIMA (18 MG DAILY DOSE).....	80	<i>lisdexamfetamine dimesylate</i>35	35
<i>klor-con/ef</i>	101	LENVIMA (20 MG DAILY DOSE).....	80	<i>lisinopril</i>	30
<i>konsyl daily fiber</i>	57	LENVIMA (24 MG DAILY DOSE).....	80	<i>lisinopril-hydrochlorothiazide</i>	32
KORLYM.....	63	LENVIMA (4 MG DAILY DOSE).....	80	<i>lithium</i>	26
<i>kourzeq</i>	36	LENVIMA (8 MG DAILY DOSE).....	80	<i>lithium carbonate</i>	26
K-PHOS.....	45	<i>lessina</i>	66	<i>lithium carbonate er</i>	26
<i>k-prime</i>	101	<i>letrozole</i>	19	<i>little ones childrens</i>	101
KRINTAFEL.....	21	<i>leucovorin calcium</i>	20	LMX 4.....	7
<i>kurvelo</i>	66	LEUKERAN.....	18	<i>loaimiess</i>	66
<i>labetalol hcl</i>	31	LEUKINE.....	29	LOKELMA.....	46
LAC-HYDRIN FIVE.....	38	<i>leuprolide acetate</i>	70	<i>long acting nasal spray</i>	97
<i>lacosamide</i>	12	<i>levalbuterol hcl</i>	88	<i>long lasting antacid</i>	55
<i>lactobacillus</i>	55	<i>levetiracetam</i>	11	<i>long lasting nasal spray</i>	97
<i>lacto-pectin</i>	55	<i>levobunolol hcl</i>	81	LONSURF.....	18
<i>lactulose</i>	49			<i>loperamide hcl</i>	50
<i>lactulose encephalopathy</i>	49			<i>loperamide-simethicone</i>	55
LAGEVRIO.....	25			<i>lopinavir-ritonavir</i>	25
LAMISIL AT.....	16			<i>loradamed</i>	94
LAMISIL AT JOCK ITCH.....	16			<i>lorata-d</i>	97
<i>lamivudine</i>	23, 24				

<i>loratadine</i>	94	MAALOX CHILDRENS	55	<i>mefloquine hcl</i>	21
<i>loratadine allergy relief</i>	94	MAALOX MAX	55	<i>mega probiotic</i>	55
<i>loratadine childrens</i>	94	MAALOX MULTI SYMPTOM		<i>megestrol acetate</i>	68, 69
<i>lorata-dine d</i>	97	MAX ST	55	<i>meijer allergy relief-d</i>	97
<i>loratadine d 12hr</i>	97	<i>mag-al plus</i>	55	<i>meijer antacid</i>	55
<i>loratadine-d</i>	97	<i>mag-al plus xs</i>	55	<i>meijer anti-diarrheal</i>	50
<i>loratadine-d 12hr</i>	97	<i>magnesium</i>	45	MEKINIST	19
<i>loratadine-d 24hr</i>	97	<i>magnesium citrate</i>	59	<i>meloxicam</i>	1
<i>lorazepam</i>	26	<i>magnesium oxide</i>	77	<i>melphalan</i>	20
<i>loryna</i>	66	<i>magnesium oxide -mg supplement</i>	45	<i>memantine hcl</i>	13
<i>losartan potassium</i>	30	<i>magnesium-aluminum-simethicone</i>	55	MENVEO	72
<i>losartan potassium-hctz</i>	32	<i>magnesium-oxide</i>	45	<i>mercaptopurine</i>	18
<i>lovastatin</i>	33	<i>malathion</i>	38	<i>mesalamine</i>	73
<i>low-ogestrel</i>	66	MAOX	77	MESNEX	20
<i>loxapine succinate</i>	22	<i>mapap</i>	5	<i>metformin hcl er</i>	27
<i>lo-zumandimine</i>	66	<i>mapap acetaminophen extra str</i>	5	<i>metformin hcl er (osm)</i>	26
<i>lubiprostone</i>	49	<i>mapap childrens</i>	5	<i>metformin hcl ir</i>	27
<i>lubricant drops</i>	83	<i>maraviroc</i>	25	<i>methazolamide</i>	82
<i>lubricant drops fast act</i>	83	<i>marlissa</i>	66	<i>methenamine hippurate</i>	8
<i>lubricant eye</i>	83	MASK VORTEX/CHILD/FROG	77	<i>methergine</i>	63
<i>lubricant eye drops</i>	83	MASK		<i>methimazole</i>	70
<i>lubricant eye drops (pf)</i>	83	VORTEX/TODDLER/LADYBU G	77	<i>methocarbamol</i>	100
<i>lubricant eye drops pf</i>	83	MATULANE	18	<i>methotrexate sodium</i>	71
<i>lubricant eye nighttime</i>	83	MAVYRET	23	<i>methotrexate sodium (pf)</i>	71
<i>lubricant pm</i>	83	MAX RELIEF JUNIOR	5	<i>methoxsalen rapid</i>	38
<i>lubricating eye drop</i>	83	MAX TUSSIN MUCUS & CHEST CONG	90	<i>methsuximide</i>	11
<i>lubricating eye drops</i>	83	<i>maxi-tuss ac</i>	97	METHYLDOPA	30
<i>lubricating eyelovernight</i>	83	<i>maxi-tuss gmx</i>	97	<i>methylergonovine maleate</i>	63
<i>lubricating plus</i>	83	<i>maxi-tuss pe max</i>	90	<i>methylphenidate hcl</i>	35
<i>lubricating plus eye drops</i>	83	MAYZENT	35	<i>methylphenidate hcl er</i>	34
<i>lubricating tears</i>	83	MAYZENT STARTER PACK	36	<i>methylphenidate hcl er (cd)</i>	34
<i>lubrifresh p.m.</i>	83	<i>m-dryl</i>	87	<i>methylphenidate hcl er (la)</i>	34
<i>LUCEMYRA</i>	7	<i>meclizine hcl</i>	14	<i>methylphenidate hcl er (osm)</i>	34
LUPRON DEPOT (1-MONTH)	70	<i>medicated spot</i>	77	<i>methylprednisolone</i>	62
LUPRON DEPOT (3-MONTH)	70	<i>medifin 400</i>	90	<i>metoclopramide hcl</i>	14
LUPRON DEPOT (4-MONTH)		<i>medifin mucus relief child</i>	90	<i>metolazone</i>	33
INTRAMUSCULAR KIT 30MG	70	<i>medi-first aspirin</i>	77	<i>metoprolol succinate er</i>	31
LUPRON DEPOT (6-MONTH)		<i>medi-first ibuprofen</i>	1	<i>metoprolol tartrate</i>	31
INTRAMUSCULAR KIT 45MG	70	<i>medi-first triple antibiotic</i>	10	<i>metronidazole</i>	8
LUPRON DEPOT-PED (1-MONTH)	70	<i>mediproxen</i>	1	<i>mexiletine hcl</i>	30
LUPRON DEPOT-PED (3-MONTH)	70	<i>medique aspirin</i>	77	<i>mibelas 24 fe</i>	66
LUPRON DEPOT-PED (6-MONTH)	70	MEDISENSE GLUCOSE		<i>micaderm</i>	16
<i>lurasidone hcl</i>	22	KETONE CONTR	42	<i>MICATIN</i>	16
<i>lutera</i>	66	MEDISENSE HI/MID/LOW		<i>MICOMITIN</i>	77
<i>lyleq</i>	68	CONTROL	42	<i>miconazole 3</i>	15
<i>lyllana</i>	66	MEDROL	62	<i>miconazole 3 applicator</i>	15
LYNPARZA	19	<i>medroxyprogesterone acetate</i>	68	<i>miconazole 3 combo pack</i>	15
<i>lysiplex plus</i>	101			<i>miconazole 3 combo pack app</i>	15
LYSODREN	69			<i>miconazole 7</i>	15
<i>lyza</i>	68			<i>miconazole 7 day treatment</i>	15
				<i>miconazole antifungal</i>	16

<i>miconazole nitrate</i>	15, 16	MOTRIN IB	2	<i>multi vitamin w/d-3</i>	47
<i>miconazorb af</i>	16	MOTRIN INFANTS DROPS	2	<i>multiple vitamin-folic acid</i>	47
<i>microgestin 1.5/30</i>	66	MOUNJARO	78	<i>multiple vitamins essential</i>	47
<i>microgestin 1/20</i>	66	MOVANTIK	49	<i>multiple vitamins/iron</i>	101
<i>microgestin 24 fe</i>	66	<i>moxifloxacin hcl</i>	10	MULTIPRO	102
<i>microgestin fe 1.5/30</i>	66	<i>m-pap</i>	5	<i>multi-vitamin</i>	47
<i>microgestin fe 1/20</i>	66	MUCINEX CHILDRENS		<i>multivitamin infant & toddler</i>	102
<i>midodrine hcl</i>	30	FREEFROM	97	<i>multi-vitamin/iron</i>	102
<i>mifepristone</i>	63	MUCINEX CHILDRENS		<i>mupirocin</i>	39
MIGERGOT	17	STUFFY NOSE	97	MURO 128	83
<i>migraine formula</i>	5	MUCINEX COUGH		<i>my choice</i>	69
<i>migraine headache relief</i>	5	CHILDRENS	97	<i>my way</i>	69
<i>migraine relief</i>	5	MUCINEX D	97	<i>mycophenolate mofetil</i>	71
<i>milli</i>	66	MUCINEX D MAX STRENGTH	97	<i>mycophenolate sodium</i>	71
<i>milk of magnesia</i>	55	MUCINEX DM	97	MYCOZYL AL	78
<i>mineral oil</i>	58	MUCINEX FAST-MAX CHEST		MYLERAN	18
<i>mineral oil enema</i>	58	CONG MS	90	MYLICON INFANTS GAS	
<i>mineral oil heavy</i>	58	MUCINEX FAST-MAX DM		RELIEF	55
<i>mini nicotine</i>	8	MAX	97	MYTESI	50
<i>minocycline hcl</i>	10	MUCINEX MAXIMUM		<i>nabumetone</i>	2
<i>minoxidil</i>	34	STRENGTH	90	<i>nadolol</i>	31
<i>mintox maximum strength</i>	55	MUCINEX SINUS-MAX		<i>naloxone hcl</i>	7
<i>mintox plus</i>	55	CLEAR & COOL	97	<i>naltrexone hcl</i>	7
MIRALAX	58	MUCINEX SINUS-MAX		NAPHCON-A	84
<i>mirtazapine</i>	13	SINUS/ALLRGY	97	<i>naproxen</i>	2
<i>misoprostol</i>	50	<i>mucus & cough relief child</i>	97	<i>naproxen dr</i>	2
<i>mm acetaminophen ex str</i>	5	<i>mucus d</i>	97	<i>naproxen sodium</i>	2
MM ALLER-BEN	87	<i>mucus d extended release</i>	97	NARAMIN	87
<i>mm arthritis pain</i>	5	<i>mucus d max st er</i>	97	<i>naratriptan hcl</i>	17
<i>mm aspirin</i>	78	<i>mucus dm</i>	97	NARCAN	7
<i>mm clearlax</i>	58	<i>mucus dm extended release</i>	98	NASACORT ALLERGY 24HR	94
<i>mm ibuprofen</i>	1	<i>mucus er</i>	90	<i>nasal allergy</i>	94
<i>mm stool softener laxative</i>	59	<i>mucus er maximum str</i>	90	<i>nasal allergy 24 hour</i>	94
M-M-R II	72	<i>mucus extended release</i>	90	<i>nasal allergy spray</i>	94
M-NATAL PLUS	47	<i>mucus relief</i>	91	<i>nasal decongestant</i>	98
<i>modafinil</i>	100	<i>mucus relief 12 hour max st..</i>	90	<i>nasal decongestant 12 hour</i>	98
MODERNA COVID-19 VAC		<i>mucus relief chest</i>	90	<i>nasal decongestant 12hr</i>	98
6M-11Y	78	<i>mucus relief childrens</i>	90	<i>nasal decongestant max st...</i>	98
<i>mometasone furoate</i>	38	<i>mucus relief cough</i>		<i>nasal decongestant pe....</i>	91, 98
<i>monodoxyne nl</i>	10	<i>childrens</i>	98	<i>nasal decongestant pe max</i>	
MONOJECT HYPODERMIC NEEDLE	28	<i>mucus relief d</i>	98	<i>st.....</i>	91
<i>mono-linyah</i>	66	<i>mucus relief d max strength..</i>	98	<i>nasal decongestant spray</i>	98
<i>montelukast sodium</i>	87	<i>mucus relief dm</i>	98	<i>nasal four</i>	91
<i>morphine sulfate</i>	3	<i>mucus relief dm max</i>	98	<i>nasal four spray</i>	91
<i>morphine sulfate (concentrate)</i>	2	<i>mucus relief er</i>	90	<i>nasal mist</i>	98
<i>morphine sulfate er</i>	2	<i>mucus relief max st</i>	91	<i>nasal mist no drip</i>	98
MOTEGRITY	49	<i>mucus relief max strength</i>	91	NASAL MOIST	91
<i>motion sickness</i>	14	<i>mucus+chest congestion</i>	91	<i>nasal moisturizing spray</i>	91
<i>motion sickness relief</i>	14	<i>mucus-d</i>	98	<i>nasal relief</i>	98
<i>motion-time</i>	14	<i>mucus-dm</i>	98	<i>nasal spray</i>	91, 98
MOTRIN CHILDRENS	1	<i>mucus-er</i>	91	<i>nasal spray 12 hour</i>	98
		MULPLETA	29	<i>nasal spray extra moist</i>	98
		<i>multi vitamin</i>	47		

<i>nasal spray extra</i>	8	<i>norethin-eth estradiol-fe</i>	67
<i>moisturizing</i>	98	<i>norgestimate-eth estradiol</i>	67
<i>nasal spray fast acting</i>	91	<i>norgestimate-ethinyl</i>	
<i>nasal spray no drip</i>	98	<i>estradiol triphasic</i>	67
<i>nasal spray saline</i>	91	<i>norlyroc</i>	69
<i>nasal spray sinus</i>	98	<i>NORPACE CR</i>	30
NASALCROM	94	<i>nortrel 0.5/35 (28)</i>	67
<i>nateglinide</i>	27	<i>nortrel 1/35 (21)</i>	67
<i>natural daily fiber</i>	58	<i>nortrel 1/35 (28)</i>	67
<i>natural fiber</i>	58	<i>nortrel 7/7/7</i>	67
<i>natural fiber supplement</i>	58	<i>nortriptyline hcl</i>	14
<i>natural senna laxative</i>	59	<i>NORVIR</i>	25
<i>natural tears pf</i>	83	<i>nose drops</i>	91
<i>natural vegetable</i>	58	<i>nose drops extstrength</i>	91
<i>natural vegetable laxative</i>	59	<i>NOVAREL</i>	63
<i>natura-lax</i>	58	<i>NOVAVAX COVID-19</i>	
<i>nausea control</i>	15	<i>VACCINE</i>	73
<i>nausea relief</i>	15	<i>NOVOLIN 70/30 RELION</i>	28
NAYZILAM	11	<i>NOVOLIN 70/30 VIAL</i>	28
<i>nebusal</i>	98	<i>NOVOLIN N RELION</i>	28
<i>necon 0.5/35 (28)</i>	66	<i>NOVOLIN N VIAL</i>	28
NEODOT THERMOMETER	78	<i>NOVOLIN R RELION</i>	28
NEOMULTIVITE	47	<i>NOVOLIN R VIAL</i>	28
<i>neomycin sulfate</i>	8	<i>NOVOLOG FLEXPEN</i>	
<i>neomycin-bacitracin zn-polymyx</i>	81	<i>RELION</i>	28
<i>neomycin-polymyxin-dexameth</i>	80	<i>NOVOLOG RELION</i>	28
<i>neomycin-polymyxin-gramicidin</i>	81	<i>NUBEQA</i>	18
<i>neomycin-polymyxin-hc</i>	84	<i>NUCALA</i>	89
NEONATAL PLUS	47	<i>NUEDEXTA</i>	35
<i>neo-polycin</i>	81	<i>NU-IRON</i>	45
NEOSPORIN ORIGINAL	10	<i>NULEV</i>	78
NEO-SYNEPHRINE COLD/ALLRGY EXT	91	<i>NURTEC</i>	17
<i>nephro vitamins</i>	47	<i>NUTRAPLUS</i>	40
NEPHRO-VITE	47	<i>nutrifac zx</i>	102
NEULASTA	29	<i>NUTROPIN AQ NUSPIN 10</i>	63
NEULASTA ONPRO	29	<i>NUTROPIN AQ NUSPIN 20</i>	63
NEUTEK 2TEK CONTROL	42	<i>NUTROPIN AQ NUSPIN 5</i>	63
NEUTROGENA OIL-FREE ACNE WASH	78	<i>NUZYRA</i>	10
<i>nevirapine</i>	24	<i>nyamyc</i>	39
<i>nevirapine er</i>	24	<i>nylia 1/35</i>	67
<i>new day</i>	69	<i>nylia 7/7/7</i>	67
NEWFLORA PROBIOTIC	55	<i>NYMALIZE</i>	31
NEXIUM	51	<i>nymyo</i>	67
<i>niacin</i>	48	<i>nystatin</i>	15, 39
<i>niacin er</i>	47, 48	<i>nystop</i>	39
<i>niacin er (antihyperlipidemic)</i>	33	<i>OBSTETRIX DHA</i>	48
NICODERM CQ	7	<i>OBTREX</i>	102
		<i>OCEAN FOR KIDS</i>	91
		<i>OCEAN NASAL SPRAY</i>	91
		<i>ocella</i>	67
		<i>octreotide acetate</i>	70
		<i>OCUVEL</i>	102
		<i>ODEFSEY</i>	24

ODOMZO	19	<i>oxaprozin</i>	2	PEDIALYTE	45
OFEV	89	<i>oxazepam</i>	26	PEDIALYTE FREEZER POPS.	45
<i>ofloxacin</i>	10, 81, 85	<i>oxcarbazepine</i>	12	PEDIALYTE SINGLES	45
<i>ointment base</i>	40	<i>oxybutynin chloride</i>	61	PEDIARIX	72
<i>olanzapine</i>	22	<i>oxybutynin chloride er</i>	61	<i>pediatric electrolyte</i>	45
<i>olmesartan medoxomil</i>	30	<i>oxycodone hcl</i>	3, 6	PEDVAX HIB	72
<i>olopatadine hcl</i>	81	OXYCODONE-		<i>peg 3350</i>	58
OLUMIANT	71	ACETAMINOPHEN	3	<i>peg 3350-kcl-na bicarb-nacl</i>	50
<i>omega-3-acid ethyl esters</i>	33	<i>oxycodone-acetaminophen</i>	3	<i>peg-3350/electrolytes</i>	50
<i>omeprazole</i>	51	<i>oxymorphone hcl er</i>	2	PEGASYS	71
<i>omeprazole magnesium</i>	51	<i>oysco 500+d</i>	45	<i>penicillamine</i>	61
OMNIFLEX DIAPHRAGM	78	<i>oyster shell calcium</i>	102	<i>penicillin v potassium</i>	9
<i>once daily</i>	48	<i>oyster shell calcium + d</i>	45	PENTACEL	72
<i>ondansetron hcl</i>	14	<i>oyster shell calcium + d3</i>	45	<i>pentamidine isethionate</i>	21
<i>ondansetron odt</i>	14	<i>oyster shell calcium plus d</i>	45	<i>pentazocine-naloxone hcl</i>	3
<i>one daily</i>	48	<i>oyster shell calcium wld</i>	45	<i>pentoxifylline er</i>	32
ONE VITE DAILY		<i>oyster shell calcium/d</i>	102	PEPTO-BISMOL	55
MULTIVITAMIN	48	<i>oyster shell calcium/vit d</i>	45	PERDIEM OVERNIGHT	
ONE VITE WOMENS	48	<i>oyster shell calcium/vit d3</i>	45	RELIEF	60
ONE VITE WOMENS PLUS	48	<i>oyster shell calcium/vitamin</i>		<i>periogard</i>	36
<i>one-daily multi vitamins</i>	48	<i>d</i>	45, 102	<i>permethrin</i>	39
<i>one-daily multi-vitamin</i>	48	<i>oyster shell calcium-vit d</i>	45	<i>perphenazine</i>	14
<i>one-daily multi-vitamin/liron</i>	102	OZEMPIC	27	<i>perphenazine-amitriptyline</i>	13
<i>one-daily/liron</i>	102	OZEMPIC (2 MG/DOSE)	27	PERSERIS	22
ONELAX	78	<i>p col-rite</i>	59	PFIZER COVID-19 VAC-TRIS	
ONELAX DOCUSATE		<i>pain & fever child</i>	5	5-11Y	78
SODIUM	59	<i>pain & fever childrens</i>	5	PFIZER COVID-19 VAC-TRIS	
ONELAX MAGNESIUM		<i>pain & fever infants</i>	5	6M-4Y	78
CITRATE	59	<i>pain relief</i>	5	<i>pharbedryl</i>	87
ONELAX SENNA	59	<i>pain relief childrens</i>	5	PHARBETOL	6
ONETOUCH ULTRA 2 KIT		<i>pain relief extra st</i>	5	PHARBETOL EXTRA	
W/DEVICE	42	<i>pain relief extra strength</i>	5	STRENGTH	6
ONETOUCH ULTRA TEST		<i>pain relief regular strength</i>	5	<i>pharbinex</i>	91
STRIPS	42	<i>pain relief/rapid burst</i>	5	PHAZYME	55
ONETOUCH VERIO FLEX		<i>pain reliever</i>	5	PHAZYME ULTRA	
SYSTEM	42	<i>pain reliever childrens</i>	5	STRENGTH	55
ONETOUCH VERIO KIT		<i>pain reliever ex st</i>	6	<i>phenazo</i>	61
W/DEVICE	42	<i>pain reliever extra strength</i>	6	<i>phenazopyridine hcl</i>	61
ONETOUCH VERIO		<i>pain reliever plus</i>	6	<i>phenobarbital</i>	11
REFLECT KIT W/DEVICE	42	<i>pain-off</i>	6	<i>phenylephrine hcl</i>	80, 91
<i>opcicon one-step</i>	69	PANADOL CHILDRENS	6	<i>phenytek</i>	12
OPSUMIT	89	PANADOL EXTRA		<i>phenytoin</i>	12
<i>option 2</i>	69	STRENGTH	6	<i>phenytoin infatabs</i>	12
<i>oralone</i>	36	PANADOL INFANTS	6	<i>phenytoin sodium extended</i>	12
ORILISSA	70	PANOXYL	78	<i>philith</i>	67
ORKAMBI	88	<i>pantoprazole sodium</i>	51	PHOSPHA 250 NEUTRAL	45
<i>orphenadrine citrate er</i>	100	<i>paroxetine hcl</i>	13	PHOSPHOLINE IODIDE	82
OS-CAL CALCIUM + D3	45	PATADAY	81	<i>phosphorous</i>	45
<i>oseltamivir phosphate</i>	25	PAXLOVID (150/100)	25	<i>phospho-trin 250 neutral</i>	45
OTEZLA	71	PAXLOVID (300/100)	25	PHOSPHO-TRIN K500	45
OVACE PLUS WASH	78	<i>pazopanib hcl</i>	80	<i>phytonadione</i>	48
OVACE WASH	78	<i>ped electrolyte freeze pop</i>	45	PIFELTRO	24
OVIDREL	63	PEDIA-LAX	60	<i>pilocarpine hcl</i>	36, 82

<i>pimecrolimus</i>	38	PRECISION GLUCOSE	29
<i>pimozide</i>	22	KETONE CONTR.	42
<i>pimtrex</i>	67	<i>prednisolone</i>	62
<i>pink bismuth</i>	56	<i>prednisolone acetate</i>	81
<i>pink bismuth maximum strength</i>	55	PREDNISOLONE ACETATE	
<i>pink bismuth ultra str</i>	56	P-F	81
<i>pink-bismuth</i>	56	<i>prednisolone sodium phosphate</i>	62, 81
<i>pioglitazone hcl</i>	27	<i>prednisone</i>	62
PIP GLUCOSE CONTROL SOLUTION	42	<i>pregabalin</i>	35
PIQRAY (200 MG DAILY DOSE)	19	PREGNYL	63
PIQRAY (250 MG DAILY DOSE)	19	PREHEVBRIOD	72
PIQRAY (300 MG DAILY DOSE)	19	PREMARIN	67
<i>pirfenidone</i>	89	PREMPHASE	67
<i>piroxicam</i>	2	PREMPRO	67
PLAN B ONE-STEP	69	<i>prenatal</i>	48
PLEGRIDY	36	<i>prenatal formula</i>	48
PLEGRIDY STARTER PACK	36	<i>prenatal gummy</i>	48, 102
<i>plerixafor</i>	29	<i>prenatal multi+dha</i>	48
PNEUMOVAX 23	73	<i>prenatal multivitamins</i>	48
<i>podofilox</i>	38	<i>prenatal vitamins</i>	48
<i>poly bacitracin</i>	78	<i>prenatalliron</i>	48
<i>polycin</i>	81	PREPARATION H	38
<i>polyethylene glycol 3350</i>	58	PREVACID 24HR	51
<i>polyethylene glycol 3350-grx</i>	58	<i>prevalite</i>	34
<i>poly-iron 150</i>	45	PREVIDENT	43
<i>polymyxin b-trimethoprim</i>	81	PREVIDENT 5000 DRY MOUTH	43
<i>polysaccharide iron complex</i>	45	PREVIDENT 5000 PLUS	43
<i>polysaccharide-iron complex</i>	46	PREVNAR 13	73
POLYSPORIN	78	PREVNAR 20	73
<i>polyvinyl alcohol</i>	83	PREZCOBIX	25
POLY-VI-SOL	102	PREZISTA	78
POLY-VITE PEDIATRIC	102	PRIFTIN	17
POMALYST	18	<i>primaquine phosphate</i>	21
<i>portia-28</i>	67	<i>primidone</i>	11
<i>potassium chloride</i>	43	PRIORIX	72
<i>potassium chloride crys er</i>	43	<i>probenecid</i>	17
<i>potassium chloride er</i>	43	PROBIOMAX SERENITY	56
<i>potassium citrate er</i>	43	<i>probiotic</i>	56
<i>potassium citrate-citric acid</i>	46	<i>probiotic blend</i>	56
<i>povidone iodine</i>	10	<i>probiotic colon care</i>	56
<i>povidone-iodine</i>	10	<i>probiotic complex</i>	56
PRALUENT	34	<i>probiotic extra strength</i>	56
<i>pramipexole dihydrochloride</i>	21	<i>probiotic maximum strength</i>	56
<i>prasugrel hcl</i>	29	<i>probiotic pearls ex st</i>	56
<i>pravastatin sodium</i>	33	<i>prochlorperazine</i>	14
<i>praziquantel</i>	20	<i>prochlorperazine maleate</i>	14
<i>prazosin hcl</i>	30	PRO-CRITIC	78
		<i>procto-med hc</i>	73
		<i>proctosol hc</i>	73
		<i>proctozone-hc</i>	73
		<i>progesterone</i>	69
		PROMACTA	29
		<i>promethazine hcl</i>	14
		<i>promethazine vc</i>	89
		<i>promethazine vc/codeine</i>	98
		<i>promethazine-codeine</i>	98
		<i>promethazine-dm</i>	99
		<i>promethegan</i>	14
		PRONUTRIENTS VITAMIN D3	48
		<i>propafenone hcl</i>	31
		<i>propranolol hcl</i>	31
		<i>propranolol hcl er</i>	31
		<i>propylthiouracil</i>	70
		PROQUAD	72
		PROXIVOL	7
		<i>pseudoephedrine hcl</i>	99
		<i>pseudoephedrine hcl 12 hr</i>	99
		<i>pseudoephedrine hcl er</i>	99
		<i>pseudoephedrine-bromphen-dm</i>	91
		<i>pseudoephedrine-guaifenesin er</i>	99
		<i>pulmosal</i>	99
		PULMOZYME	88
		<i>pure & gentle lubricant</i>	83
		<i>purelax</i>	58
		<i>pyrazinamide</i>	18
		PYRIDIUM	61
		<i>pyridostigmine bromide</i>	17
		<i>pyridostigmine bromide er</i>	17
		<i>pyridoxine hcl</i>	103
		<i>pyrimethamine</i>	21
		QUADRACEL	72
		<i>quetiapine fumarate</i>	22
		<i>quetiapine fumarate er</i>	22
		<i>quinapril hcl</i>	30
		<i>quinapril-hydrochlorothiazide</i>	32
		<i>quinidine gluconate er</i>	31
		<i>quinidine sulfate</i>	31
		QUINTET CONTROL HIGH/NORMAL	42
		<i>quit2</i>	8
		<i>quit4</i>	8
		<i>radiance platinum vitamin d3</i>	48
		<i>raloxifene hcl</i>	69
		<i>ramipril</i>	30
		<i>ranolazine er</i>	32
		RAVICTI	61
		<i>react</i>	69
		<i>ready-to-use enema</i>	56
		<i>reclipsen</i>	67
		RECOMBIVAX HB	72
		RECTIV	34

refenesen 400	91	RUKOBIA	25	SIGNIFOR	70
REFRESH LACRI-LUBE	83	RYBELSUS	27	siladryl allergy	87
REFRESH PLUS	83	RYDAPT	19	sildenafil citrate	89
REFRESH TEARS	83	rynex dm	99	siltussin sa	91
REHYDRALYTE	46	rynex pe	99	siltussin-dm alcohol free	99
REJUVAFLOR	56	rynex pse	99	silver sulfadiazine	38
RELENZA DISKHALER	25	saccharomyces boulardii	56	simeped	56
RELEXXII	35	sajazir	70	simethicone	56
<i>relief eye drops</i>	83	saline enema	56	simethicone drops infants	56
<i>rena-vite</i>	48	saline mist spray	91	simethicone ultra strength	56
<i>renewal soothing bath</i>	40	saline nasal spray	91	simliya	67
<i>repaglinide</i>	27	salsalate	6	simpesse	67
REPATHA	34	sapropterin dihydrochloride	61	simvastatin	33
REPHRESH PRO-B	56	SAVAYSA	29	sinus 12 hour	99
RESTORA	56	saxagliptin hcl	27	sinus 12-hour	99
<i>restore plus lubricant eye</i>	83	sb arthritis pain relief	6	sinus congestion max strength	99
<i>restore pm</i>	83	sb docusate sodium/senna	60	sinus nasal spray	99
RETACRIT	29	sb lice killing max st	21	sinus pe decongestant	91
REVITAFLOR	56	sb mucus relief	91	sinus relief extra strength	91
REVLIMID	18	sb pain reliever childrens	6	sinus/congestion relief pe	91
REYATAZ	25	scalp relief	78	sirolimus	71
REZVOGLAR KWIKPEN	28	SCRUB CARE POVIDONE-IODINE	10	SIRTURO	18
<i>ribavirin</i>	23	SEGLUROMET	27	SLO-NIACIN	48
<i>rifabutin</i>	17	selegiline hcl	21	smooth antacid ex st	56
<i>rifampin</i>	18	selenium sulfide	38	smooth antacid extra st	56
<i>riluzole</i>	35	SELZENTRY	25	smooth antacid extra strength	56
<i>rimantadine hcl</i>	25	senexon-s	60	smooth lax	58
RISAQUAD	56	senior probiotic	56	SOAANZ	32
RISAQUAD-2	56	senna	60	sod chloride hypertonicity	83
RISPERDAL CONSTA	22	senna lax	60	sod citrate-citric acid	46
<i>risperidone</i>	22	senna laxative	60	sodium bicarbonate	56
<i>ritonavir</i>	25	senna plus	60	sodium chloride	84, 99
<i>rivastigmine</i>	12	senna s	60	sodium chloride (hypertonic)	84
<i>rivastigmine tartrate</i>	13	senna smooth	60	sodium fluoride	43
<i>rizatriptan benzoate</i>	17	senna-docusate sodium	60	sodium fluoride 5000 plus	43
<i>robafen cf multi-symptom cold</i>	92	senna-lax	60	sodium fluoride 5000 ppm	43
ROBITUSSIN 12 HOUR COUGH	99	senna-plus	60	sodium phenylbutyrate	61
ROBITUSSIN 12 HOUR COUGH CHILD	99	senna-s	60	sodium sulfacetamide wash	78
ROBITUSSIN COUGH+CHEST CONG DM	99	senna-tabs	60	SOFOSBUVIR-VELPATASVIR	23
ROBITUSSIN PEAK COLD MULTI-SYM	93	senna-time	60	soft glucose	28
<i>ropinirole hcl</i>	21	senna-time s	60	SOLIQUA	27
<i>rosuvastatin calcium</i>	33	sennazon	60	soluble fiber therapy	60
ROTATEQ	72	SENOKOT	60	SOMAVERT	70
<i>roweepra</i>	11	SENOKOT S	60	soothe	56
ROZLYTREK	19	sertraline hcl	13	soothe maximum strength	56
RUBRACA	19	setlakin	67	sorafenib tosylate	19
RUCONEST	70	sevelamer carbonate	46	sorbitol	58
<i>rufinamide</i>	12	sf	43	sotalol hcl	31
		sf 5000 plus	43	sotalol hcl (af)	31
		SFROWASA	73	SOVALDI	23
		sharobel	69	SPIKEVAX	78
		SHINGRIX	72		

<i>spinosad</i>	39	<i>sulfamethoxazole-trimethoprim</i>	10	TENCON	3
<i>spironolactone</i>	33	<i>sulfamez wash</i>	40	TENIVAC	72
<i>spironolactone-hctz</i>	32	<i>sulfasalazine</i>	73	<i>tenofovir disoproxil fumarate</i>	24
<i>sprintec 28</i>	67	<i>sulfatrim pediatric</i>	10	<i>terazosin hcl</i>	61
SPRYCEL	80	<i>sulindac</i>	2	<i>terbinafine hcl</i>	15, 16
<i>sps</i>	46	SUMADAN WASH	40	<i>terbinafine hydrochloride</i>	16
<i>sronyx</i>	67	<i>sumatriptan</i>	17	<i>terconazole</i>	15
<i>ssd</i>	38	<i>sumatriptan succinate</i>	17	<i>teriflunomide</i>	36
<i>sss 10-5</i>	40	<i>sumatriptan succinate refill</i>	17	<i>testosterone</i>	64
ST JOSEPH LOW DOSE	78	<i>sunitinib malate</i>	19	<i>testosterone cypionate</i>	63
STEGLATRO	27	SUNLENCA	78	<i>testosterone enanthate</i>	64
<i>stimulant laxative</i>	60	<i>suphedrine</i>	99	TETANUS-DIPHTHERIA	
STIOLTO RESPIMAT	94	<i>suphedrine 12hour</i>	99	TOXOIDS TD	72
STIVARGA	19	<i>suphedrine maximum strength</i>	99	<i>tetrabenazine</i>	35
<i>stomach relief</i>	57	SUPPORT	102	THALOMID	18
<i>stomach relief extra strength</i>	56	<i>sure result sr relief</i>	78	<i>the magic bullet</i>	78
<i>stomach relief max st</i>	57	<i>syeda</i>	67	THEO-24	88
<i>stomach relief plus</i>	57	SYMDEKO	88	<i>theophylline</i>	88
<i>stomach relief ultra</i>	57	SYMJEPI	88	<i>theophylline er</i>	89
<i>stool softener</i>	60	SYMTUZA	25	ThERA	48
<i>stool softener laxative</i>	60	SYNAGIS	71	<i>thera-tabs</i>	48
<i>stool softener pls laxative</i>	60	SYSTANE	84	<i>thiamine hcl</i>	103
<i>stool softener plus laxative</i>	60	SYSTANE BALANCE	84	<i>thiamine mononitrate</i>	48
<i>stool softener/laxative</i>	60	SYSTANE COMPLETE	84	<i>thioridazine hcl</i>	22
STRENSIQ	61	SYSTANE CONTACTS	84	<i>thiothixene</i>	22
<i>stress formula</i>	48	SYSTANE HYDRATION PF	84	THRIVE	8
<i>stress formulaliron</i>	102	SYSTANE NIGHTTIME	84	<i>tiadylt er</i>	32
STRIBILD	23	SYSTANE PRESERVATIVE		<i>tiagabine hcl</i>	11
STRIVE DUAL ZONE PEAK FLOW MTR	78	FREE	84	TIBSOVO	20
STRIVERDI RESPIMAT	88	SYSTANE ULTRA	84	<i>tilia fe</i>	67
SUBLOCADE	7	SYSTANE ULTRA PF	84	<i>timolol maleate</i>	82
<i>subvenite</i>	11	<i>tab tussin</i>	92	<i>timolol maleate (once-daily)</i>	81
<i>subvenite starter kit-blue</i>	11	<i>tab-a-vitel/beta carotene</i>	48	TINACTIN	78
<i>subvenite starter kit-green</i>	11	TABLOID	18	<i>tinaspore</i>	78
<i>subvenite starter kit-orange</i>	11	<i>tacrolimus</i>	38, 71	<i>tinidazole</i>	9
<i>sucralfate</i>	51	TAFINLAR	20	TIVICAY	24
SUDAFED	99	TAGAMET HB 200	50	TIVICAY PD	24
SUDAFED PE CONGESTION	91	<i>take action</i>	69	<i>tizanidine hcl</i>	23
SUDAFED PE SINUS CONGESTION	91	<i>tamoxifen citrate</i>	18	TM-DAILY VITE	48
SUDAFED SINUS CONGESTION	99	<i>tamsulosin hcl</i>	61	<i>tm-tolnaftate</i>	78
SUDAFED SINUS CONGESTION	99	<i>tarina 24 fe</i>	67	<i>tm-tolnaftate Ir</i>	78
SUDAFED SINUS CONGESTION 12HR	99	<i>tarina fe 1/20 eq</i>	67	TOBRADEX	80
<i>sudogest</i>	99	TASIGNA	80	<i>tobramycin</i>	81, 88
<i>sudogest 12 hour</i>	99	<i>taztia xt</i>	32	<i>tobramycin-dexamethasone</i>	80
<i>sudogest maximum strength</i>	99	TDVAX	72	<i>tolcapone</i>	21
<i>sulfacetamide sodium</i>	78, 81	TEENY TUMMY GAS RELIEF		TOLNAFI-AL	78
<i>sulfacetamide sodium-sulfur</i>	40	DROPS	57	<i>tolnaftate</i>	79
<i>sulfacetamide sod-sulfur</i>		TEGRETOL	12	<i>tolnaftate antifungal</i>	79
<i>wash</i>	40	TEGSEDI	61	<i>tolterodine tartrate</i>	61
<i>sulfacetamide-prednisolone</i>	80	<i>temazepam</i>	100	<i>topiramate</i>	11
		<i>temozolomide</i>	18	<i>toremifene citrate</i>	18
				<i>torsemide</i>	32
				<i>total allergy</i>	87

total allergy medicine	87	TUMS LASTING EFFECTS	57	ureacin-20	40
TRACLEER	89	TUMS SMOOTHIES	57	urinary pain relief	61
tramadol hcl ir	3	TUMS ULTRA 1000	57	ursodiol	50
trandolapril	30	TURALIO	80	valacyclovir hcl	23
tranexamic acid	29	turqoz	68	valganciclovir hcl	23
tranylcypromine sulfate	13	tusnel-ex	92	valproic acid	11
travel ease	14	tussin	92	vancomycin hcl	9
trazodone hcl	13	tussin adult chest congest	92	VANDAZOLE	9
TRECATOR	18	tussin cf	93, 99	VAPORIZER WARM STEAM	79
tretinoin	20, 36	tussin chest congestion	92	VAQTA	72
triamcinolone acetonide	36, 38	tussin cough	92	varenicline tartrate	7
TRIAMINIC ALLERCHEWS	94	tussin cough dm sugar free	99	varenicline tartrate (starter)	7
triamterene-hctz	32	tussin cough long acting	92	varenicline tartrate(continue)	7
triazolam	100	tussin cough/chest congest	99	VARIVAX	72
triderm	38	tussin cough/chest dm max	100	VAXELIS	79
tri-estarrylla	67	tussin dm	100	VAXNEUVANCE	72
trifluoperazine hcl	22	tussin dm cough + chest	100	v-c forte	102
trifluridine	81	tussin dm cough/chest	100	vegetable lax+stool softener	60
trihexyphenidyl hcl	21	tussin dm cough/chest cong	100	vegetable laxative	60
TRIKAFTA	88	tussin dm max	100	velivet	68
tri-legest fe	67	tussin dm max adult	100	VELTASSA	46
tri-linyah	67	tussin dm max daytime	100	VENCLEXTA	20
tri-lo-estarrylla	67	tussin dm max st	100	VENCLEXTA STARTING	
tri-lo-marzia	67	tussin expectorant adult	92	PACK	20
trimethobenzamide hcl	14	tussin maximum strength	92	venlafaxine hcl	13
trimethoprim	9	tussin mucus & chest cong	92	venlafaxine hcl er	13
tri-mili	68	tussin mucus & chest		verapamil hcl	32
tri-nymyo	68	congest	92	verapamil hcl er	32
triple antibiotic	10	tussin mucus/chest congest	92	VERZENIO	20
triple antibiotic original	10	tussin mucus/congestion	92	vestura	68
tri-sprintec	68	tussin mucus+chest congest	92	vic-forte	102
TRIUMEQ	24	tussin mucus+chest congest		VICTOZA	27
TRIUMEQ PD	24	sf	92	vienna	68
tri-vite pediatric	48	tussin mucus+chest		vigabatrin	11
trivora (28)	68	congestion	92	vigadron	11
tri-vylibra	68	tussin multi-symptom cold		viorele	68
tri-vylibra lo	68	cf	93	VIRACEPT	25
TRIZIVIR	24	TWINRIX	72	VIREAD	24
trospium chloride	61	tyblume	68	VISBIOME HIGH POTENCY	57
TRUECONTROL GLUCOSE		TYBOST	25	VISINE	84
CONT LEV 0	42	TYLENOL	6	vit c/rose hips	102
TRUECONTROL GLUCOSE		TYLENOL FOR CHILDREN +		vita s forte	102
CONT LEV 1	42	ADULTS	6	vitacel	102
TRUELYTE	46	TYMLOS	74	vitachew multiple vitamin	79
TRUEPLUS GLUCOSE	28	ultra fresh	84	vitachew vitamin d3	48
TRUEPLUS GLUCOSE ON		ultra fresh pm	84	vitamin a	48
THE GO	28	ultra lubricant drop	84	vitamin b complex	48
TRUMENBA	72	ultra lubricating eye drops	84	vitamin b1	103
TUMS	57	ultra lubricating eye drops pf	84	vitamin b-1	48, 103
TUMS CHEWY BITES	57	unithroid	69	vitamin b12	103
TUMS E-X 750	57	urea	40	vitamin b-12 er	103
TUMS EXTRA STRENGTH		urea 20 intensive hydrating	40	vitamin b-12 tr	103
750	57	ureacin-10	40	vitamin b-6	103

vitamin b-6 er	103	yuvafem	68
vitamin c	102	ZADITOR	84
vitamin c cr	102	zafemy	68
vitamin c er	102	zaleplon	100
vitamin clacerola	102	ZARXIO	29
vitamin crose hips	102	ZEASORB-AF	16
vitamin c-rose hips	102	ZEGALOGUE	62
vitamin d	49	ZEJULA	20
vitamin d (cholecalciferol)	48, 49	ZELBORAF	20
vitamin d (ergocalciferol)	102	zenatane	36
vitamin d3	49	ZEPATIER	23
vitamin d-3	49	zidovudine	24
vitamin d-400	49	ZIEXTENZO	29
vitamin e	103	zinc	46, 102
vitamin-b complex	49	zinc gluconate	46
vitamins complete childrens	102	zinc oxide	40
VITRAKVI	20	ziprasidone hcl	22
VIVITROL	7	ZOLINZA	19
volnea	68	zolpidem tartrate	100
voriconazole	15	zolpidem tartrate er	100
vyfemla	68	ZOMACTON	63
vylibra	68	zonisamide	12
VYNDAMAX	61	ZOSTRIX HP	79
VYNDAQEL	61	zovia 1/35 (28)	68
VYVANSE	35	ZUBSOLV	7
warfarin sodium	29	zumandimine	68
wart remover	79	ZYDELIG	20
wart remover maximum strength	79	ZYKADIA	20
weekly-d	49	ZYRTEC ALLERGY	87
wera	68	ZYRTEC-D ALLERGY & CONGESTION	93
wes-phos 250 neutral	46	ZYRTEC-D ALLERGY & SINUS	93
WESTAB PLUS	49		
WIDE-SEAL DIAPHRAGM 60..	79		
WIDE-SEAL DIAPHRAGM 65..	79		
WIDE-SEAL DIAPHRAGM 70..	79		
WIDE-SEAL DIAPHRAGM 75..	79		
WIDE-SEAL DIAPHRAGM 80..	79		
WIDE-SEAL DIAPHRAGM 85..	79		
WIDE-SEAL DIAPHRAGM 90..	79		
WIDE-SEAL DIAPHRAGM 95..	79		
wixela inhub	94		
womans laxative	79		
womens gentle laxative	79		
womens laxative	79		
womens prenatal+dha	49		
wymzya fe	68		
XALKORI	80		
XERAC AC	40		
XIIDRA	80		
XOLAIR	71		
XPECT	92		
xulane	68		