



Preferred Drug List (PDL)

Health Plan of Nevada

Effective Date: 1/1/2024



Health Plan of Nevada

A UnitedHealthcare Company 

Health Plan of Nevada Medicaid Preferred Drug List

Frequently Asked Questions (FAQ)

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

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

The drugs on Preferred Drug List that starts on page <1> are the drugs covered by **Health Plan of Nevada Medicaid**. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies”.

Health Plan of Nevada Medicaid will cover all medically necessary drugs if:

- your doctor or other prescriber says you need them to get better or stay healthy,
and
- you fill the prescription at a **Health Plan of Nevada Medicaid** network pharmacy.

Health Plan of Nevada Medicaid may have additional steps to access certain drugs (see question <#5> below).

You can also see an up-to-date drug list on our website at

<https://www.hpnmedicaidnvcheckup.com/Member> or you can call Member Services at <1-800-962-8074 TTY 711>.

2. Does the Preferred Drug List ever change?

Yes. **Health Plan of Nevada Medicaid** may add or remove drugs on the Preferred Drug List during the year. Generally, the Preferred Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Preferred Drug List now, *or*
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from **Health Plan of Nevada Medicaid** before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

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

You can always check the up-to-date Preferred Drug List online at <https://www.hpnmedicaidnvcheckup.com/Member> or you can also call Member Services to check the current Preferred Drug List at <1-800-962-8074 TTY 711>.

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

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

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

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

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

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

- Prior approval (or prior authorization): For some drugs, your doctor or other prescriber must get approval from **Health Plan of Nevada Medicaid** before you fill your prescription. If you don't get approval, **Health Plan of Nevada Medicaid** may not cover the drug.
- Quantity limits: Sometimes **Health Plan of Nevada Medicaid** limits the amount of a drug you can get.

- Step therapy: Sometimes **Health Plan of Nevada Medicaid** requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can also get more information by visiting our website at <https://www.hpnmedicaidnvcheckup.com/Member>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also call Member Services and ask us to send you information about our prior authorization and step therapy restrictions.

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

The Preferred Drug List on pages <1 – 97> has a column labeled “Notes”.

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

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

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

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

There are two ways to find a drug:

- You can search by medical condition.

To search by medical condition, find the section labeled “List of drugs by medical condition” on pages <TOC-1>. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

- You can also search for drugs alphabetically.

To search alphabetically, go to the Index of Covered Drugs starting on page <98>.

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

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

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

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

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

We can help. We may cover a temporary 30-day supply of your drug during the first 30 days you are a member of **Health Plan of Nevada Medicaid**. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Preferred Drug List you can take instead, or whether to request an exception.

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

Yes. Your doctor can ask **Health Plan of Nevada Medicaid** to make an exception to cover a drug that is not on the Preferred Drug List.

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

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

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

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

13. How can you ask for an exception?

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

- Call Member Services. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask them to request an exception by calling the **Health Plan of Nevada Medicaid Pharmacy Services** at <1-800-443-8197>, or they can fax a request to <866-997-9672>.

14. What are generic drugs?

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

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

15. What are OTC drugs?

OTC stands for "over-the-counter." **Health Plan of Nevada Medicaid** prefers some OTC drugs when they are written as prescriptions by your provider.

You can read the **Health Plan of Nevada Medicaid** Preferred Drug List to see what OTC drugs are preferred.

16. Does Health Plan of Nevada Medicaid cover OTC non-drug products?

Health Plan of Nevada Medicaid covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the **Health Plan of Nevada Medicaid** Preferred Drug List to see what OTC non-drug products are covered.

17. What is a Specialty Pharmacy Medication?

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

- It's used by a small number of people
- It treats rare, chronic, and/or potentially life-threatening diseases

- It has special storage or handling requirements such as needing to be refrigerated
- It may need close monitoring, ongoing clinical support and management, and complete patient education and engagement
- It's a high cost medication
- It may not be available at retail pharmacies
- It may be oral, injectable, or inhaled

Specialty pharmacy medications are available through our specialty pharmacy network. If you have questions, call Member Services at <1-800-962-8074, TTY 711>.

List of Preferred Drugs

The List of Preferred Drugs that begins on page <1> gives you information about the drugs covered by **Health Plan of Nevada Medicaid**. If you have trouble finding your drug in the list, turn to the Index that begins on page <98>.

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

The information in the "Notes" column tells you if **Health Plan of Nevada Medicaid** has any rules for covering your drug.

Utilization Management Restrictions

PA - Prior approval (or prior authorization)

For some drugs, your doctor or other prescriber must get approval from **Health Plan of Nevada Medicaid** before you fill your prescription. If you don't get approval, **Health Plan of Nevada Medicaid** may not cover the drug.

QL - Quantity limits

Sometimes **Health Plan of Nevada Medicaid** limits the amount of a drug you can get.

ST - Step therapy

Sometimes **Health Plan of Nevada Medicaid** requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then your doctor can ask for approval to cover the second.

Other special requirements for coverage

SP – Specialty Pharmacy

Drug needs to be accessed through a network Specialty Pharmacy.

Specialty Pharmacy Drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.

Drug Tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

[ABBREVIATIONS]

OTC = Over the Counter

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

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		
<i>ADVIL JUNIOR STRENGTH (ibuprofen)</i>	Tier 2	QL
<i>ADVIL ORAL TABLET (ibuprofen)</i>	Tier 2	QL
<i>ALEVE ORAL TABLET (naproxen sodium)</i>	Tier 2	QL
<i>all day pain relief oral tablet 220 mg</i>	Tier 1	QL
<i>all day relief</i>	Tier 1	QL
<i>celecoxib oral</i>	Tier 1	QL
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	QL
<i>diclofenac sodium er</i>	Tier 1	QL
<i>diclofenac sodium external gel 1 %</i>	Tier 1	Brand OTC and Generic; QL
<i>diclofenac sodium external solution 1.5 %</i>	Tier 1	PA; QL
<i>diclofenac sodium oral</i>	Tier 1	QL
<i>ec-naproxen</i>	Tier 1	QL
<i>etodolac</i>	Tier 1	QL
<i>ibuprofen</i>	Tier 1	QL
<i>ibu-200</i>	Tier 1	QL
<i>ibuprofen childrens oral tablet chewable 100 mg</i>	Tier 1	QL
<i>ibuprofen ib childrens</i>	Tier 1	QL
<i>ibuprofen ib oral tablet 200 mg</i>	Tier 1	QL
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Tier 1	QL
<i>ibuprofen jr oral tablet 100 mg</i>	Tier 1	QL
<i>ibuprofen junior</i>	Tier 1	QL
<i>ibuprofen junior strength</i>	Tier 1	QL
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	QL
<i>ibuprofen oral tablet</i>	Tier 1	QL
<i>indomethacin oral</i>	Tier 1	QL
<i>INFANTS ADVIL (ibuprofen)</i>	Tier 2	QL
<i>infants ibuprofen</i>	Tier 1	QL
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	QL
<i>ketorolac tromethamine oral</i>	Tier 1	QL
<i>medi-first ibuprofen</i>	Tier 1	QL
<i>mediproxen</i>	Tier 1	QL
<i>meloxicam oral tablet</i>	Tier 1	QL
<i>mm ibuprofen</i>	Tier 1	QL
<i>MOTRIN CHILDRENS (ibuprofen)</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>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/1hr, 12 mcg/1hr, 25 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</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
TENCON (butalbital-acetaminophen)	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>childs non-aspirin</i>	Tier 1	QL
<i>ed-apap</i>	Tier 1	QL
EXCEDRIN EXTRA STRENGTH (aspirin-acetaminophen-caffeine)	Tier 2	
EXCEDRIN MIGRAINE (aspirin-acetaminophen-caffeine)	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
FEVERALL INFANTS (acetaminophen)	Tier 2	QL
FEVERALL JUNIOR STRENGTH (acetaminophen)	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 reliefrapid 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		
7T LIDO (lidocaine hcl)	Tier 2	QL
ANECREAM EXTERNAL CREAM (lidocaine)	Tier 2	QL
ASPERFLEX LIDOCAINE EXTERNAL CREAM (lidocaine)	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>cefepodoxime 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
DIFICID (fidaxomicin)	Tier 2	PA; QL
E.E.S. 400 (erythromycin ethylsuccinate)	Tier 2	QL
ERYTHROCIN STEARATE (erythromycin stearate)	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>mondoxyne 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>vigadrone 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
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	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
TEGRETOL ORAL SUSPENSION (carbamazepine)	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	
EMETROL ORAL SOLUTION (fructose-dextrose-phosphor acid)	Tier 2	
<i>nausea control</i>	Tier 1	
<i>nausea relief oral solution 1.87-1.87-21.5</i>	Tier 1	
Antifungals		
3 day	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		
3 day vaginal	Tier 1	
3-day vaginal vaginal cream 2 %	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>atheletes 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
SIRTURO (bedaquiline fumarate)	Tier 2	QL
TRECTOR (ethionamide)	Tier 2	QL
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 1	
CYCLOPHOSPHAMIDE ORAL TABLET	Tier 2	
LEUKERAN (chlorambucil)	Tier 2	
MATULANE (procarbazine hcl)	Tier 2	SP
MYLERAN (busulfan)	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
ERLEADA ORAL TABLET 240 MG (apalutamide)	Tier 2	SP; QL
ERLEADA ORAL TABLET 60 MG (apalutamide)	Tier 2	PA; SP; QL
EULEXIN (flutamide)	Tier 2	QL
NUBEQA (darolutamide)	Tier 2	PA; SP; QL
Antiangiogenic Agents		
<i>lenalidomide</i>	Tier 1	PA; SP; QL
POMALYST (pomalidomide)	Tier 2	PA; SP; QL
REVLIMID (lenalidomide)	Tier 2	PA; SP; QL
THALOMID (thalidomide)	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
TABLOID (thioguanine)	Tier 2	SP
Antineoplastics, Other		
IDHIFA (enasidenib mesylate)	Tier 2	PA; SP; QL
LONSURF (trifluridine-tipiracil)	Tier 2	PA; SP; QL
NINLARO (ixazomib citrate)	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) (apelisib)	Tier 2	PA; SP; QL
PIQRAY (250 MG DAILY DOSE) (apelisib)	Tier 2	PA; SP; QL
PIQRAY (300 MG DAILY DOSE) (apelisib)	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
ZELBORAF (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
SOFOSBUVIR-VELPATASVIR	Tier 2	PA; SP; QL
SOVALDI (sofosbuvir)	Tier 2	SP; QL
ZEPATIER (elbasvir-grazoprevir)	Tier 2	PA; SP; QL
Antitherpetic 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-tenofof)	Tier 2	DX2RX
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir-emtricitab-tenofof)	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
<i>TIVICAY (dolutegravir sodium)</i>	Tier 2	QL
<i>TIVICAY PD (dolutegravir sodium)</i>	Tier 2	QL; AL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
<i>COMPLERA (emtricitab-rilpivir-tenofovir)</i>	Tier 2	QL
<i>DELSTRIGO (doravirin-lamivudin-tenofof df)</i>	Tier 2	QL
<i>EDURANT (rilpivirine hcl)</i>	Tier 2	QL
<i>efavirenz</i>	Tier 1	QL
<i>efavirenz-emtricitab-tenofo df</i>	Tier 1	DX2RX; QL
<i>efavirenz-lamivudine-tenofovir</i>	Tier 1	QL
<i>etravirine</i>	Tier 1	QL
<i>INTELENCE ORAL TABLET 25 MG (etravirine)</i>	Tier 2	QL
<i>nevirapine</i>	Tier 1	QL
<i>nevirapine er</i>	Tier 1	QL
<i>PIFELTRO (doravirine)</i>	Tier 2	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate</i>	Tier 1	QL
<i>abacavir sulfate-lamivudine</i>	Tier 1	QL
<i>CIMDUO (lamivudine-tenofovir)</i>	Tier 2	QL
<i>DESCOVY (emtricitabine-tenofovir af)</i>	Tier 2	QL
<i>emtricitabine</i>	Tier 1	QL
<i>emtricitabine-tenofovir df</i>	Tier 1	DX2RX; QL
<i>EMTRIVA ORAL SOLUTION (emtricitabine)</i>	Tier 2	QL
<i>lamivudine oral solution</i>	Tier 1	QL
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	QL
<i>lamivudine-zidovudine</i>	Tier 1	QL
<i>ODEFSEY (emtricitab-rilpivir-tenofof af)</i>	Tier 2	QL
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL
<i>TRIUMEQ (abacavir-dolutegravir-lamivud)</i>	Tier 2	QL
<i>TRIUMEQ PD (abacavir-dolutegravir-lamivud)</i>	Tier 2	DX2RX; QL
<i>TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)</i>	Tier 2	QL
<i>VIREAD ORAL POWDER (tenofovir disoproxil fumarate)</i>	Tier 2	QL
<i>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)</i>	Tier 2	QL
<i>zidovudine</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
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
ALOGLIPTIN BENZOATE	Tier 2	ST; QL
ALOGLIPTIN-METFORMIN HCL	Tier 2	ST; QL
ALOGLIPTIN-PIOGLITAZONE	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
OZEMPIC (semaglutide)	Tier 2	PA; QL
OZEMPIC (2 MG/DOSE) (semaglutide)	Tier 2	PA; QL
<i>pioglitazone hcl</i>	Tier 1	QL
<i>repaglinide</i>	Tier 1	QL
RYBELSUS (semaglutide)	Tier 2	PA; QL
<i>saxagliptin hcl</i>	Tier 1	QL
SEGLUROMET (ertugliflozin-metformin hcl)	Tier 2	ST; QL
SOLIQUA (insulin glargine-lixisenatide)	Tier 2	ST; QL
STEGLATRO (ertugliflozin l-pyroglutamicac)	Tier 2	ST; QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)	Tier 2	PA; QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (liraglutide)	Tier 2	PA; ST; QL
Glycemic Agents		
BAQSIMI ONE PACK (glucagon)	Tier 2	QL
BAQSIMI TWO PACK (glucagon)	Tier 2	QL
GLUCAGEN HYPOKIT (glucagon hcl (rdna))	Tier 2	QL
glucagon emergency injection kit	Tier 1	QL
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	Tier 2	QL
GVOKE HYPOPEN 1-PACK (glucagon)	Tier 2	QL
GVOKE HYPOPEN 2-PACK (glucagon)	Tier 2	QL
GVOKE KIT (glucagon)	Tier 2	QL
GVOKE PFS (glucagon)	Tier 2	QL
Insulins		
HUMALOG MIX 50/50 (insulin lispro prot & lispro)	Tier 2	QL
HUMULIN 70/30 VIAL (insulin nph isophane & regular)	Tier 2	QL
HUMULIN N VIAL (insulin nph human (isophane))	Tier 2	QL
HUMULIN R VIAL (insulin regular human)	Tier 2	QL
INSULIN ASPART PROT & ASPART	Tier 2	QL
INSULIN LISPRO	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 DVTIPE 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	
SAVAYSA (edoxaban tosylate)	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	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (darbepoetin alfa)	Tier 2	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (darbepoetin alfa)	Tier 2	PA; SP; QL
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/1ML, 60 MCG/0.3ML (darbepoetin alfa)	Tier 2	PA; SP
DROXIA ORAL CAPSULE 200 MG, 300 MG (hydroxyurea)	Tier 2	
DROXIA ORAL CAPSULE 400 MG (hydroxyurea)	Tier 2	QL
LEUKINE (sargramostim)	Tier 2	PA; SP
MULPLETA (lusutrombopag)	Tier 2	PA; SP; QL
NEULASTA (pegfilgrastim)	Tier 2	PA; SP; QL
NEULASTA ONPRO (pegfilgrastim)	Tier 2	PA; SP
<i>plerixafor</i>	Tier 1	PA; SP; QL
PROMACTA ORAL PACKET 25 MG (eltrombopag olamine)	Tier 2	PA; SP; QL
PROMACTA ORAL TABLET (eltrombopag olamine)	Tier 2	PA; SP; QL
RETACRIT (epoetin alfa-epbx)	Tier 2	PA; SP
ZARXIO (filgrastim-sndz)	Tier 2	PA; SP
ZIEXTENZO (pegfilgrastim-bmez)	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		
BRILINTA (ticagrelor)	Tier 2	DX2RX; QL
CABLIVI (caplacizumab-yhdp)	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
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	QL
<i>verapamil hcl er oral tablet extended release</i>	Tier 1	QL
<i>verapamil hcl oral</i>	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
<i>torsemide</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
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
prevalite 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 (1a) oral capsule extended release 24 hour 20 mg, 40 mg	Tier 1	QL; AL
methylphenidate hcl er (1a) 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
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (methylphenidate hcl)	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
VYVANSE ORAL CAPSULE (lisdexamfetamine dimesylate)	Tier 2	DX2RX; ST; QL; AL
Central Nervous System, Other		
AUSTEDO (deutetrabenazine)	Tier 2	PA; SP; QL
<i>caffeine citrate oral</i>	Tier 1	QL; AL
INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate)	Tier 2	PA; SP; QL
INGREZZA ORAL CAPSULE THERAPY PACK (valbenazine tosylate)	Tier 2	PA; SP; QL
NUDEXTA (dextromethorphan-quinidine)	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		
COPAXONE (glatiramer acetate)	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
GILENYA ORAL CAPSULE 0.25 MG (fingolimod hcl)	Tier 2	PA; SP; QL
<i>glatiramer acetate</i>	Tier 1	DX2RX; SP; QL
<i>glatopa</i>	Tier 1	DX2RX; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG (siponimod fumarate)	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 mouththroat	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 mouththroat	Tier 1	QL
Dermatological Agents		
Acne and Rosacea Agents		
acutane	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
EUCRISA (crisaborole)	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>hydrocortisonelaloe</i>	Tier 1	QL
<i>hydrocortisonelaloe 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 HIIMID/LOW CONTROL (blood glucose calibration)	Tier 2	QL
NEUTEK 2TEK CONTROL (blood glucose calibration)	Tier 2	QL
ONETOUCH ULTRA 2 KIT WIDEVICE (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 WIDEVICE (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	
PREVIDENT (sodium fluoride)	Tier 2	
PREVIDENT 5000 DRY MOUTH (sodium fluoride)	Tier 2	
PREVIDENT 5000 PLUS (sodium fluoride)	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		
BIOLYTE (oral electrolytes)	Tier 2	QL
BPROTECTED PEDIA IRON (ferrous sulfate)	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
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 1	QL
<i>calcium cit plus vit d-3</i>	Tier 1	
<i>calcium citrate + d3 maximum</i>	Tier 1	
<i>calcium citrate +d3</i>	Tier 1	
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	Tier 1	
<i>calcium citrate plus vit d</i>	Tier 1	QL
<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	Tier 1	
<i>calcium citrate+d3 oral tablet</i>	Tier 1	QL
<i>calcium citrate+d3 w/magne</i>	Tier 1	QL
<i>calcium citrate-vit d</i>	Tier 1	QL
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	Tier 1	QL
<i>calcium high potency/vitamin d</i>	Tier 1	QL
<i>calcium plus vitamin d</i>	Tier 1	QL
<i>calcium plus vitamin d3</i>	Tier 1	QL
<i>calcium/minerals/vitamin d</i>	Tier 1	
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i>	Tier 1	
<i>electrolyte solution</i>	Tier 1	QL
<i>ENFAMIL ENFALYTE (oral electrolytes)</i>	Tier 2	QL
<i>EZFE 200 (polysaccharide iron complex)</i>	Tier 2	
<i>ferate</i>	Tier 1	
<i>FER-IN-SOL (ferrous sulfate)</i>	Tier 2	QL
<i>ferosul</i>	Tier 1	QL
<i>ferretts</i>	Tier 1	
<i>ferrex 150 capsule 150 mg oral</i>	Tier 1	
<i>FERREX 150 CAPSULE 150 MG ORAL (polysaccharide iron complex)</i>	Tier 2	
<i>FERRIC X-150</i>	Tier 2	
<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	Tier 1	
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg</i>	Tier 1	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	Tier 1	QL
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Tier 1	QL
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Tier 1	QL
<i>ferrous sulfate oral tablet delayed release</i>	Tier 1	QL
<i>fe-vite iron</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>hi cal</i>	Tier 1	QL
<i>iferex 150</i>	Tier 1	
<i>iron (ferrous sulfate) oral solution</i>	Tier 1	QL
<i>iron infant/toddler</i>	Tier 1	QL
<i>iron oral tablet 240 (27 fe) mg</i>	Tier 1	
<i>iron oral tablet 325 (65 fe) mg</i>	Tier 1	QL
<i>iron supplement childrens</i>	Tier 1	QL
<i>K-PHOS (potassium phosphate monobasic)</i>	Tier 2	QL
<i>magnesium oral tablet 500 mg</i>	Tier 1	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	Tier 1	
<i>magnesium-oxide</i>	Tier 1	
<i>NU-IRON (polysaccharide iron complex)</i>	Tier 2	
<i>OS-CAL CALCIUM + D3 (calcium carb-cholecalciferol)</i>	Tier 2	QL
<i>oysco 500+d</i>	Tier 1	QL
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg</i>	Tier 1	
<i>oyster shell calcium + d3</i>	Tier 1	
<i>oyster shell calcium plus d</i>	Tier 1	QL
<i>oyster shell calcium w/d</i>	Tier 1	QL
<i>oyster shell calcium/vit d</i>	Tier 1	QL
<i>oyster shell calcium/vit d3</i>	Tier 1	
<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	Tier 1	QL
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	Tier 1	QL
<i>oyster shell calcium-vit d</i>	Tier 1	QL
<i>ped electrolyte freeze pop</i>	Tier 1	QL
<i>PEDIALYTE FREEZER POPS (oral electrolytes)</i>	Tier 2	QL
<i>PEDIALYTE ORAL SOLUTION (oral electrolytes)</i>	Tier 2	QL
<i>PEDIALYTE SINGLES (oral electrolytes)</i>	Tier 2	QL
<i>pediatric electrolyte oral solution</i>	Tier 1	QL
<i>PHOSPHA 250 NEUTRAL (k phos mono-sod phos di & mono)</i>	Tier 2	QL
<i>phosphorous</i>	Tier 1	QL
<i>phospho-trin 250 neutral</i>	Tier 1	QL
<i>PHOSPHO-TRIN K500 (potassium phosphate monobasic)</i>	Tier 2	QL
<i>poly-iron 150</i>	Tier 1	
<i>polysaccharide iron complex</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>polysaccharide-iron complex</i>	Tier 1	
<i>potassium citrate-citric acid</i>	Tier 1	
REHYDRALYTE (oral electrolytes)	Tier 2	QL
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
TRUELYTE	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		
CHEMET (succimer)	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		
LOKELMA (sodium zirconium cyclosilicate)	Tier 2	PA; QL
<i>sps</i>	Tier 1	QL
VELTASSA (patiromer sorbitex calcium)	Tier 2	PA; QL
Vitamins		
a-25	Tier 1	QL
AMLADEX (multiple vitamin)	Tier 2	
<i>aqueous vitamin d</i>	Tier 1	QL
b complex	Tier 1	QL
b complex vitamins	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	
BPROTECTED PEDIA D-VITE (cholecalciferol)	Tier 2	QL
CENTRUM SPECIALIST PRENATAL (prenatal mv-min-fe fum-fa-dha)	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
<i>niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	Tier 1	
NIVA-PLUS (prenatal vit-fe fumarate-fa)	Tier 2	QL
OBSTETRIX DHA (prenatal mv-min-fe cbn-fa-dha)	Tier 2	QL
<i>once daily</i>	Tier 1	
<i>one daily</i>	Tier 1	
ONE VITE DAILY MULTIVITAMIN (multiple vitamin)	Tier 2	
ONE VITE WOMENS	Tier 2	QL
ONE VITE WOMENS PLUS	Tier 2	QL
<i>one-daily multi vitamins</i>	Tier 1	
<i>one-daily multi-vitamin</i>	Tier 1	
<i>phytonadione oral</i>	Tier 1	QL
<i>prenatal formula oral tablet 28-0.8 mg</i>	Tier 1	QL
<i>prenatal gummy oral tablet chewable 0.4-25 mg</i>	Tier 1	QL
<i>prenatal multi+dha</i>	Tier 1	QL
<i>prenatal multivitamins</i>	Tier 1	QL
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg</i>	Tier 1	QL
<i>prenatal vitamins</i>	Tier 1	QL
<i>prenatalliron</i>	Tier 1	QL
PRONUTRIENTS VITAMIN D3 (cholecalciferol)	Tier 2	
<i>radiance platinum vitamin d3</i>	Tier 1	
<i>rena-vite</i>	Tier 1	QL
SLO-NIACIN (niacin)	Tier 2	
<i>stress formula</i>	Tier 1	
<i>tab-a-vitel/beta carotene</i>	Tier 1	
THERA (multiple vitamin)	Tier 2	
<i>thera-tabs</i>	Tier 1	
<i>thiamine mononitrate oral</i>	Tier 1	QL
TM-DAILY VITE	Tier 2	
<i>tri-vite pediatric</i>	Tier 1	QL
<i>vitachew vitamin d3</i>	Tier 1	
<i>vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut)</i>	Tier 1	QL
<i>vitamin b complex oral capsule</i>	Tier 1	QL
<i>vitamin b-1 oral tablet 100 mg</i>	Tier 1	QL
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (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

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
IMODIUM A-D ORAL TABLET (loperamide hcl)	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	
MYTESI (crofelemer)	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		
GATTEX (teduglutide (rdna))	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	
TAGAMET HB 200 (cimetidine)	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
<i>sucralfate oral tablet</i>	Tier 1	QL
<i>sucralfate suspension 1 gm/10ml oral</i>	Tier 1	Available for an extended day(s) supply Members 10 years of age up to 65 years of age will require PA; QL
<i>sucralfate suspension 1 gm/10ml oral</i>	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		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	QL
<i>esomeprazole magnesium oral packet</i>	Tier 1	Available for an extended day(s) supply Members >= 2 years of age will require PA; QL; AL
<i>ft acid reducer oral capsule delayed release</i>	Tier 1	QL
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1	QL
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	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
<i>omeprazole magnesium oral capsule delayed release</i>	Tier 1	QL
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg</i>	Tier 1	QL
<i>pantoprazole sodium oral tablet delayed release</i>	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		
<i>abatinex</i>	Tier 1	
<i>acid gone</i>	Tier 1	
<i>acidophilus lactobacillus oral</i>	Tier 1	
<i>acidophilus oral capsule , 10 mg</i>	Tier 1	
<i>acidophilus probiotic oral capsule 10 mg</i>	Tier 1	
<i>acidophilus probiotic oral tablet , 0.5 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>acidophilus/l-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/anti-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	
FLEET ENEMA (sodium phosphates)	Tier 2	
FLEET PEDIATRIC (sodium phosphates)	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
<i>floranex tablet oral</i>	Tier 1	
FLORANEX TABLET ORAL (lactobacillus)	Tier 2	
FLORASTOR (saccharomyces boulardii)	Tier 2	
<i>foaming antacid oral tablet chewable 80-20 mg</i>	Tier 1	
<i>freeze dried acidophilus</i>	Tier 1	
<i>ft antacid & antigas</i>	Tier 1	QL
<i>ft antacid extra strength</i>	Tier 1	
<i>ft antacid regular strength</i>	Tier 1	
<i>ft gas relief</i>	Tier 1	
<i>ft gas relief extra strength</i>	Tier 1	
<i>ft gas relief infants</i>	Tier 1	
<i>ft gas relief ultra strength</i>	Tier 1	
<i>ft milk of magnesia</i>	Tier 1	
<i>ft stomach relief oral suspension</i>	Tier 1	
<i>ft stomach relief oral tablet chewable</i>	Tier 1	QL
<i>gas relief extra strength</i>	Tier 1	
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Tier 1	
<i>gas relief extstrength</i>	Tier 1	
<i>gas relief infants</i>	Tier 1	
<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	Tier 1	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Tier 1	
<i>gas relief oral capsule 125 mg, 180 mg</i>	Tier 1	
<i>gas relief oral tablet chewable 125 mg, 80 mg</i>	Tier 1	
<i>gas relief ultra strength</i>	Tier 1	
<i>gas relief ultstrength</i>	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	
<i>geri-lanta</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>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-SYMPTOM 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	
<i>pink bismuth maximum 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>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
PROBIOMAX SERENITY (lactobacillus)	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	
REJUVAFLOR	Tier 2	PA
REPHRESH PRO-B (lactobacillus)	Tier 2	
RESTORA (probiotic product)	Tier 2	QL
REVITAFLOR	Tier 2	
RISAQUAD (probiotic product)	Tier 2	QL
RISAQUAD-2 (probiotic product)	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 gmlscoop</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	
<i>fiber laxative</i>	Tier 1	
<i>fiber laxative + calcium</i>	Tier 1	
<i>fiber laxative oral tablet 500 mg</i>	Tier 1	
<i>fiber oral tablet 500 mg, 625 mg</i>	Tier 1	
<i>fiber therapy oral tablet 500 mg, 625 mg</i>	Tier 1	
<i>fiber-caps</i>	Tier 1	
<i>fiber-lax</i>	Tier 1	
FRESKARO MAGNESIUM CITRATE (magnesium citrate)	Tier 2	QL
<i>ft fiber laxative</i>	Tier 1	
<i>ft magnesium citrate</i>	Tier 1	QL
<i>ft senna laxatives</i>	Tier 1	QL
<i>ft senna-s</i>	Tier 1	
<i>ft stool softener oral capsule</i>	Tier 1	QL
<i>ft stool softener oral tablet 50-8.6 mg</i>	Tier 1	
<i>geri-kot</i>	Tier 1	QL
<i>glycerin (adult) rectal suppository 2 gm</i>	Tier 1	
<i>glycerin (infants & children) rectal suppository 1 gm</i>	Tier 1	
<i>glycerin adult rectal suppository 2 gm</i>	Tier 1	
<i>glycerin child rectal suppository 1 gm, 1.2 gm</i>	Tier 1	
<i>glycerin childrens</i>	Tier 1	
<i>glycerin pediatric rectal suppository 1.2 gm</i>	Tier 1	
<i>laxacin</i>	Tier 1	
<i>laxative max str</i>	Tier 1	
<i>laxative maximum strength oral tablet 25 mg</i>	Tier 1	
<i>laxative pills max st</i>	Tier 1	
<i>laxative pills oral tablet 25 mg</i>	Tier 1	
<i>laxative regular strength</i>	Tier 1	
<i>magnesium citrate oral solution</i>	Tier 1	QL
<i>mm stool softener laxative</i>	Tier 1	QL
<i>natural senna laxative</i>	Tier 1	QL
<i>natural vegetable laxative oral tablet 8.6 mg</i>	Tier 1	QL
ONELAX DOCUSATE SODIUM (docusate sodium)	Tier 2	QL
ONELAX MAGNESIUM CITRATE (magnesium citrate)	Tier 2	QL
ONELAX SENNA (sennosides)	Tier 2	
<i>p col-rite</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>PEDIA-LAX ORAL LIQUID (docusate sodium)</i>	Tier 2	
<i>PERDIEM OVERNIGHT RELIEF (sennosides)</i>	Tier 2	
<i>sb docusate sodium/senna</i>	Tier 1	
<i>senexon-s</i>	Tier 1	
<i>senna lax</i>	Tier 1	QL
<i>senna laxative</i>	Tier 1	QL
<i>senna oral liquid</i>	Tier 1	
<i>senna oral syrup</i>	Tier 1	
<i>senna oral tablet</i>	Tier 1	QL
<i>senna plus oral tablet</i>	Tier 1	
<i>senna s</i>	Tier 1	
<i>senna smooth</i>	Tier 1	
<i>senna-docusate sodium</i>	Tier 1	
<i>senna-lax</i>	Tier 1	QL
<i>senna-plus</i>	Tier 1	
<i>senna-s oral tablet 8.6-50 mg</i>	Tier 1	
<i>senna-tabs</i>	Tier 1	QL
<i>senna-time</i>	Tier 1	QL
<i>senna-time s</i>	Tier 1	
<i>sennazon</i>	Tier 1	
<i>SENOKOT (sennosides)</i>	Tier 2	QL
<i>SENOKOT S (sennosides-docusate sodium)</i>	Tier 2	
<i>soluble fiber therapy</i>	Tier 1	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Tier 1	
<i>stool softener laxative oral capsule</i>	Tier 1	QL
<i>stool softener oral capsule 100 mg, 250 mg</i>	Tier 1	QL
<i>stool softener oral capsule 240 mg, 50 mg</i>	Tier 1	
<i>stool softener pls laxative</i>	Tier 1	
<i>stool softener plus laxative</i>	Tier 1	
<i>stool softener/laxative</i>	Tier 1	
<i>stool softener/laxative oral tablet</i>	Tier 1	
<i>vegetable lax+stool softener</i>	Tier 1	
<i>vegetable laxative</i>	Tier 1	QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>CHOLBAM (cholic acid)</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
<i>CREON (pancrelipase (lip-prot-amyl))</i>	Tier 2	
<i>CYSTAGON (cysteamine bitartrate)</i>	Tier 2	QL
<i>NITYR (nitisinone)</i>	Tier 2	DX2RX; SP; QL
<i>RAVICTI (glycerol phenylbutyrate)</i>	Tier 2	PA; SP; QL
<i>sapropterin dihydrochloride</i>	Tier 1	DX2RX; SP; QL
<i>sodium phenylbutyrate oral powder</i>	Tier 1	DX2RX; SP
<i>STRENSIQ (asfotase alfa)</i>	Tier 2	PA; SP
<i>TEGSEDI (inotersen sodium)</i>	Tier 2	PA; SP; QL
<i>VYNDAMAX (tafamidis)</i>	Tier 2	PA; SP; QL
<i>VYNDAQEL (tafamidis meglumine (cardiac))</i>	Tier 2	PA; SP; QL
Genitourinary Agents		
Antispasmodics, Urinary		
<i>oxybutynin chloride er</i>	Tier 1	QL
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	QL
<i>tolterodine tartrate</i>	Tier 1	ST; QL
<i>tropium chloride</i>	Tier 1	ST; QL
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	Tier 1	QL
<i>finasteride oral tablet 5 mg</i>	Tier 1	QL
<i>tamsulosin hcl</i>	Tier 1	QL
<i>terazosin hcl</i>	Tier 1	QL
Genitourinary Agents, Other		
<i>bethanechol chloride oral</i>	Tier 1	
<i>ELMIRON (pentosan polysulfate sodium)</i>	Tier 2	DX2RX; QL
<i>penicillamine oral tablet</i>	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		
<i>azo</i>	Tier 1	
<i>phenazo oral tablet 200 mg</i>	Tier 1	QL
<i>phenazo oral tablet 95 mg</i>	Tier 1	
<i>phenazopyridine hcl oral</i>	Tier 1	QL
<i>PYRIDIUM (phenazopyridine hcl)</i>	Tier 2	QL
<i>urinary pain relief oral tablet 95 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
Glycemic Agents - Diabetic Drugs		
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
<i>ZEGALOGUE (dasiglucagon hcl)</i>	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
<i>MEDROL ORAL TABLET 2 MG (methylprednisolone)</i>	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
<i>EGRIFTA SV (tesamorelin acetate)</i>	Tier 2	DX2RX; SP; QL
<i>INCRELEX (mecasermin)</i>	Tier 2	PA; SP
<i>NOC DURNA (desmopressin acetate)</i>	Tier 2	PA; QL
<i>NORDITROPIN FLEXPRO (somatropin)</i>	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
<i>NOVAREL (chorionic gonadotropin)</i>	Tier 2	DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion
<i>NUTROPIN AQ NUSPIN 10 (somatropin)</i>	Tier 2	PA; SP
<i>NUTROPIN AQ NUSPIN 20 (somatropin)</i>	Tier 2	PA; SP
<i>NUTROPIN AQ NUSPIN 5 (somatropin)</i>	Tier 2	PA; SP
<i>PREGNYL (chorionic gonadotropin)</i>	Tier 2	DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion
<i>ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG (somatropin)</i>	Tier 2	PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs		
<i>OVIDREL (choriogonadotropin alfa)</i>	Tier 2	DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>KORLYM (mifepristone)</i>	Tier 2	PA; SP; QL
<i>methergine</i>	Tier 1	QL
<i>methylergonovine maleate oral</i>	Tier 1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs		
<i>mifepristone</i>	Tier 1	Coverage based on benefit
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol oral</i>	Tier 1	QL
<i>DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (testosterone cypionate)</i>	Tier 2	QL
<i>testosterone cypionate intramuscular</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>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>chateal 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
elinest	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-ethinyl estrad 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>lojaimiess</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>lutra</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-lynyah</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
PREMARIN ORAL (estrogens conjugated)	Tier 2	QL
PREMPHASE (conj estrog-medroxyprogest ace)	Tier 2	QL
PREMPRO (conj estrog-medroxyprogest ace)	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-estarylla</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-estarylla</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>vienva</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>yuvaferm</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
<i>PLAN B ONE-STEP (levonorgestrel)</i>	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)		
<i>LYSODREN (mitotane)</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
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	Tier 1	QL
<i>leuprolide acetate injection</i>	Tier 1	PA; SP
LUPRON DEPOT (1-MONTH) (leuprolide acetate)	Tier 2	PA; SP; QL
LUPRON DEPOT (3-MONTH) (leuprolide acetate (3 month))	Tier 2	PA; SP; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG (leuprolide acetate (4 month))	Tier 2	PA; SP; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG (leuprolide acetate (6 month))	Tier 2	PA; SP; QL
LUPRON DEPOT-PED (1-MONTH) (leuprolide acetate)	Tier 2	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH) (leuprolide acetate (3 month))	Tier 2	PA; SP; QL
LUPRON DEPOT-PED (6-MONTH) (leuprolide acetate (6 month))	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
ORLISSA (elagolix sodium)	Tier 2	PA; QL
SIGNIFOR (pasireotide diaspertate)	Tier 2	PA; SP; QL
SOMAVERT (pegvisomant)	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		
HAEGARDA (c1 esterase inhibitor (human))	Tier 2	PA; SP; QL
<i>icatibant acetate</i>	Tier 1	PA; SP; QL
RUCONEST (c1 esterase inhibitor (recomb))	Tier 2	PA; SP; QL
<i>sajazir</i>	Tier 1	PA; SP; QL
Immunological Agents, Other		
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA; SP; QL
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (secukinumab)	Tier 2	PA; SP; QL
COSENTYX UNOREADY (secukinumab)	Tier 2	QL
ILARIS (canakinumab)	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
<i>ILUMYA (tildrakizumab-asmn)</i>	Tier 2	PA; SP; QL
<i>KEVZARA (sarilumab)</i>	Tier 2	PA; SP; QL
<i>KINERET (anakinra)</i>	Tier 2	PA; SP; QL
<i>OLUMIANT ORAL TABLET 1 MG, 2 MG (baricitinib)</i>	Tier 2	PA; SP; QL
<i>OTEZLA (apremilast)</i>	Tier 2	PA; SP; QL
<i>SYNAGIS (palivizumab)</i>	Tier 2	PA; SP
<i>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (omalizumab)</i>	Tier 2	PA; SP; QL
Immunostimulants		
<i>ACTIMMUNE (interferon gamma-1b)</i>	Tier 2	PA; SP
<i>PEGASYS (peginterferon alfa-2a)</i>	Tier 2	SP; QL
Immunosuppressants		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL
<i>CIMZIA VIAL KIT (certolizumab pegol)</i>	Tier 2	PA; SP; QL
<i>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML (certolizumab pegol)</i>	Tier 2	PA; SP; QL
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 1	QL
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution</i>	Tier 1	QL
<i>cyclosporine oral</i>	Tier 1	QL
<i>ENBREL (etanercept)</i>	Tier 2	PA; SP; QL
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	QL
<i>everolimus oral tablet 1 mg</i>	Tier 1	
<i>gengraf oral capsule</i>	Tier 1	QL
<i>leflunomide oral</i>	Tier 1	QL
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf)</i>	Tier 1	
<i>mycophenolate mofetil oral</i>	Tier 1	QL
<i>mycophenolate sodium</i>	Tier 1	QL
<i>sirolimus oral solution</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL
<i>sirolimus oral tablet 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 5 mg</i>	Tier 1	
<i>tacrolimus oral capsule 1 mg</i>	Tier 1	QL
Vaccines		
<i>ACTHIB (haemophilus b polysac conj vac)</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>ADACEL (tetanus-diphth-acell pertussis)</i>	Tier 2	QL
<i>BEXSERO (meningococcal b recomb omv adj)</i>	Tier 2	QL
<i>BOOSTRIX INTRAMUSCULAR SUSPENSION (tetanus-diphth-acell pertussis)</i>	Tier 2	QL
<i>DAPTACEL (diphth-acell pertussis-tetanus)</i>	Tier 2	QL
<i>ENGERIX-B (hepatitis b vac recombinant)</i>	Tier 2	QL
<i>GARDASIL 9 (hvp 9-valent recomb vaccine)</i>	Tier 2	QL
<i>HAVRIX (hepatitis a vaccine)</i>	Tier 2	QL
<i>HIBERIX (haemophilus b polysac conj vac)</i>	Tier 2	
<i>INFANRIX (diphth-acell pertussis-tetanus)</i>	Tier 2	QL
<i>IPOL (poliovirus vaccine inactivated)</i>	Tier 2	
<i>MENVEO (meningococcal a c y&w-135 olig)</i>	Tier 2	QL
<i>M-M-R II (measles, mumps & rubella vac)</i>	Tier 2	QL
<i>PEDIARIX (dtap-hepatitis b recomb-ipv)</i>	Tier 2	QL
<i>PEDVAX HIB (haemophilus b polysac conj vac)</i>	Tier 2	
<i>PENTACEL (dtap-ipv-hib vaccine)</i>	Tier 2	QL
PREHEVBRIO	Tier 2	QL
<i>PRIORIX (measles, mumps & rubella vac)</i>	Tier 2	QL
<i>PROQUAD (measles-mumps-rubella-varicell)</i>	Tier 2	QL
<i>QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)</i>	Tier 2	QL
<i>RECOMBIVAX HB (hepatitis b vac recombinant)</i>	Tier 2	QL
<i>ROTATEQ (rotavirus vac live pentavalent)</i>	Tier 2	
<i>SHINGRIX (zoster vac recomb adjuvanted)</i>	Tier 2	QL; AL
<i>TDVAX (tetanus-diphtheria toxoids td)</i>	Tier 2	QL
<i>TENIVAC (tetanus-diphtheria toxoids td)</i>	Tier 2	QL
TETANUS-DIPHTHERIA TOXOIDS TD	Tier 2	QL
<i>TRUMENBA (meningococcal b vac (recomb))</i>	Tier 2	QL
<i>TWINRIX (hepatitis a-hep b recomb vac)</i>	Tier 2	QL
<i>VAQTA (hepatitis a vaccine)</i>	Tier 2	QL
<i>VARIVAX (varicella virus vaccine live)</i>	Tier 2	QL
<i>VAXNEUVANCE (pneumococcal 15-val conj vacc)</i>	Tier 2	QL
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
Vaccines		
<i>AFLURIA QUADRIVALENT (influenza vac split quad)</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>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 (abaloparatide)</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	
ALCOHOL PREP PADS PAD , 70 %	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	
bacitracin external	Tier 1	QL
bacitracin zinc external	Tier 1	QL
bacitracin zinc first aid	Tier 1	QL
bacitracin zinc-aloe	Tier 1	QL
BAYER ASPIRIN ORAL TABLET (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
bisacodyl ec	Tier 1	QL
bisacodyl laxative	Tier 1	QL
bisacodyl oral	Tier 1	QL
bisacodyl rectal	Tier 1	QL
bp wash external liquid 2.5 %	Tier 1	
BREATHE COMFORT HUMIDIFIER (humidifiers)	Tier 2	QL
calamine external lotion	Tier 1	
CALQUENCE (acalabrutinib maleate)	Tier 2	SP; QL
capsaicin external cream 0.025 %, 0.1 %	Tier 1	QL
capsaicin hp	Tier 1	QL
capsaicin pain relief	Tier 1	QL
CAPZASIN-HP (capsaicin)	Tier 2	QL
capzix	Tier 1	QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8"	Tier 2	QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8"	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 PUSH TOUCH (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-CROHNSIUC 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/CHILDIFROG (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
<i>poly bacitracin</i>	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	
<i>scalp relief external liquid 3 %</i>	Tier 1	
<i>sodium sulfacetamide wash</i>	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
<i>sulfacetamide sodium external</i>	Tier 1	
SUNLENCA ORAL (lenacapavir sodium)	Tier 2	QL; AL
<i>sure result sr relief</i>	Tier 1	QL
<i>the magic bullet</i>	Tier 1	QL
TINACTIN EXTERNAL CREAM (tolnaftate)	Tier 2	QL
<i>tinaspore</i>	Tier 1	QL
<i>tm-tolnaftate</i>	Tier 1	QL
<i>tm-tolnaftate lr</i>	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
VAXELIS (dtap-ipv-hib-hepatitis b recmb)	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	
WIDE-SEAL DIAPHRAGM 60 (diaphragm wide seal)	Tier 2	QL
WIDE-SEAL DIAPHRAGM 65 (diaphragm wide seal)	Tier 2	QL
WIDE-SEAL DIAPHRAGM 70 (diaphragm wide seal)	Tier 2	QL
WIDE-SEAL DIAPHRAGM 75 (diaphragm wide seal)	Tier 2	QL
WIDE-SEAL DIAPHRAGM 80 (diaphragm wide seal)	Tier 2	QL
WIDE-SEAL DIAPHRAGM 85 (diaphragm wide seal)	Tier 2	QL
WIDE-SEAL DIAPHRAGM 90 (diaphragm wide seal)	Tier 2	QL
WIDE-SEAL DIAPHRAGM 95 (diaphragm wide seal)	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
ZOSTRIX HP (capsaicin)	Tier 2	QL
Molecular Target Inhibitors - Chemotherapy Agents		
Antineoplastics - Drugs to Treat Cancer		
ALECENSA (alectinib hcl)	Tier 2	PA; SP; QL
ALUNBRIG (brigatinib)	Tier 2	PA; SP; QL
BOSULIF (bosutinib)	Tier 2	PA; SP; QL
BRUKINSA (zanubrutinib)	Tier 2	PA; SP; QL
CABOMETYX (cabozantinib s-malate)	Tier 2	PA; SP; QL
CAPRELSA (vandetanib)	Tier 2	PA; SP; QL
COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate)	Tier 2	PA; SP; QL
COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate)	Tier 2	PA; SP; QL
COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate)	Tier 2	PA; SP; QL
erlotinib hcl	Tier 1	PA; SP; QL
gefitinib	Tier 1	PA; SP; QL
GILOTRIF (afatinib dimaleate)	Tier 2	PA; SP; QL
ICLUSIG ORAL TABLET 15 MG, 45 MG (ponatinib hcl)	Tier 2	PA; SP; QL
imatinib mesylate	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
lapatinib 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 Prostanamide 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
PREDNISOLONE ACETATE P-F	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
PHOSPHOLINE IODIDE (echothiophate iodide)	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
BIOLLE TEARS (carboxymethylcellulose sodium)	Tier 2	
BION TEARS PF (dextran 70-hypromellose)	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
GENTEAL SEVERE (hypromellose)	Tier 2	QL
GENTEAL TEARS MODERATE PF (dextran 70-hypromellose)	Tier 2	
GENTEAL TEARS NIGHT-TIME (white petrolatum-mineral oil)	Tier 2	QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (artificial tear solution)	Tier 2	
GENTEAL TEARS PF (dextran 70-hypromellose)	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>GENTEAL TEARS SEVERE DAY/NIGHT (polyethyl glycol-propyl glycol)</i>	Tier 2	QL
<i>HYPOTEARs (white petrolatum-mineral oil)</i>	Tier 2	QL
<i>lubricant drops fast act</i>	Tier 1	QL
<i>lubricant drops ophthalmic gel 0.25-0.3 %</i>	Tier 1	QL
<i>lubricant drops ophthalmic solution</i>	Tier 1	QL
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Tier 1	QL
<i>lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Tier 1	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %, 0.6 %</i>	Tier 1	QL
<i>lubricant eye drops pf</i>	Tier 1	
<i>lubricant eye nighttime</i>	Tier 1	QL
<i>lubricant eye ophthalmic solution 0.4-0.3 %</i>	Tier 1	QL
<i>lubricant pm</i>	Tier 1	QL
<i>lubricating eye drop</i>	Tier 1	
<i>lubricating eye drops</i>	Tier 1	QL
<i>lubricating eyelovernight</i>	Tier 1	QL
<i>lubricating plus eye drops</i>	Tier 1	
<i>lubricating plus ophthalmic solution 0.5 %</i>	Tier 1	
<i>lubricating tears ophthalmic solution 0.4-0.3 %</i>	Tier 1	QL
<i>lubrifresh p.m.</i>	Tier 1	QL
<i>MURO 128 OPHTHALMIC OINTMENT (sodium chloride hypertonic)</i>	Tier 2	
<i>MURO 128 OPHTHALMIC SOLUTION 5 % (sodium chloride hypertonic)</i>	Tier 2	QL
<i>natural tears pf</i>	Tier 1	
<i>nighttime dry-eye relief</i>	Tier 1	QL
<i>nighttime relief lub eye</i>	Tier 1	QL
<i>polyvinyl alcohol ophthalmic</i>	Tier 1	
<i>pure & gentle lubricant</i>	Tier 1	
<i>REFRESH LACRI-LUBE (white petrolatum-mineral oil)</i>	Tier 2	QL
<i>REFRESH PLUS (carboxymethylcellulose sodium)</i>	Tier 2	
<i>REFRESH TEARS (carboxymethylcellulose sodium)</i>	Tier 2	QL
<i>relief eye drops</i>	Tier 1	QL
<i>restore plus lubricant eye</i>	Tier 1	
<i>restore pm</i>	Tier 1	QL
<i>sod chloride hypertonicity</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>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 reliefindoor/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>cyproheptadine 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 rlf</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/lact 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>elixophyllin</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
BUCKLEYS 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	
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg</i>	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
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i>	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
<i>mucus er oral tablet extended release 12 hour 1200 mg</i>	Tier 1	QL; AL
<i>mucus extended release oral tablet extended release 12 hour 1200 mg</i>	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
<i>mucus relief er oral tablet extended release 12 hour 1200 mg</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>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/ALLERGY 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 reliefnasal 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
<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	Tier 1	AL
<i>tussin multi-symptom cold cf</i>	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		
<i>12hr allergy relief</i>	Tier 1	QL
<i>24hr allergy relief</i>	Tier 1	QL
<i>all day allergy relief oral tablet 10 mg</i>	Tier 1	QL
ALLEGRA ALLERGY (fexofenadine hcl)	Tier 2	QL
ALLEGRA HIVES 24HR (fexofenadine hcl)	Tier 2	QL
<i>allerclear</i>	Tier 1	QL
<i>aller-ease oral tablet 180 mg</i>	Tier 1	QL
<i>aller-fex</i>	Tier 1	QL
<i>allerg rel child (lorat)</i>	Tier 1	QL
<i>allerg relief child (lorat)</i>	Tier 1	QL
<i>allergy 24-hr</i>	Tier 1	QL
<i>allergy childrens oral solution</i>	Tier 1	QL
<i>allergy rel child (loratadine)</i>	Tier 1	QL
<i>allergy relief (loratadine) oral tablet</i>	Tier 1	QL
<i>allergy relief child</i>	Tier 1	QL
<i>allergy relief childrens oral solution 5 mg/5ml</i>	Tier 1	QL
<i>allergy relief oral tablet 10 mg, 180 mg, 60 mg</i>	Tier 1	QL
<i>allergy relief oral tablet dispersible 10 mg</i>	Tier 1	QL
<i>allergy relief indoor/outdoor oral tablet 180 mg</i>	Tier 1	QL
<i>childrens loratadine</i>	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
<i>ed chlorped jr</i>	Tier 1	QL
<i>fexofenadine hcl oral</i>	Tier 1	QL
<i>ft all day allergy relief</i>	Tier 1	QL
<i>ft allergy relief 12 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
<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 mcglact</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>brey-na</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
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact	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 inhub</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		
<i>12 hour decongestant</i>	Tier 1	
<i>12 hour nasal decongestant</i>	Tier 1	
<i>12 hour nasal relief spray</i>	Tier 1	
<i>12 hour nasal spray</i>	Tier 1	
<i>ADVIL COLD/SINUS (pseudoephedrine-ibuprofen)</i>	Tier 2	AL
<i>AFRIN NODRIP ORIGINAL (oxymetazoline hcl)</i>	Tier 2	
<i>ALAVERT ALLERGY/SINUS (loratadine-pseudoephedrine)</i>	Tier 2	QL; AL
<i>allerclear d-12hr</i>	Tier 1	QL; AL
<i>allerclear d-24hr</i>	Tier 1	QL; AL
<i>allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	QL; AL
<i>allergy & congestion relief</i>	Tier 1	QL; AL
<i>allergy nasal mist no drip</i>	Tier 1	
<i>allergy relief d-12</i>	Tier 1	QL; AL
<i>allergy relief d-24</i>	Tier 1	QL; AL
<i>allergy relief nasal decong</i>	Tier 1	QL; AL
<i>allergy reliefnasal decong</i>	Tier 1	QL; AL
<i>allergy reliefnasal decongest oral tablet extended release 24 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>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	QL; AL
<i>allergy relief-d12</i>	Tier 1	QL; AL
<i>allergy/congestion relief</i>	Tier 1	QL; AL
<i>altarussin dm</i>	Tier 1	QL; AL
<i>anefrin spray</i>	Tier 1	
<i>APRODINE (triprolidine-pseudoephedrine)</i>	Tier 2	AL
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL; AL
<i>chest congest/cough child</i>	Tier 1	
<i>chest congestion relief dm oral syrup</i>	Tier 1	QL; AL
<i>childrens cold & allergy</i>	Tier 1	AL
<i>childrens cough</i>	Tier 1	
<i>childrens mucus relief cough</i>	Tier 1	
<i>CLARITIN-D 12 HOUR (loratadine-pseudoephedrine)</i>	Tier 2	QL; AL
<i>CLARITIN-D 24 HOUR (loratadine-pseudoephedrine)</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
<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
DELSYM CGHICHEST CONG DM CHILD (dextromethorphan-guaifenesin)	Tier 2	
DELSYM COUGH CHILDRENS (dextromethorphan polistirex)	Tier 2	QL; AL
DELSYM COUGHICHEST CONGEST DM (dextromethorphan-guaifenesin)	Tier 2	
DELSYM ORAL SUSPENSION EXTENDED RELEASE (dextromethorphan polistirex)	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	
ENDACOF-DM (phenylephrine-bromphen-dm)	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
<i>guaifenesin-codeine</i>	Tier 1	QL; AL
<i>guaifenesin-dm oral syrup</i>	Tier 1	QL; AL
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (sodium chloride)	Tier 2	
<i>ibuprofen cold & sinus</i>	Tier 1	AL
<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	Tier 1	AL
<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	Tier 1	AL
<i>long acting nasal spray</i>	Tier 1	
<i>long lasting nasal spray</i>	Tier 1	
<i>lorata-d</i>	Tier 1	QL; AL
<i>lorata-dine d</i>	Tier 1	QL; AL
<i>loratadine d 12hr</i>	Tier 1	QL; AL
<i>loratadine-d</i>	Tier 1	QL; AL
<i>loratadine-d 12hr</i>	Tier 1	QL; AL
<i>loratadine-d 24hr</i>	Tier 1	QL; AL
<i>maxi-tuss ac</i>	Tier 1	QL; AL
<i>maxi-tuss gmx</i>	Tier 1	AL
<i>meijer allergy relief-d</i>	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	
<i>mucus & cough relief child</i>	Tier 1	
<i>mucus d</i>	Tier 1	AL
<i>mucus d extended release</i>	Tier 1	AL
<i>mucus d max st er</i>	Tier 1	AL
<i>mucus dm</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>mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i>	Tier 1	QL; AL
<i>mucus relief cough childrens</i>	Tier 1	
<i>mucus relief d max strength</i>	Tier 1	AL
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	Tier 1	AL
<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i>	Tier 1	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	Tier 1	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 1	QL; AL
<i>mucus-d</i>	Tier 1	AL
<i>mucus-dm</i>	Tier 1	QL; AL
<i>nasal decongestant 12 hour</i>	Tier 1	
<i>nasal decongestant 12hr</i>	Tier 1	
<i>nasal decongestant max st</i>	Tier 1	QL
<i>nasal decongestant oral tablet 30 mg</i>	Tier 1	QL
<i>nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Tier 1	
<i>nasal decongestant pe oral tablet 30 mg</i>	Tier 1	QL
<i>nasal decongestant spray</i>	Tier 1	
<i>nasal mist nasal solution</i>	Tier 1	
<i>nasal mist no drip</i>	Tier 1	
<i>nasal relief</i>	Tier 1	
<i>nasal spray 12 hour</i>	Tier 1	
<i>nasal spray extra moist</i>	Tier 1	
<i>nasal spray extra moisturizing</i>	Tier 1	
<i>nasal spray nasal solution 0.05 %</i>	Tier 1	
<i>nasal spray no drip</i>	Tier 1	
<i>nasal spray sinus</i>	Tier 1	
<i>nebusal inhalation nebulization solution 3 %</i>	Tier 1	
<i>no drip extra moisturizing</i>	Tier 1	
<i>no drip nasal relief</i>	Tier 1	
<i>no drip nasal spray</i>	Tier 1	
<i>no drip original 12 hours</i>	Tier 1	
<i>promethazine vclcodeine</i>	Tier 1	QL; AL
<i>promethazine-codeine</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>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	
ROBITUSSIN 12 HOUR COUGH (dextromethorphan polistirex)	Tier 2	QL; AL
ROBITUSSIN 12 HOUR COUGH CHILD (dextromethorphan polistirex)	Tier 2	QL; AL
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (dextromethorphan-guaifenesin)	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	
SUDAFED (pseudoephedrine hcl)	Tier 2	QL
SUDAFED SINUS CONGESTION (pseudoephedrine hcl)	Tier 2	QL
SUDAFED SINUS CONGESTION 12HR (pseudoephedrine hcl)	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-unt-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/lex c	Tier 1	QL
childrens chewables/liron	Tier 1	QL
childrens complete oral tablet chewable 18 mg	Tier 1	QL
childrens vitamins/extra c	Tier 1	QL
childrens vitamins/liron	Tier 1	QL
daily multivitamins/liron	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-conlef	Tier 1	QL
k-prime	Tier 1	QL
little ones childrens	Tier 1	QL
lysiplex plus oral tablet	Tier 1	QL
multiple vitamins/liron	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-vitaminliron</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-vitaminliron</i>	Tier 1	QL
<i>one-dailyliron</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 formulaliron</i>	Tier 1	QL
SUPPORT	Tier 2	QL
<i>v-c forte</i>	Tier 1	
<i>vic-forte</i>	Tier 1	
<i>vit close 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 close 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
b6	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	acidophilusll-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
abatine	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 relief indoor/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		decong	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

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

aurovela 24 fe	64	BENADRYL ALLERGY		BPROTECTED PEDIA POLY-	
aurovela fe 1.5/30	64	CHILDRENS	86	VITE	100
aurovela fe 1/20	64	BENADRYL ALLERGY		BPROTECTED PEDIA POLY-	
AUSTEDO	35	ULTRATABS	86	VITE/FE	101
AVAR-E EMOLLIENT	39	benazepril hcl	30	BPROTECTED VITAMIN C....	101
AVAR-E GREEN	39	benazepril-		BREATHE COMFORT	
AVEDANA GLYCERIN		hydrochlorothiazide	32	HUMIDIFIER	75
(ADULT)	58	BENZAC AC WASH	75	breyna	94
aviane	64	BENZNIDAZOLE	20	briellyn	64
AXONA	75	benzonatate	95	BRILINTA	29
AYR	89	benztropine mesylate	21	brimonidine tartrate	82
AYR SALINE NASAL DROPS..	89	BETADINE	10	BRIXADI	7
ayuna	64	betamethasone dipropionate		BRIXADI (WEEKLY)	7
azathioprine	71	36, 37	BROMFED DM	89
azelaic acid	36	betamethasone dipropionate		BRUKINSA	79
azelastine hcl	81, 86	aug	36	BUCKLEYS CHEST	
azithromycin	9	betamethasone valerate	37	CONGESTION	90
azo	61	betatemp childrens	4	budesonide	73, 87
azurette	64	betaxolol hcl	31, 81	bumetanide	32
b complex	46	bethanechol chloride	61	buprenorphine	2
b complex vitamins	46	bexarotene	20	buprenorphine hcl	3
b-1	102	BEXSERO	72	buprenorphine hcl-naloxone	
b6	103	bicalutamide	18	hcl	7
BABY AYR SALINE	89	BIKTARVY	23	bupropion hcl	13
baby basics diaper rash	39	biocel	100	bupropion hcl er (sr)	13
bac	2	BIOLLE TEARS	82	bupropion hcl er (xl)	13
bacitracin	75, 81	BIOLYTE	43	bupirone hcl	25
bacitracin zinc	75	BION TEARS PF	82	butalbital-acetaminophen	2
bacitracin zinc first aid	75	biotinex	53	butalbital-apap-caff-cod	2
bacitracin zinc-aloe	75	bisacodyl	75	butalbital-apap-caffeine	2
bacitracin-polymyxin b	81	bisacodyl ec	75	butalbital-asa-caff-codeine	2
baclofen	22	bisacodyl laxative	75	butalbital-aspirin-caffeine	2
balsalazide disodium	73	bismuth	53	butorphanol tartrate	2
BALVERSA	19	bismuth subsalicylate	53	cabergoline	70
balziva	64	bisoprolol fumarate	31	CABLIVI	29
banophen	86	bisoprolol-		CABOMETYX	79
BAQSIMI ONE PACK	27	hydrochlorothiazide	32	caffeine citrate	35
BAQSIMI TWO PACK	27	blisovi 24 fe	64	cal mag zinc +d3	43
BARACLUDE	23	blisovi fe 1.5/30	64	calamine	40, 75
BAYER ASPIRIN	75	blisovi fe 1/20	64	calamine-zinc oxide	40
BAYER LOW DOSE	75	BONINE	14	calcipotriene	38
baza antifungal	16	BOOSTRIX	72	calcitonin (salmon)	73
b-complex	46	boro-packs	39	calcitriol	38, 73, 74
b-complex with b-12	46	bosentan	89	calcium	101
b-complex/b-12	46	BOSULIF	79	calcium + vitamin d3	43
BD ECLIPSE NEEDLE	75	boudreauxs butt paste	39	calcium 500/vitamin d3	43
BD ULTRA-FINE INSULIN		BOUDREAUXS BUTT PASTE	39	calcium 600	101
SYRINGES	75	bp 10-1	39	calcium 600/vit d/minerals	43
BD ULTRA-FINE PEN		bp wash	75	calcium 600/vitamin d	43
NEEDLES	41, 75	b-plex plus	100	calcium 600/vitamin d-3	43
beauty 360 pure glycerin	39	BPROTECTED PEDIA D-VITE	46	calcium 600+d	43, 101
beauty 360 soothing bath	39	BPROTECTED PEDIA IRON	43	calcium acetate	46
BENADRYL ALLERGY	86				

<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 chewableslex c</i>	101
<i>calcium citrate + d3 maximum</i>	44	CAYA.....	75	<i>childrens chewablesliron</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 wlmagne</i>	44	<i>cefixime</i>	9	<i>childrens mucus relief cough</i>	95
<i>calcium citrate-vit d</i>	44	<i>cefpodoxime proxetil</i>	9	<i>childrens non-aspirin</i>	4
<i>calcium citrate-vitamin d</i>	44	<i>cefprozil</i>	9	<i>childrens silapap</i>	4
<i>calcium fast dissolution</i>	101	<i>cefuroxime axetil</i>	9	<i>childrens soothe</i>	53
<i>calcium high potency</i>	101	<i>celecoxib</i>	1	<i>childrens vitaminslextra c</i>	101
<i>calcium high potency/vitamin d</i>	44	CENTRUM FLAVOR BURST KIDS.....	75	<i>childrens vitaminsliron</i>	101
<i>calcium oyster shell</i>	101	CENTRUM KIDS.....	75	<i>childs non-aspirin</i>	4
<i>calcium plus vitamin d</i>	44	CENTRUM SPECIALIST PRENATAL.....	46	<i>chlordiazepoxide hcl</i>	26
<i>calcium plus vitamin d3</i>	44	<i>cephalexin</i>	9	<i>chlorhexidine gluconate</i>	36
<i>calcium soft chews</i>	101	<i>cerovel</i>	40	<i>chloroquine phosphate</i>	20
<i>calcium/minerals/vitamin d</i>	44	<i>cerovite jr</i>	101	<i>chlorpromazine hcl</i>	22
<i>calcium-magnesium-zinc</i>	44	<i>cetiri-d</i>	92	<i>chlorthalidone</i>	33
<i>cal-gest antacid</i>	53	<i>cetirizine allergy relief</i>	86	<i>chlorzoxazone</i>	100
CALQUENCE.....	75	<i>cetirizine hcl</i>	86	CHOLBAM.....	60
<i>camila</i>	68	<i>cetirizine-pseudoephedrine er</i>	92	<i>cholestyramine</i>	33
<i>camrese</i>	64	<i>charlotte 24 fe</i>	64	<i>cholestyramine light</i>	33
<i>camrese lo</i>	64	<i>chateal eq</i>	64	CHORIONIC	
<i>capecitabine</i>	20	CHEMET.....	46	GONADOTROPIN.....	62
CAPRELSA.....	79	CHEMSTRIP 10 MD.....	41	<i>ciclodan</i>	39
<i>capsaicin</i>	75	CHEMSTRIP 10/SG.....	41	<i>ciclopirox</i>	39
<i>capsaicin hp</i>	75	CHEMSTRIP 2 GP.....	41	<i>cilostazol</i>	29
<i>capsaicin pain relief</i>	75	CHEMSTRIP 5 OB.....	41	CIMDUO.....	24
<i>captopril</i>	30	CHEMSTRIP 7.....	41	<i>cimetidine</i>	50
<i>captopril-hydrochlorothiazide</i>	32	CHEMSTRIP 9.....	41	CIMZIA.....	71
CAPZASIN-HP.....	75	CHEMSTRIP K.....	41	<i>cinacalcet hcl</i>	74
<i>capzix</i>	75	CHEMSTRIP UGK.....	41	CIPRO.....	9
<i>carbamazepine</i>	12	<i>chest congest/cough child</i>	95	<i>ciprofloxacin hcl</i>	9, 81
<i>carbamazepine er</i>	12	<i>chest congestion relief</i>	90	<i>ciprofloxacin-dexamethasone</i>	84
<i>carbidopa-levodopa</i>	21	<i>chest congestion relief child</i>	90	<i>citalopram hydrobromide</i>	13
<i>carbidopa-levodopa er</i>	21	<i>chest congestion relief dm</i>	95	<i>citroma</i>	58
<i>carboxymethylcellulose sodium</i>	82	<i>chewable c</i>	101	CITRUCEL.....	58
CAREPOINT POLY HUB NEEDLE.....	28, 75	<i>chewable c with rose hips</i>	101	<i>claravis</i>	36

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

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

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

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

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

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

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

<i>miconazole nitrate</i>	15, 16	MOTRIN IB.....	2	<i>multi vitamin wld-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 vitaminsliron</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-vitaminliron</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>mili</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>mondoxyne nl</i>	10	<i>childrens</i>	98	<i>nasal decongestant pe max</i>	
MONOJECT HYPODERMIC		<i>mucus relief d</i>	98	<i>st</i>	91
NEEDLE.....	28	<i>mucus relief d max strength</i> ..	98	<i>nasal decongestant spray</i>	98
<i>mono-linyah</i>	66	<i>mucus relief dm</i>	98	<i>nasal four</i>	91
<i>montelukast sodium</i>	87	<i>mucus relief dm max</i>	98	<i>nasal four spray</i>	91
<i>morphine sulfate</i>	3	<i>mucus relief er</i>	90	<i>nasal mist</i>	98
<i>morphine sulfate</i>		<i>mucus relief max st</i>	91	<i>nasal mist no drip</i>	98
<i>(concentrate)</i>	2	<i>mucus relief max strength</i>	91	NASAL MOIST.....	91
<i>morphine sulfate er</i>	2	<i>mucus+chest congestion</i>	91	<i>nasal moisturizing spray</i>	91
MOTEGRITY.....	49	<i>mucus-d</i>	98	<i>nasal relief</i>	98
<i>motion sickness</i>	14	<i>mucus-dm</i>	98	<i>nasal spray</i>	91, 98
<i>motion sickness relief</i>	14	<i>mucus-er</i>	91	<i>nasal spray 12 hour</i>	98
<i>motion-time</i>	14	MULPLETA.....	29	<i>nasal spray extra moist</i>	98
MOTRIN CHILDRENS.....	1	<i>multi vitamin</i>	47		

<i>nasal spray extra moisturizing</i>	98	NICORETTE.....	8	<i>norethin-eth estradiol-fe</i>	67
<i>nasal spray fast acting</i>	91	NICORETTE MINI.....	8	<i>norgestimate-eth estradiol</i>	67
<i>nasal spray no drip</i>	98	NICORETTE STARTER KIT.....	8	<i>norgestimate-ethinyl estradiol triphasic</i>	67
<i>nasal spray saline</i>	91	<i>nicotine</i>	7, 8	<i>norlyroc</i>	69
<i>nasal spray sinus</i>	98	<i>nicotine gum</i>	8	NORPACE CR.....	30
NASALCROM.....	94	<i>nicotine mini</i>	8	<i>nortrel 0.5/35 (28)</i>	67
<i>nateglinide</i>	27	<i>nicotine polacrilex</i>	8	<i>nortrel 1/35 (21)</i>	67
<i>natural daily fiber</i>	58	<i>nicotine polacrilex mini</i>	8	<i>nortrel 1/35 (28)</i>	67
<i>natural fiber</i>	58	<i>nicotine step 1</i>	7	<i>nortrel 7/7/7</i>	67
<i>natural fiber supplement</i>	58	<i>nicotine step 2</i>	7	<i>nortriptyline hcl</i>	14
<i>natural senna laxative</i>	59	<i>nicotine step 3</i>	7	NORVIR.....	25
<i>natural tears pf</i>	83	<i>nicotine transdermal system</i> ...	7	<i>nose drops</i>	91
<i>natural vegetable</i>	58	<i>nifedipine</i>	31	<i>nose drops extstrength</i>	91
<i>natural vegetable laxative</i>	59	<i>nifedipine er</i>	31	NOVAREL.....	63
<i>natura-lax</i>	58	<i>nifedipine er osmotic release</i>	31	NOVAVAX COVID-19 VACCINE.....	73
<i>nausea control</i>	15	<i>nighttime dry-eye relief</i>	83	NOVOLIN 70/30 RELION.....	28
<i>nausea relief</i>	15	<i>nighttime relief lub eye</i>	83	NOVOLIN 70/30 VIAL.....	28
NAYZILAM.....	11	<i>nikki</i>	66	NOVOLIN N RELION.....	28
<i>nebusal</i>	98	<i>nimodipine</i>	31	NOVOLIN N VIAL.....	28
<i>necon 0.5/35 (28)</i>	66	NINLARO.....	18	NOVOLIN R RELION.....	28
NEODOT THERMOMETER.....	78	<i>nitazoxanide</i>	21	NOVOLIN R VIAL.....	28
NEOMULTIVITE.....	47	NITRO-BID.....	34	NOVOLOG FLEXPEN RELION.....	28
<i>neomycin sulfate</i>	8	<i>nitrofurantoin</i>	8	NOVOLOG RELION.....	28
<i>neomycin-bacitracin zn-polymyx</i>	81	<i>nitrofurantoin macrocrystal macrocrystals</i>	8	NUBEQA.....	18
<i>neomycin-polymyxin-dexameth</i>	80	<i>nitroglycerin</i>	34	NUCALA.....	89
<i>neomycin-polymyxin-gramicidin</i>	81	NITYR.....	61	NUEDEXTA.....	35
<i>neomycin-polymyxin-hc</i>	84	NIVA-PLUS.....	48	NU-IRON.....	45
NEONATAL PLUS.....	47	<i>no drip extra moisturizing</i>	98	NULEV.....	78
<i>neo-polycin</i>	81	<i>no drip nasal relief</i>	98	NURTEC.....	17
NEOSPORIN ORIGINAL.....	10	<i>no drip nasal spray</i>	98	NUTRAPLUS.....	40
NEO-SYNEPHRINE COLD/ALLRGY EXT.....	91	<i>no drip original 12 hours</i>	98	<i>nutrifac zx</i>	102
<i>nephro vitamins</i>	47	NOCDURNA.....	62	NUTROPIN AQ NUSPIN 10.....	63
NEPHRO-VITE.....	47	<i>nohist-lq</i>	92	NUTROPIN AQ NUSPIN 20.....	63
NEULASTA.....	29	NOKOR VENTED NEEDLE.....	28	NUTROPIN AQ NUSPIN 5.....	63
NEULASTA ONPRO.....	29	<i>non-aspirin</i>	5	NUZYRA.....	10
NEUTEK 2TEK CONTROL.....	42	<i>non-aspirin 8 hour</i>	5	<i>nyamyc</i>	39
NEUTROGENA OIL-FREE ACNE WASH.....	78	<i>non-aspirin childrens</i>	5	<i>nylia 1/35</i>	67
<i>nevirapine</i>	24	<i>non-aspirin extra strength</i>	5	<i>nylia 7/7/7</i>	67
<i>nevirapine er</i>	24	<i>non-aspirin jr strength</i>	5	NYMALIZE.....	31
<i>new day</i>	69	<i>non-aspirin pain relief</i>	5	<i>nymyo</i>	67
NEWFLORA PROBIOTIC.....	55	<i>non-pseudo sinus decongestant</i>	91	<i>nystatin</i>	15, 39
NEXIUM.....	51	<i>nora-be</i>	69	<i>nystop</i>	39
<i>niacin</i>	48	NORDITROPIN FLEXPEN.....	62	OBSTETRIX DHA.....	48
<i>niacin er</i>	47, 48	<i>norethin ace-eth estrad-fe</i>	66, 67	OBTREX.....	102
<i>niacin er (antihyperlipidemic)</i>	33	<i>norethindrone</i>	69	OCEAN FOR KIDS.....	91
NICODERM CQ.....	7	<i>norethindrone acetate</i>	69	OCEAN NASAL SPRAY.....	91
		<i>norethindrone acet-ethinyl est</i>	67	<i>ocella</i>	67
		<i>norethindron-ethinyl estrad-fe</i>	67	<i>octreotide acetate</i>	70
				OCUVEL.....	102
				ODEFSEY.....	24

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

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

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

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

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
tranylcyromine 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
TRECTOR.....	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-estarylla	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-lynyah	67	tussin dm max daytime	100	VENCLEXTA.....	20
tri-lo-estarylla	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	vigadrone	11
tri-vylibra	68	tussin multi-symptom cold		viorele	68
tri-vylibra lo	68	cf	93	VIRACEPT.....	25
TRIZIVIR.....	24	TWINRIX.....	72	VIREAD.....	24
tropium chloride	61	tyblume	68	VISBIOME HIGH POTENCY...	57
TRUECONTROL GLUCOSE		TYBOST.....	25	VISINE.....	84
CONT LEV 0.....	42	TYLENOL.....	6	vit clrose 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 close 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
VYND AQEL.....	61	zovia 1/35 (28)	68
VYVANSE.....	35	ZUBSOLV.....	7
warfarin sodium	29	zumandimine	68
wart remover	79	ZYDELIG.....	20
wart remover maximum		ZYKADIA.....	20
strength	79	ZYRTEC ALLERGY.....	87
weekly-d	49	ZYRTEC-D ALLERGY &	
wera	68	CONGESTION.....	93
wes-phos 250 neutral	46	ZYRTEC-D ALLERGY &	
WESTAB PLUS.....	49	SINUS.....	93
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		