Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Arizona Medicaid

Effective Date/Vigencia: July 1, 2026

United Healthcare Community Plan

Notice of nondiscrimination

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, UnitedHealthcare Community Plan prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. UnitedHealthcare Community Plan must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that, if necessary, UnitedHealthcare Community Plan must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that UnitedHealthcare Community Plan will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in an alternative format or for further information about this policy please contact UnitedHealthcare Community Plan, **1-800-348-4058,** TTY **711** (ACC/DD members), ALTCS-EPD members please call **1-800-293-3740,** TTY **711.**

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

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

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

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

Complaint forms are available at: **http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at: **https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

Notice of availability of language assistance services and alternate formats

ATTENTION: Language assistance services and communications in other formats, such as large print, are available to you at no cost. Call 1-800-348-4058, TTY 711 (ACC/DD members), ALTCS-EPD members call 1-800-293-3740, TTY 711.

ATENCIÓN: Si habla **español**, **(Spanish)**, tiene acceso a servicios de asistencia lingüística y a materiales en otros formatos, como letra grande, sin costo. Llame al 1-800-348-4058, TTY 711 (para miembros de ACC/DD); los miembros de ALTCS-EPD deben llamar al 1-800-293-3740, TTY 711.

LƯU Ý: Nếu quý vị nói **tiếng Việt (Vietnamese)**, quý vị sẽ nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí và nhận các tài liệu truyền thông miễn phí ở các định dạng khác như chữ in lớn. Gọi số 1-800-348-4058, TTY 711 (dành cho thành viên ACC/DD), thành viên ALTCS-EPD gọi số 1-800-293-3740, TTY 711.

تنبيه: إذا كنت تتحدث **العربية، (Arabic)** فتوجد هناك خدمات مساعدة لغوية ورسائل بتنسيقات أخرى، مثل الطباعة بحروف كبيرة بدون تكبدك أي تكلفة. اتصل على الرقم 1-800-348-4058، الهاتف النصي على الرقم 711 (أعضاء ACC/DD)، اتصل على الرقم 1-800-293-3740، الهاتف النصي على الرقم 711 (أعضاء ALTCS-EPD).

注意：如果您說**中文，(Traditional Chinese)**，則可免費獲得 語言協助服務及其他形式的通訊服務，例如：大字體印刷。請撥打 1-800-348-4058，聽障專線 (TTY)711 (ACC/DD 會員適用), ALTCS-EPD 會員請撥打 1-800-293-3740，聽障專線 (TTY)711

请注意：如果您说**中文**，**(Simplified Chinese)**，我们将为您提供免费的语言协助服务,以及其他格式(如大字体)和辅助工具。请拨打 1-800-348-4058，TTY 711(ACC/DD 成员)，ALTCS-EPD 成员请拨打 1-800-293-3740，TTY 711

توجه: اگر به **فارسی،(Farsi)** صحبت نمی‌کنید، خدمات کمکی زبان و مطالب در قالب‌های دیگر، مانند پرینت درشت، برای شما فراهم است. با شماره 1-800-348-4058، TTY 711 (اعضای ACC/DD) تماس بگیرید. اعضای ALTCS-EPD با شماره TTY: 711، 1-800-293-3740 تماس بگیرند.

참고: 귀하가 **한국어(Korean)**를 구사하시는 경우, 언어 지원 서비스와 다른 형식의 커뮤니케이션(예, 큰 활자체로 된 정보)이 귀하에게 비용 없이 제공됩니다. 1-800-348-4058, TTY 711(ACC/DD 가입자)로 전화하거나, ALTCS-EPD 가입자의 경우 1-800-293-3740, TTY 711로 전화하십시오.

ВНИМАНИЕ: Если Вы говорите **по-русски** (**Russian**), Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например крупным шрифтом. Звоните по телефону 1-800-348-4058, TTY 711 (для членов ACC/DD), для членов ALTCS-EPD звоните по телефону 1-800-293-3740, TTY 711.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali**, (**Somali**), adeegyada kaalmada luqadda iyo adeegyada wada-xiriirka oo ah qaabab kale, sida far waaweyn, ayaad heli kartaa iyagoon wax kharash ah kugu fadhin. Wac 1-800-348-4058, TTY 711 (xubnaha ACC/DD), xubnaha ALTCS-EPD ha wacaan 1-800-293-3740, TTY 711

ATTENTION : Si vous parlez **français** (**French**), des services d'assistance linguistique et des communications dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition gratuitement. Appelez le 1-800-348-4058, TTY 711, si vous êtes membre ACC/DD ou le 1-800-293-3740, TTY 711, si vous êtes membre ALTCS-EPD.

BIGYAN-PANSIN: Kung nagsasalita ka ng **Filipino**, (**Filipino**), ang mga libreng serbisyo na tulong sa wika at komunikasyon sa iba pang mga format, tulad ng malalaking print ay magagamit mo nang walang babayaran. Tumawag sa 1-800-348-4058, TTY 711

(mga miyembro ng ACC/DD), ang mga miyembro ng ALTCS-EPD ay maaaring miyembro tumawag sa 1-800-293-3740, TTY 711.

BAA'!KON&N&ZIN: Din4 (Navajo) bizaad bee y1n7[ti'go, saad bee 1ka'e'eyeed bee 1ka'an7da'awo'7 d00 bee ahi[dahane'7 n11n1 [ahgo 1t'4ego hadadilyaa7g77, d77 nitsaago bee ak'4da'ashch7n7 1t'4h7g77, nich'8' doo b33h 7l'7n7g00 n1 dah0l=. Kohj8' h0lne' 1-800-348-4058, TTY 711 (ACC/DD bi[hada'd7t'4h7), ALTCS-EPD bi[hada'd7t'4h7 kohj8' dahodoolnih 1-800-293-3740, TTY 711.

ATENSYON: Kung nagsasalita ka ng **Tagalog**, (**Tagalog**), may makukuha kang walang bayad na mga serbisyong tulong sa wika at mga komunikasyon sa mga ibang anyo, tulad ng malaking print. Tumawag sa 1-800-348-4058, TTY 711 (mga miyembro ng ACC/DD), ang mga miyembro ng ALTCS-EPD ay tatawag sa 1-800-293-3740, TTY 711

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो भाषाा सहायता सेवाएँ और अन्य प्राारूपों में संचाार, जैसे कि बड़े प्रिंट, आपके लिए बिना किसी लागत के उपलब्ध हैं।1-800-348-4058, TTY 711 (ACC/DD सदस्य) पर कॉल करें, ALTCS-EPD सदस्य 1-800-293-3740, TTY 711 पर कॉल करें

Preferred drug list

Introduction

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

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

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

Notice

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

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

Preface

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

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

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

Pharmacy and therapeutics (P&T) committee

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

Outpatient prescription drug benefit covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/Hydrocortisone Cortisporin

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

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

citalopram 40 mg tabs Celexa tabs

Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

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

The UnitedHealthcare Community Plan MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA’s review and approval process.

An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

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

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

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

Drug efficacy study implementation (DESI) drugs

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

Plan exclusions

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

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

Days supply dispensing limitations

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

A drug surplus edit may also apply. This Drug Utilization Review (DUR) safety measure tracks the total amount of a medication dispensed over a set period to prevent members from accumulating excess medication, especially after early refills. It helps reduce risks such as overuse, misuse, diversion, and waste. The edit is applied prospectively to identify potential stockpiling and limits excess days’ supply within a 365-day period. If the edit applies, the claim will reject with the message: “Surplus Limit 20 has been met/exceeded.”

Mandatory generic substitution

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

Prior authorization of non-PDL medications

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

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

Electronic prior authorizations (ePA) are the preferred method of submission. The links to the electronic prior authorizations can be found at:

Community Plan Pharmacy Prior Authorization for Prescribers | UHCprovider.com

If you are unable to submit an ePA, a current list of prior authorization forms are located at the site listed above. Requests for these exceptions can be faxed or called into the numbers below. Questions concerning the prior authorization process can also be directed to the phone number below.

Fax: 866-940-7328
Phone: 800-310-6826

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

Non-PDL drugs 3-day overrides

To ensure the use of POL drugs, all non-POL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 5-day supply of the newly prescribed non-POL drug.** The pharmacy should submit a claim for a 5-day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 5-day supply, however, availability is subject to the benefit design. For assistance, pharmacies may call **800-310-6826.**

The pharmacy should contact the physician to discuss a POL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at **866-940-7328**.

Quantity limitations (QL)

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

Quantity limits based on efficient medication dosing

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

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

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process. Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **800-310-6826** with questions.

Controlled substances

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

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization. Medications in these classes may also be subject to individual quantity limits.

Specialty pharmaceutical management program

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

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

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

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

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

PDL suggestions

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

Email: pdl_management@uhc.com

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

Editor

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

Email: pdl_management@uhc.com

Legend

Only the dosage forms/strengths of the brand name products noted are on the PDL

OTC	over-the-counter
delayed-rel	delayed-release (also known as enteric coated)
EC	enteric-coated
ext-rel	extended-release (also known as sustained-release)
PA	Prior Authorization required
QL	Quantity Limits apply
ST	Step Therapy, see pages V-VI for details
SP	Specialty Pharmaceuticals, see pages IV-V for details

Notice

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

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

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

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United Healthcare Community Plan

Aviso de no discriminación

Conforme a las disposiciones de los Títulos VI y VII de la Ley de Derechos Civiles de 1964 (Títulos VI y VII), y la Ley para Estadounidenses con Discapacidades (Americans with Disabilities Act, ADA), el artículo 504 de la Ley de Rehabilitación de 1973 y la Ley contra la Discriminación por Edad de 1975, UnitedHealthcare Community Plan prohíbe la discriminación en admisiones, programas, servicios, actividades o empleos por motivos de raza, color, religión, sexo, nacionalidad, edad y discapacidad. UnitedHealthcare Community Plan debe realizar adaptaciones razonables para permitir que una persona con discapacidades participe en un programa, un servicio o una actividad. Las personas con discapacidades también pueden solicitar ayuda o servicios auxiliares. Por ejemplo, esto se refiere a que, en caso de ser necesario, UnitedHealthcare Community Plan deberá proporcionar intérpretes de lenguaje de señas a personas sordas, ubicaciones a las que se pueda acceder en sillas de ruedas o materiales impresos en letra grande. También se refiere a que UnitedHealthcare Community Plan tomará cualquier otra medida razonable que le permita a usted entender y participar en un programa o una actividad, incluso realizará cambios razonables a una actividad. Si cree que no podrá entender ni participar en un programa o una actividad debido a su discapacidad, infórmenos las necesidades relacionadas con su discapacidad por adelantado, si es posible. Para solicitar este documento en un formato alternativo u obtener más información acerca de esta política, comuníquese con: UnitedHealthcare Community Plan, **1-800-348-4058,** TTY **711** (para miembros de ACC/DD), los miembros de ALTCS-EPD deben llamar al **1-800-293-3740,** TTY **711.**

Si considera que no hemos proporcionado estos servicios o hemos discriminado de otro modo por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede enviar un reclamo al coordinador de derechos civiles:

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

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

Si necesita ayuda para presentar un reclamo, llame al número gratuito que figura en su tarjeta de identificación de miembro (TTY **711**).

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU.:

Sitio web:	**https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**
Teléfono:	**1-800-368-1019, 800-537-7697** (TDD)
Correo postal:	U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Los formularios de reclamos están disponibles en **http://www.hhs.gov/ocr/office/file/index.html**.

Este aviso está disponible en: **https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

Aviso de disponibilidad de servicios de asistencia con el idioma y formatos alternativos

ATTENTION: Language assistance services and communications in other formats, such as large print, are available to you at no cost. Call 1-800-348-4058, TTY 711 (ACC/DD members), ALTCS-EPD members call 1-800-293-3740, TTY 711.

ATENCIÓN: Si habla **español**, (**Spanish**), tiene acceso a servicios de asistencia lingüística y a materiales en otros formatos, como letra grande, sin costo. Llame al 1-800-348-4058, TTY 711 (para miembros de ACC/DD); los miembros de ALTCS-EPD deben llamar al 1-800-293-3740, TTY 711.

LƯU Ý: Nếu quý vị nói **tiếng Việt** (**Vietnamese**), quý vị có thể được hỗ trợ ngôn ngữ và nhận thông tin dưới các định dạng khác như bản in cỡ lớn, hoàn toàn miễn phí. Vui lòng gọi 1-800-348-4058, TTY 711 (dành cho thành viên ACC/DD), thành viên ALTCS-EPD vui lòng gọi 1-800-293-3740, TTY 711.

تنبيه: إذا كنت تتحدث **العربية**، (**Arabic**) فتوجد هناك خدمات مساعدة لغوية ورسائل بتنسيقات أخرى، مثل الطباعة بحروف كبيرة بدون تكبدك أي تكلفة. اتصل على الرقم 1-800-348-4058، الهاتف النصي على الرقم 711 (أعضاء ACC/DD)، اتصل على الرقم 1-800-293-3740، الهاتف النصي على الرقم 711 (أعضاء ALTCS-EPD).

注意：如果您說**中文**，(**Traditional Chinese**)，則可免費獲得語言協助服務及其他形式的通訊服務，例如：大字體印刷。請撥打 1-800-348-4058，聽障專線（TTY）711（ACC/DD 會員適用），ALTCS-EPD 會員請撥打 1-800-293-3740，聽障專線（TTY）711

请注意：如果您说**中文**，（**Simplified Chinese**），我们将为您提供免费的语言协助服务,以及其他格式(如大字体)和辅助工具。请拨打 1-800-348-4058，TTY 711（ACC/DD 成员），ALTCS-EPD 成员请拨打 1-800-293-3740，TTY 711

توجه: اگر به **فارسی**، (**Farsi**) صحبت نمی‌کنید، خدمات کمکی زبان و مطالب در قالب‌های دیگر، مانند پرینت درشت، برای شما فراهم است. با شماره 1-800-348-4058، TTY 711 (اعضای ACC/DD) تماس بگیرید. اعضای ALTCS-EPD با شماره 1-800-293-3740، TTY: 711 تماس بگیرند.

참고: 귀하가 **한국어**(**Korean**)를 구사하시는 경우, 언어 지원 서비스와 다른 형식의 커뮤니케이션(예, 큰 활자체로 된 정보)이 귀하에게 비용 없이 제공됩니다. 1-800-348-4058, TTY 711(ACC/DD 가입자)로 전화하거나, ALTCS-EPD 가입자의 경우 1-800-293-3740, TTY 711로 전화하십시오.

ВНИМАНИЕ: Если Вы говорите **по-русски** (**Russian**), Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например крупным шрифтом. Звоните по телефону 1-800-348-4058, TTY 711 (для членов ACC/DD), для членов ALTCS-EPD звоните по телефону 1-800-293-3740, TTY 711.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali**, (**Somali**), adeegyada kaalmada luqadda iyo adeegyada wada-xiriirka oo ah qaabab kale, sida far waaweyn, ayaad heli kartaa iyagoon wax kharash ah kugu fadhin. Wac 1-800-348-4058, TTY 711 (xubnaha ACC/DD), xubnaha ALTCS-EPD ha wacaan 1-800-293-3740, TTY 711

ATTENTION : Si vous parlez **français** (**French**), des services d'assistance linguistique et des communications dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition gratuitement. Appelez le 1-800-348-4058, TTY 711, si vous êtes membre ACC/DD ou le 1-800-293-3740, TTY 711, si vous êtes membre ALTCS-EPD.

BIGYAN-PANSIN: Kung nagsasalita ka ng **Filipino**, (**Filipino**), ang mga libreng serbisyo na tulong sa wika at komunikasyon sa iba pang mga format, tulad ng malalaking print ay magagamit mo nang walang babayaran. Tumawag sa 1-800-348-4058, TTY 711 (mga miyembro ng ACC/DD), ang mga miyembro ng ALTCS-EPD ay maaaring miyembro tumawag sa 1-800-293-3740, TTY 711.

BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníłti'go, saad bee áka'e'eyeed bee áka'anída'awo'í dóó bee ahił dahane'í náánáł łahgo át'éego hadadilyaaígíí, díí nitsaago bee ak'éda'ashchíní át'éhígíí, nich'į' doo bąąh íl'íníígóó ná dahólǫ. Kohjį' hólne' 1-800-348-4058, TTY 711 (ACC/DD bił hada'dít'éhí), ALTCS-EPD bił hada'dít'éhí kohjį' dahodoolnih 1-800-293-3740, TTY 711.

ATENSYON: Kung nagsasalita ka ng **Tagalog**, (**Tagalog**), may makukuha kang walang bayad na mga serbisyong tulong sa wika at mga komunikasyon sa mga ibang anyo, tulad ng malaking print. Tumawag sa 1-800-348-4058, TTY 711 (mga miyembro ng ACC/DD), ang mga miyembro ng ALTCS-EPD ay tatawag sa 1-800-293-3740, TTY 711

ध्यान दें: यदि आप **हिंदी** (**Hindi**) बोलते हैं, तो भाषा सहायता सेवाएँ और अन्य प्रारूपों में संचार, जैसे कि बड़े प्रिंट, आपके लिए बिना किसी लागत के उपलब्ध हैं। (ACC/DD सदस्य) 1-800-348-4058, TTY 711 पर कॉल करें, ALTCS-EPD सदस्य 1-800-293-3740, TTY 711 पर कॉल करें

Preferred drug list

Introducción

UnitedHealthcare Community Plan se complace en ofrecer esta Lista de medicamentos preferidos (Preferred Drug List, PDL) que se utilizará al realizar recetas para los pacientes que tienen cobertura del plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Los medicamentos incluidos en esta PDL tienen como finalidad ofrecer opciones suficientes para tratar a los pacientes que necesitan tratamiento con un medicamento de dicha clase farmacológica o terapéutica. Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan han sido revisados y aprobados por el Comité de Farmacia y Terapéutica. Los medicamentos se han seleccionado para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estas instancias poco frecuentes, los medicamentos que no estén incluidos pueden ser requeridos a través del proceso de autorización previa.

Los medicamentos representados han sido revisados por el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y están aprobados para su inclusión. La PDL refleja la práctica médica actual desde la fecha de la revisión.

Esta edición incorpora medicamentos agregados a la PDL desde la última edición así como numerosas revisiones para la información de prescripción basada en los cambios en la farmacoterapia. También se han incorporado comentarios y sugerencias de médicos practicantes para garantizar que la PDL de UnitedHealthcare Community Plan refleje la práctica médica actual.

Aviso

La información incluida en esta PDL y sus apéndices es provista por UnitedHealthcare Community Plan, exclusivamente para la comodidad de los proveedores médicos. UnitedHealthcare Community Plan no garantiza ni asegura la precisión de dicha información ni pretende ser integral por naturaleza.

Esta PDL no tiene la finalidad de sustituir el conocimiento, la pericia, las habilidades ni el criterio del proveedor médico en su elección de medicamentos recetados.

UnitedHealthcare Community Plan no asume ninguna responsabilidad por las acciones u omisiones de los proveedores médicos sobre la base de la confianza, total o parcial, de la información incluida aquí. El proveedor médico debe consultar la información del producto del fabricante del medicamento o las referencias estándar para obtener información detallada.

Prólogo

La PDL de UnitedHealthcare Community Plan está organizada por secciones. Cada sección incluye grupos terapéuticos identificados por una clase de medicamento o estado de la enfermedad.

Los productos están enumerados por nombre genérico. Las marcas están incluidas como una referencia para ayudarlo a reconocer el producto. A menos que se incluyan excepciones, por lo general todas las formas de dosificación y concentraciones aplicables del medicamento citado están incluidas en la PDL. Los medicamentos genéricos deben ser considerados como medicamentos recetados de primera línea.

La PDL de UnitedHealthcare Community Plan cubre algunos productos de venta libre (over-the counter,OTC). Lo alentamos a que recete medicamento OTC cuando sea clínicamente apropiado.

Comité de farmacia y terapéutica (P&T)

El Comité de P&T incluye médicos y farmacéuticos que no son empleados ni agentes de UnitedHealthcare Community Plan o sus afiliadas. Deben respetar los estándares de la Política sobre ética del Comité de P&T. Los directores médicos de UnitedHealthcare Community Plan y los farmacéuticos también participan en el Comité de P&T. El Comité de P&T se reúne trimestralmente para analizar diversos temas. Los temas pertinentes a la selección farmacéutica y la administración del programa de farmacia se comunican trimestralmente. Este boletín informativo se distribuye a todos los médicos participantes que hayan recibido la PDL. Las decisiones de PDL también son comunicadas trimestralmente en el sitio de Internet de UnitedHealthcare Community Plan.

Beneficio de medicamentos recetados para pacientes ambulatorios - medicamentos cubiertos

Los medicamentos recetados para pacientes ambulatorios médicamente necesarios están cubiertos cuando son recetados por un proveedor autorizado para recetar medicamentos o fármacos con leyenda federales. Algunos artículos solo se cubren con autorización previa. La elegibilidad para los beneficios de medicamentos recetados para pacientes ambulatorios se basa en el plan de beneficios del miembro individual.

Criterios de selección de productos

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

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

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

Toda la información que se incluye en la PDL se proporciona como referencia para la selección de tratamientos con medicamentos. La selección de medicamentos específicos para un paciente individual la realiza exclusivamente el profesional autorizado para recetar medicamentos.

Descripciones de los productos incluidos en la PDL

A fin de brindar ayuda para entender qué concentraciones específicas y formas de dosificación están cubiertas en la PDL, a continuación se incluyen ejemplos: Los principios generales que se muestran en los ejemplos generalmente luego pueden extenderse a otras entradas del libro. Las excepciones se indican en la lista de medicamentos. También puede haber una declaración relacionada con una lista de medicamentos que ofrece información adicional acerca de cuáles son los productos específicos o formas de dosificación que se cubren.

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

carvedilol Coreg

Todas las concentraciones de Coreg estarían cubiertas según esta lista.

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

diltiazem sustained release Cardizem SR

Las formas de dosificación cubiertas serán consistentes con la categoría y el uso en los casos que se incluyan en la lista.

Neomicina/polimixina B/Hidrocortisona Cortisporin

Según lo enumerado en la sección de productos ÓTICOS, se limita a la solución y suspensión ótica. En esta entrada, no puede suponerse que la solución oftálmica, el ungüento y la crema tópica estén incluidos en la lista a menos que existan entradas para estos productos en las secciones de productos OFTÁLMICOS y DERMATOLÓGICOS de la PDL.

En los casos en que se especifique la concentración y la forma de dosificación, solo la concentración especificada y la forma de dosificación se encuentran incluidas en la PDL. Otras concentraciones o formas de dosificación del producto de referencia no son.

los comprimidos de citalopram 40mg Celexa tabs

Niveles de drogas

Los medicamentos enumerados en la PDL tienen niveles diferentes. Los niveles se enumeran en la tabla a continuación.

Nombre del nivel	Nivel del medicamento
Nivel 1	Genérico
Nivel 2	De marca

Sustitución por genéricos

La PDL de UnitedHealthcare Community Plan **requiere** la sustitución por genéricos en la mayoría de los productos cuando se encuentra disponible un equivalente del medicamento genérico.

La sustitución por genéricos es una medida que toma la farmacia en los casos en que un equivalente de genérico se dispense en lugar del producto de marca. El PDL indica la disponibilidad de genéricos en la columna de “Medicamentos cubiertos”.

Si un medicamento de marca es médicamente necesario, por favor envíe una solicitud de autorización previa.

La lista del Consejo de Apelaciones de Medicare (Medicare Appeals Council, MAC) de UnitedHealthcare Community Plan establece un precio máximo para el reembolso de ciertos medicamentos recetados de múltiples fuentes. Este precio por lo general cubrirá la adquisición de la mayoría de los medicamentos genéricos pero no las versiones de marca del mismo medicamento.

Los productos seleccionados para su inclusión en la lista del MAC son recetados y dispensados comúnmente, y por lo general han pasado por el proceso de revisión y aprobación de la Administración de Alimentos y Medicamentos (FDA).

Una consideración importante para la sustitución por genéricos es el conocimiento de que todas las aprobaciones de medicamentos genéricos por parte de la FDA desde el año 1984, y muchas aprobaciones de medicamentos genéricos antes de este año, demuestran una equivalencia biológica entre las versiones genéricas y el producto de marca de referencia. Para obtener la aprobación de la FDA:

1. El medicamento genérico debe incluir los mismos ingredientes activos y tener la misma concentración y forma de dosificación que el producto de marca.
2. La FDA ha otorgado a los medicamentos genéricos la calificación "A" en comparación con los productos de marca que indican la equivalencia biológica; además, ha determinado que, desde el punto de vista terapéutico, el medicamento genérico es equivalente al medicamento de marca. Las calificaciones de los medicamentos genéricos están disponibles al consultar la referencia de la FDA, Productos farmacéuticos aprobados con evaluaciones de equivalencia terapéutica (Libro naranja)

En los casos en que se cumpla con los dos criterios mencionados, un medicamento genérico puede sustituirse con la total expectativa de que el producto sustituido producirá el mismo efecto clínico y tendrá el mismo perfil de seguridad que el producto recetado. Los productos farmacéuticos que tengan un índice terapéutico estrecho (NTI) también pueden ser guiados por estos principios.

No es necesario que el proveedor de atención médica se aproxime a cualquier clase terapéutica de los productos farmacéuticos (por ejemplo, medicamentos con NTI) de forma diferente a la de cualquier otra clase, cuando la FDA ha determinado la equivalencia terapéutica de los productos farmacéuticos en cuestión. Además, no es necesario que los médicos realicen pruebas clínicas o exámenes adicionales cuando un producto farmacológico genérico equivalente desde el punto de vista terapéutico se sustituye por el producto de marca.

Actualmente, hay muchos productos de marca que cuentan con un envase nuevo o son distribuidos con etiquetas de medicamento genérico. La versión con etiqueta de medicamento genérico siempre debe considerarse como un equivalente desde el punto de vista terapéutico y sustituible por el producto de marca original.

Medicamentos del programa implementación del estudio sobre eficacia de medicamentos (DESI)

Los medicamentos que se comercializaron por primera vez entre 1938 y 1962 fueron aprobados por ser seguros pero no requerían demostración de eficacia para la aprobación de la FDA. A partir de 1962, todos los medicamentos nuevos debían ser seguros y eficaces antes de que pudieran ser comercializados. Esta legislación también se aplicó de forma retroactiva a todos los medicamentos aprobados por su seguridad entre los años 1938 y 1962. El programa DESI fue establecido por la FDA para revisar la eficacia de estos medicamentos anteriores a 1962 para las indicaciones de sus etiquetas, y se realizó una determinación de eficacia total para la mayoría de estos productos, y permanecen en el mercado. Unos pocos productos del programa DESI permanecen clasificados como "menos que totalmente eficaces" mientras se espera la disposición administrativa final.

Exclusiones del plan

Las siguientes categorias de medicamentos estan excluidas de la cobertura conforme al beneficio de farmacia para pacientes ambulatories y no son parte de la POL de UnitedHealthcare Community Plan.

- Medicamentos del programa DESI
- Agentes contra la obesidad
- Medicamentos experimentales o en investigaci6n
- Medicamentos usados para fines cosmeticos
- Agentes de vacunaci6n
- Suplementos nutricionales/dieteticos
- Productos de sangre o plasma sanguineo
- Medicamentos usados para promover la fertilidad
- Agentes usados para la disfunci6n erectil
- Agentes usados con fines cosmeticos para el crecimiento del cabello
- Medicamentos de fabricantes que no participan en el Programa de descuentos en medicamentos de Medicaid de FFS
- Productos de diagn6stico
- Suministros medicos y equipo medico duradero (durable medical equipment, DME) excepto segun se menciona: jeringas, agujas, lancetas, toallitas con alcohol,

Limitaciones en la provision de suministros de días

Los miembros de UnitedHealthcare Community Plan pueden recibir un suministro de hasta un mes de un medicamento específico por cada pedido de medicamentos con receta o resurtido de medicamentos con receta. Se puede volver a pedir o resurtir un medicamento cuando se haya utilizado el noventa por ciento (90%) del medicamento en el caso de una sustancia controlada y el ochenta y cinco por ciento (85%) del medicamento en el caso de una sustancia no controlada. Si se presenta un reclamo antes de que se haya utilizado el 90% del medicamento en el caso de una sustancia controlada, o antes de que se haya utilizado el 85% del medicamento en el caso de una sustancia no controlada, según el suministro diario original presentado en el reclamo, el reclamo se rechazará con el mensaje “resurtido demasiado pronto”.

También se puede aplicar un ajuste por excedente de medicamento. Esta medida de seguridad de la Revisión de la Utilización de Medicamentos (Drug Utilization Review, DUR) realiza un seguimiento de la cantidad total de un medicamento dispensado durante un período determinado para evitar que los miembros acumulen un exceso de medicamentos, especialmente después de los primeros resurtidos. Ayuda a reducir riesgos como el uso excesivo, el uso indebido, el desvío y el desperdicio. El ajuste se aplica de forma prospectiva para identificar posibles acaparamientos y limita el exceso de días de suministro en un período de 365 días. Si se aplica el ajuste, el reclamo se rechazará con el mensaje: “Se ha alcanzado o superado el límite de excedente de 20”.

Sustitucion por genericos obligatoria

La POL de UnitedHealthcare Community Plan POL requiere de la sustituci6n por genericos obligatoria en gran parte de los productos cuando se encuentra disponible un equivalente generico; no obstante, los medicamentos de marca pueden estar cubiertos en determinadas situaciones al solicitar una autorizaci6n previa. La lista de autorizaci6n previa (PA) de la POL de UnitedHealthcare Community Plan no incluye articulos de marca en los cases en que el equivalente generico esta cubierto.

Autorizacion previa de medicamentos no incluidos en la PDL

Los medicamentos incluidos en la Lista de Medicamentos Preferidos (Preferred Drug List, PDL) de UnitedHealthcare Community Plan se han elegido para proporcionar los medicamentos clínicamente más adecuados y eficientes en costo a los pacientes que reciben su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que podría haber ocasiones en las que se desee utilizar un medicamento no incluido en la lista para el tratamiento médico adecuado de un paciente específico. En esos casos poco frecuentes, el proceso de preautorización revisa las solicitudes de medicamentos no incluidos en la lista que el médico pueda considerar médicamente necesarios para el tratamiento del paciente.

Se solicita a los médicos que se atengan a esta Lista de Medicamentos Preferidos cuando receten medicamentos a los pacientes cubiertos por el plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Si un farmacéutico recibe una receta para un medicamento no incluido en la Lista de Medicamentos Preferidos, el farmacéutico deberá

comunicarse con el médico que receta y solicitarle que cambie la receta por un medicamento incluido en dicha Lista. Si la alternativa que figura en la Lista de Medicamentos Preferidos no es adecuada, se deberá indicar al médico que se comunique con el Departamento de Preautorizaciones.

El método preferido de presentación son las preautorizaciones electrónicas (electronic prior authorizations, ePA). Los enlaces a las preautorizaciones electrónicas se pueden encontrar en:

“Community Plan Pharmacy Prior Authorization for Prescribers” (Preautorización de farmacia de Community Plan para profesionales que recetan) | UHCprovider.com

Si no puede presentar una preautorización electrónica, encontrará una lista actual de formularios de preautorización en el sitio web indicado anteriormente. Las solicitudes de estas excepciones se pueden enviar por fax o llamar por teléfono a los números que se indican a continuación. Las preguntas concernientes al proceso de preautorización también se pueden dirigir al número de teléfono que se indica a continuación.

Fax: 866-940-7328Teléfono: 800-310-6826
Se debe proporcionar la documentación adecuada para respaldar la necesidad médica de la solicitud de medicamentos que no están en la Lista de Medicamentos Preferidos. El Departamento de Farmacia de UnitedHealthcare Community Plan responderá a todas las solicitudes según los requisitos estatales.

En el manual de proveedores de UnitedHealthcare Community Plan se encuentra disponible un formulario de solicitud de autorización previa y, si es posible, debe utilizarse para todas las solicitudes de autorización previa. La documentación correspondiente debe proporcionarse para respaldar la necesidad médica de la solicitud de medicamentos no incluidos en la PDL. El Servicio de Farmacia de UnitedHealthcare responderá a todas las solicitudes de acuerdo con los requisitos del estado.

Los médicos deben respetar esta PDL al realizar recetas para los pacientes que tienen cobertura mediante su plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Si un farmacéutico recibe una receta para un medicamento que no está incluido en la PDL, debe comunicarse con el médico que realizó la receta y solicitarle que cambie el medicamento por uno que esté incluido en la PDL. Si una alternativa de la PDL no es adecuada, debe indicarse al médico que se comunique con el plan para solicitar una autorización previa.

Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **800-310-6826** si tiene preguntas relacionadas con el proceso de autorización previa.

Sustituciones de suministros temporales de 5 días de medicamentos que no están incluidos en la PDL

Para garantizar el uso de medicamentos incluidos en la PDL, debe consultar al médico que realiza la receta acerca de todos los medicamentos que no están incluidos en la PDL. **Si no puede hablar con el médico de inmediato y necesita el medicamento de forma urgente, el sistema de procesamiento de reclamaciones aceptará una sustitución para permitir una provisión por única vez de un suministro de 5 días del medicamento recientemente recetado que no está incluido en la PDL.** La farmacia debe enviar una reclamación para un suministro de 5 días, con el xvii tipo 8 de PA y el número de autorización previa “00000000120”. Tenga en cuenta que los medicamentos no preferidos están disponibles para un suministro de 5 días, no obstante, la disponibilidad está sujeta al esquema de beneficios. Para obtener ayuda, las farmacias pueden llamar al **800-310-6826**.

La farmacia debe comunicarse con el médico para analizar el medicamento de la PDL o si se justifica la solicitud de una autorización previa. Si el médico que realiza la receta considera que un medicamento es médicamente necesario, el médico puede enviar por fax una solicitud de autorización previa a UnitedHealthcare Community Plan al **866-940-7328.**

Limitaciones de cantidad (QL)

Las recetas para cantidades mensuales que superen el límite indicado requieren de una solicitud de autorización previa.

Límites de cantidad basados en la dosificación de medicamentos eficaces
El Programa de dosificación de medicamentos eficaces está diseñado para consolidar la dosificación del medicamento a la cantidad diaria más eficaz, para aumentar el seguimiento del tratamiento y también promover el uso eficaz del dinero invertido en la atención médica.

Los límites del programa se establecen conforme a la aprobación de la FDA en cuanto a la dosificación y la disponibilidad de la dosis diaria total con la menor cantidad de comprimidos o cápsulas diarias.

Los límites de cantidad en el sistema de procesamiento de reclamaciones de recetas limitará la provisión para consolidar la dosificación. El sistema de procesamiento de reclamaciones de farmacia indicará al farmacéutico que solicite un nuevo pedido de receta del médico.

Las adiciones a la lista de medicamentos del programa de nivel de cantidad (QL) se realizarán de vez en cuando y se notificará a los proveedores al respecto. Como siempre, reconocemos que deben tenerse en cuenta diversas variables específicas del paciente cuando se indica un tratamiento con medicamentos y, por consiguiente, las sustituciones estarán disponibles a través del proceso de excepción médica (PA). Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **800-310-6826** si tiene preguntas.

Sustancias controladas
Puede surtirse con cualquiera de los CUATRO medicamentos de las siguientes clases en un período de 30 días:

- agentes sedantes hipnóticos
- barbitúricos
- algunos relajantes musculares

Los surtidos adicionales requieren de autorización previa. Los medicamentos de estas clases también pueden estar sujetos a los límites de cantidad individuales.

Programa de administración de productos farmacéuticos especiales

UnitedHealthcare Community Plan busca continuamente formas de ofrecer una atención asequible de alta calidad para los miembros del plan. El Programa de administración de productos farmacéuticos especiales ayuda a UnitedHealthcare Community Plan a lograr estos objetivos.

Los medicamentos inyectables que forman parte de este programa requieren de la autorización del plan y no están disponibles a través de la red de farmacias minoristas.

Para obtener la autorización, el proveedor debe enviar por fax el formulario de autorización previa correspondiente al Departamento de Farmacia de UnitedHealthcare Community Plan al **866-940-7328.**

El Servicio de Farmacia de UnitedHealthcare revisará y responderá a todas las solicitudes de acuerdo con los requisitos del estado, y si se autoriza el pago, UnitedHealthcare Community Plan coordinará la entrega del producto al miembro o proveedor.

Los medicamentos que forman parte de este programa y están incluidos en la PDL están identificados en este folleto mediante la designación “SP”.

Los formularios de solicitud de autorización previa pueden solicitarse llamando al Departamento de Farmacia de UnitedHealthcare Community Plan al **800-310-6826.**

Sugerencias sobre la PDL

Los proveedores que deseen hacer sugerencias con respecto al PDL deben enviar la información por correo electrónico al Director de Servicios de Farmacia de UnitedHealthcare Community Plan.

Email: pdl_management@uhc.com

Los proveedores deben proporcionar la documentación adecuada, como los estudios clínicos de la literatura médica, para que la solicitud sea considerada para la inclusión en la PDL. Esta literatura debe incluir información que documente la necesidad clínica así como las ventajas terapéuticas por sobre los productos actuales incluidos en la PDL. Las sugerencias recibidas por UnitedHealthcare Community Plan serán revisadas por el Comité de Farmacia y Terapéutica en la reunión subsiguiente del comité.

Editor

Se alienta a que realice sus comentarios y sugerencias relacionados con la PDL de UnitedHealthcare Community Plan. Su comentario es muy importante para el éxito continuo de la PDL. Todas las respuestas serán revisadas y tomadas en cuenta. Envíe sus comentarios a:

Email: pdl_management@uhc.com

Leyenda

#	Solo las concentraciones o formas de dosificación de los productos de marca indicados están incluidas en la PDL.
OTC	de venta libre
delayed-rel	liberación ret liberación retardada (también conocido como recubrimiento entérico)
EC	recubrimiento entérico
ext-rel	liberación prolongada (también conocida como liberación sostenida)
PA	Autorización previa requerida
QL	Se aplican límites de cantidad
ST	Terapia escalonada, ver páginas xviii - xx para obtener detalles
SP	Productos farmacéuticos especiales, ver página xvii para obtener detalles

Aviso

La información incluida en este documento es privada. La información no puede ser copiada total o parcialmente sin el permiso escrito de UnitedHealthcare Community Plan. Todos los derechos reservados.

Los nombres de los medicamentos incluidos aquí son marcas comerciales registradas y no registradas de compañías farmacéuticas de terceros no relacionadas ni afiliadas a UnitedHealthcare Community Plan. Estas marcas comerciales registradas se incluyen aquí con fines informativos solamente y no tienen la finalidad de denotar ni sugerir afiliación entre Evercare y dichas compañías farmacéuticas de terceros.

Si ve esta PDL por Internet, tenga en cuenta que la misma se actualiza periódicamente y es posible que se incluyan cambios antes de la fecha de vigencia para permitir su notificación.

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United Healthcare Community Plan

Arizona Medicaid

Table of Contents

Preferred Agents	Non-Preferred Agents
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Preferred Agents	Non-Preferred Agents
2nd Generation/Atypical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
ABILIFY ASIMTUFII - Tier 2; PA; *; QL; AL	*aripiprazole solution 1 mg/ml oral - Tier 1; PA; *; QL; AL*
ABILIFY MAINTENA - Tier 2; ST; *; QL; AL	CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG - Tier 2; DX2RX; QL; AL
*aripiprazole oral tablet (generic for ABILIFY) - Tier 1; *; QL; AL*	CAPLYTA ORAL CAPSULE 42 MG - Tier 2; DX2RX; QL
*aripiprazole solution 1 mg/ml oral - Tier 1; *; QL; AL*	FANAPT - Tier 2; DX2RX; QL; AL
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ARISTADA INITIO - Tier 2; PA; *; QL; AL	*INVEGA (brand for paliperidone er) - Tier 2; DX2RX; QL; AL*
*clozapine oral tablet dispersible - Tier 1; PA; *; QL; AL*	*LATUDA (brand for lurasidone hcl) - Tier 2; PA; *; QL; AL*
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INVEGA TRINZA - Tier 2; PA; *; QL; AL	
*lurasidone hcl (generic for LATUDA) - Tier 1; *; QL; AL*	
*olanzapine oral (generic for ZYPREXA) - Tier 1; *; QL; AL*	
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*quetiapine fumarate oral tablet 150 mg - Tier 1; *; QL; AL*	
*quetiapine fumarate tablet 100 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL*	*RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG (brand for risperidone) - Tier 2; PA; *; QL; AL*
*quetiapine fumarate tablet 200 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL*	*RISPERDAL ORAL TABLET 4 MG (brand for risperidone) - Tier 2; DX2RX; *; QL; AL*

Preferred Agents	Non-Preferred Agents
*quetiapine fumarate tablet 25 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 300 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 400 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 50 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; PA; ST; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; PA; ST; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; PA; ST; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; *; QL; AL* *RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR (brand for risperidone microspheres er) - Tier 2; PA; ST; *; QL; AL* *risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; *; QL; AL* *risperidone oral tablet dispersible - Tier 1; *; QL; AL*	*risperidone solution 1 mg/ml oral (generic for RISPERDAL) - Tier 1; PA; Members >= 8 years of age will require PA||Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider; *; QL; AL* *SAPHRIS (brand for asenapine maleate) - Tier 2; DX2RX; QL; AL* *SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; *; QL; AL* *SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG (brand for quetiapine fumarate er) - Tier 2; DX2RX; QL; AL* VERSACLOZ - Tier 2; DX2RX; QL; AL VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG - Tier 2; DX2RX; QL *ZYPREXA ORAL TABLET 20 MG (brand for olanzapine) - Tier 2; PA; *; QL; AL*

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
*risperidone solution 1 mg/ml oral (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA||Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider; *; QL; AL* *risperidone tablet 0.25 mg oral - Tier 1; PA; *; QL; AL* *risperidone tablet 0.5 mg oral (generic for RISPERDAL) - Tier 1; PA; *; QL; AL* *risperidone tablet 1 mg oral (generic for RISPERDAL) - Tier 1; PA; *; QL; AL* *risperidone tablet 2 mg oral (generic for RISPERDAL) - Tier 1; PA; *; QL; AL* *risperidone tablet 3 mg oral (generic for RISPERDAL) - Tier 1; PA; *; QL; AL* *risperidone tablet 4 mg oral (generic for RISPERDAL) - Tier 1; DX2RX; *; QL; AL* UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; *; QL; AL *ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; *; QL; AL*	

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Preferred Agents	Non-Preferred Agents
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
acamprosate calcium - Tier 1; QL *disulfiram oral tablet 250 mg - Tier 1; QL* *disulfiram oral tablet 500 mg - Tier 1* VIVITROL - Tier 2; QL	
Alkylating Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
cyclophosphamide oral capsule - Tier 1 CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 MATULANE - Tier 2; SP *temozolomide oral capsule 100 mg - Tier 1; PA; SP* *temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL*	
Alpha-adrenergic Agonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg - Tier 1; QL; AL* *guanfacine hcl - Tier 1; QL; AL* *methyldopa - Tier 1; QL* *midodrine hcl - Tier 1; QL*	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL *prazosin hcl oral - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Aminoglycosides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
gentamicin sulfate external - Tier 1; QL *neomycin sulfate oral - Tier 1; QL* TOBRADEX - Tier 2; QL	
Aminosalicylates - Inflammatory Bowel Disease Drugs	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL *mesalamine oral capsule delayed release 400 mg - Tier 1; QL* *mesalamine rectal suppository (generic for CANASA) - Tier 1; QL* *mesalamine tablet delayed release 1.2 gm oral (generic for LIALDA) - Tier 1; QL* *PENTASA (brand for mesalamine er) - Tier 2; QL*	*APRISO (brand for mesalamine er) - Tier 2; PA; QL* DIPENTUM - Tier 2; PA; QL *LIALDA (brand for mesalamine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Analgesics - Miscellaneous Analgesics	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL *8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen childrens oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen childrens oral solution - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL *arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL* *arthritis pain relieving - Tier 1; QL* *aspirin-acetaminophen-caffeine (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *bac (butalbital-acetamin-caff) (generic for BAC (BUTALBITAL-ACETAMIN-CAFF)) - Tier 1; QL* *betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL* *butalbital-apap-caffeine oral tablet (generic for BAC (BUTALBITAL-ACETAMIN-CAFF)) - Tier 1; QL* *butalbital-aspirin-caffeine - Tier 1; QL* *capsaicin cream 0.025 % external (generic for DERMACINRX PENETRAL) - Tier 1; QL* *capsaicin external cream 0.075 % - Tier 1; QL* *capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL* *capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL* *capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL* CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL *capzix (generic for CAPZASIN-HP) - Tier 1; QL* *childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL* *childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL* *childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *CURANOL (brand for acetaminophen) - Tier 2; QL* *ed-apap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *EXCEDRIN EXTRA STRENGTH (brand for aspirin-acetaminophen-caffeine) - Tier 2* *EXCEDRIN MIGRAINE (brand for aspirin-acetaminophen-caffeine) - Tier 2*	

Preferred Agents	Non-Preferred Agents
EXCEDRIN MIGRAINE RELIEF (brand for aspirin-acetaminophen-caffeine) - Tier 2 *fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* *feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* FEVERALL INFANTS - Tier 2; QL FEVERALL JUNIOR STRENGTH - Tier 2; QL *headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *mapap oral capsule - Tier 1; QL* *MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL* *MAX RELIEF JUNIOR (brand for acetaminophen) - Tier 2; QL* *migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *m-pap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL *non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL* *pain & fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain and fever relief kids (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief extra strength oral capsule 500 mg - Tier 1; QL* *pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *pain relief regular strength (generic for PHARBETOL) - Tier 1; QL* *pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever adults - Tier 1; QL* *pain reliever children (generic for FEVERALL CHILDRENS) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
pain reliever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL *pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *PHARBETOL (brand for acetaminophen) - Tier 2; QL* *PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL* *rapid release pain relief (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *TENCON (brand for butalbital-acetaminophen) - Tier 2; QL* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
VANQUISH EXTRA STRENGTH (brand for aspirin-acetaminophen-caffeine) - Tier 2 *VICKS PAINQUIL (brand for acetaminophen extra strength) - Tier 2*	
Androgens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL *danazol oral - Tier 1; QL* *DEPO-TESTOSTERONE (brand for testosterone cypionate) - Tier 2; PA; QL* *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL* *testosterone cypionate intramuscular solution 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL* *testosterone enanthate intramuscular - Tier 1; PA; QL* *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL*	NATESTO - Tier 2; PA; QL *TESTIM (brand for testosterone) - Tier 2; PA; QL* TLANDO - Tier 2; PA; QL *VOGELXO (brand for testosterone) - Tier 2; PA; QL* XYOSTED - Tier 2; PA; QL
Angioedema Agents	
Immunological Agents	
	ORLADEYO ORAL CAPSULE - Tier 2; PA; SP; QL
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP HAEGARDA - Tier 2; SP; QL *icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL* KALBITOR - Tier 2; PA	RUCONEST - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
irbesartan (generic for AVAPRO) - Tier 1; QL *losartan potassium oral (generic for COZAAR) - Tier 1; QL* *telmisartan (generic for MICARDIS) - Tier 1; QL* *valsartan oral tablet (generic for DIOVAN) - Tier 1; QL*	*EDARBI (brand for azilsartan medoxomil) - Tier 2; PA; QL* *valsartan oral solution - Tier 1; PA; QL*
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL *enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA; QL; AL* *enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL* *lisinopril oral (generic for ZESTRIL) - Tier 1; QL* *ramipril - Tier 1; QL*	
Anthelmintics - Worm Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
albendazole oral - Tier 1; DX2RX; QL BENZNIDAZOLE - Tier 2; DX2RX; QL *BILTRICIDE (brand for praziquantel) - Tier 2; QL* *ivermectin oral tablet 3 mg (generic for STROMECTOL) - Tier 1; DX2RX; QL* *praziquantel oral (generic for BILTRICIDE) - Tier 1; QL*	EMVERM - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
abiraterone acetate oral tablet 250 mg (generic for ABIRTEGA) - Tier 1; PA; SP; QL *abirtega (generic for ABIRTEGA) - Tier 1; PA; SP; QL* *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL	ORGOVYX - Tier 2; PA; SP; QL XTANDI - Tier 2; PA; SP; QL *YONSA (brand for abiraterone acetate micronized) - Tier 2; PA; SP; QL* *ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL*
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)	
NUBEQA - Tier 2; PA; SP; QL	
Antiangiogenic Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
REVLIMID (brand for lenalidomide) - Tier 2; SP; QL	*lenalidomide oral capsule 10 mg (generic for REVLIMID) - Tier 1; PA; SP; QL* *POMALYST ORAL CAPSULE 1 MG (brand for pomalidomide) - Tier 2; PA; SP; QL*
Antiarrhythmics - Heart Regulation Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiodarone hcl oral (generic for PACERONE) - Tier 1; QL *disopyramide phosphate (generic for NORPACE) - Tier 1; QL* *dofetilide (generic for TIKOSYN) - Tier 1; QL* *flecainide acetate - Tier 1; QL* *mexiletine hcl oral - Tier 1; QL* MULTAQ - Tier 2; PA; QL NORPACE CR - Tier 2 *propafenone hcl - Tier 1; QL* *quinidine gluconate er - Tier 1; QL* *quinidine sulfate - Tier 1; QL* *sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL* *sotalol hcl oral (generic for BETAPACE) - Tier 1; QL*	*BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL* *BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL* *NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL* *PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL* *TIKOSYN (brand for dofetilide) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Antibacterials, Other - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL *antibiotic external ointment 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL* *bacitracin zinc external - Tier 1; QL* *bacitracin zinc-aloe - Tier 1; QL* *BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2* CLEOCIN VAGINAL SUPPOSITORY - Tier 2; QL *clindamycin hcl oral (generic for CLEOCIN) - Tier 1; QL* *clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL* *clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL* *double antibiotic (generic for POLYSPORIN) - Tier 1* *first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1* *FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL*	CLINDESSE - Tier 2; PA; QL NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL *VANCOCIN (brand for vancomycin hcl) - Tier 2; PA; ST; QL* XACIATO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
LIKMEZ - Tier 2; QL; AL *linezolid oral suspension reconstituted - Tier 1; DX2RX; QL* *linezolid oral tablet - Tier 1; DX2RX* *medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *methenamine hippurate (generic for HIPREX) - Tier 1; QL* *metronidazole external - Tier 1* *metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL* *metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL* *mupirocin cream - Tier 1; QL* *mupirocin ointment - Tier 1; QL* *NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL* *nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL* *nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL* *poly bacitracin (generic for POLYSPORIN) - Tier 1* *POLYSPORIN (brand for double antibiotic) - Tier 2* *povidone iodine (generic for BETADINE) - Tier 1* *povidone-iodine external solution (generic for BETADINE) - Tier 1* *SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2* *silver sulfadiazine external (generic for SSD) - Tier 1; QL* *ssd (generic for SSD) - Tier 1; QL* *tinidazole oral tablet 250 mg - Tier 1* *tinidazole oral tablet 500 mg - Tier 1; QL* *trimethoprim oral - Tier 1; QL* *triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; ST; QL* *vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; PA; QL* *VANDAZOLE (brand for metronidazole) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Anticholinergics - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
benztropine mesylate oral - Tier 1; QL *trihexyphenidyl hcl - Tier 1; QL*	
Anticoagulants - Blood Thinners	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
ELIQUIS - Tier 2; QL ELIQUIS (1.5 MG PACK) - Tier 2; QL ELIQUIS (2 MG PACK) - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL *enoxaparin sodium (generic for LOVENOX) - Tier 1; QL* *heparin sodium (porcine) - Tier 1* *heparin sodium (porcine) +rfid - Tier 1* *heparin sodium (porcine) pf - Tier 1* *PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; QL* *warfarin sodium oral - Tier 1; QL* *XARELTO ORAL TABLET (brand for rivaroxaban) - Tier 2; QL* XARELTO STARTER PACK - Tier 2; QL	PRADAXA ORAL PACKET - Tier 2; PA; QL; AL SAVAYSA - Tier 2; PA; QL *XARELTO ORAL SUSPENSION RECONSTITUTED (brand for rivaroxaban) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Anticonvulsants, Other - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
EPIDIOLEX - Tier 2; PA; SP; QL *levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; QL* *levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1* *levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL* *levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL* NAYZILAM - Tier 2; QL *phenobarbital elixir 20 mg/5ml oral - Tier 1; QL* *phenobarbital oral tablet - Tier 1; QL* *roweepra (generic for ROWEEPRA) - Tier 1; QL* XCOPRI - Tier 2; PA; QL XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL	*BRIVIACT ORAL (brand for brivaracetam) - Tier 2; PA; QL* FINTEPLA - Tier 2; PA; QL
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
Antivirals - Drugs to Treat Viral Infections	
valganciclovir hcl (generic for VALCYTE) - Tier 1; PA; QL	LIVTENCITY - Tier 2; PA; QL
Antidepressants, Other	
Antidepressants	
ZURZUVAE - Tier 2; PA; QL; AL	
Antidepressants - Drugs to Treat Depression	
	AUVELITY - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antidepressants, Other - Antidepressants	
Antidepressants - Drugs to Treat Depression	
bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL; AL *bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral (generic for WELLBUTRIN XL) - Tier 1; QL; AL* *bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral (generic for WELLBUTRIN XL) - Tier 1; QL; AL* *bupropion hcl oral - Tier 1; QL; AL* *mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL; AL* *mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL; AL* *mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL; AL* *mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1; QL; AL* SPRAVATO (56 MG DOSE) - Tier 2; PA; QL SPRAVATO (84 MG DOSE) - Tier 2; PA; QL	*WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Antidiabetic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
acarbose oral - Tier 1; QL ALOGLIPTIN BENZOATE - Tier 2; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL *FARXIGA (brand for dapagliflozin) - Tier 2; PA; QL* *glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL* *glipizide er (generic for GLUCOTROL XL) - Tier 1; QL* *glipizide oral tablet 10 mg, 5 mg - Tier 1; QL* *glyburide - Tier 1; QL* JANUMET XR - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL *liraglutide (generic for VICTOZA) - Tier 1; PA; QL* *metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL* *metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1* *metformin hcl tablet 1000 mg oral - Tier 1; QL* *metformin hcl tablet 500 mg oral - Tier 1; QL* *metformin hcl tablet 850 mg oral - Tier 1; QL* *nateglinide - Tier 1; QL* *pioglitazone hcl (generic for ACTOS) - Tier 1; QL* *pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; QL* *repaglinide - Tier 1; QL* *sitagliptin phos-metformin hcl (generic for JANUMET) - Tier 1; PA; QL* *sitagliptin phosphate (generic for JANUVIA) - Tier 1; PA; QL* SYNJARDY - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL *XIGDUO XR (brand for dapagliflozin base-metformin er) - Tier 2; PA; QL*	*ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL* CYCLOSET - Tier 2; PA *DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL* GLYXAMBI - Tier 2; PA; QL INVOKAMET - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL *JANUMET (brand for sitagliptin phos-metformin hcl) - Tier 2; PA; QL* *JANUVIA (brand for sitagliptin phosphate) - Tier 2; PA; QL* JENTADUETO XR - Tier 2; PA; QL OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL RYBELSUS - Tier 2; PA; QL SEGLUROMET - Tier 2; PA; QL STEGLATRO - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL *VICTOZA (brand for liraglutide) - Tier 2; PA; QL* XULTOPHY - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antiemetics, Other - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
anti-nausea (generic for EMETROL) - Tier 1 *anti-nausea relief (generic for EMETROL) - Tier 1* *BONINE (brand for cvs motion sickness relief) - Tier 2* *driminate tablet 50 mg oral (generic for DRIMINATE) - Tier 1* *DRIMINATE TABLET 50 MG ORAL (brand for cvs motion sickness) - Tier 2* *EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2* *hydroxyzine pamoate oral - Tier 1; QL* *meclizine hcl oral tablet 12.5 mg - Tier 1; QL* *meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL* *meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1* *metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL* *metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL* *motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness oral tablet chewable 25 mg (generic for BONINE) - Tier 1* *motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1* *motion-time (generic for BONINE) - Tier 1* *nausea control (generic for EMETROL) - Tier 1* *nausea relief (generic for EMETROL) - Tier 1* *perphenazine oral - Tier 1; *; QL; AL* *prochlorperazine (generic for COMPRO) - Tier 1; QL* *prochlorperazine maleate oral - Tier 1; DX2RX; QL* *trimethobenzamide hcl oral - Tier 1; QL*	
Antiestrogens/Modifiers - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
tamoxifen citrate oral - Tier 1; QL *toremifene citrate (generic for FARESTON) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
Antifungals - Fungal Infection Drugs	
Antifungals - Drugs to Treat Fungal Infections	
3 day vaginal - Tier 1 *7 day vaginal (generic for MONISTAT 7) - Tier 1; QL* *antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL* *antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL* *antifungal external cream 2 % (generic for DESENEX) - Tier 1* *antifungal external powder 2 % (generic for MICRO GUARD) - Tier 1; QL* *athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot (tolnaftate) external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1* *athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL* *athletes foot external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot external powder 2 % (generic for MICRO GUARD) - Tier 1; QL*	CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA; QL NOXAFIL ORAL - Tier 2; PA; QL; AL VIVJOA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
athletes foot powder spray external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1 *baza antifungal (generic for DESENEX) - Tier 1* *ciclodan (generic for CICLODAN) - Tier 1; QL* *ciclopirox external solution (generic for CICLODAN) - Tier 1; QL* *ciclopirox olamine external cream - Tier 1; QL* *clotrimazole 3 vaginal cream 2 % - Tier 1* *clotrimazole external cream (generic for LOTRIMIN AF) - Tier 1; QL* *clotrimazole mouth/throat - Tier 1; QL* *clotrimazole vaginal - Tier 1; QL* *DESENEX (brand for antifungal) - Tier 2* *fluconazole oral (generic for DIFLUCAN) - Tier 1; QL* *foot & sneaker (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1* *ft 7 day vaginal - Tier 1; QL* *ft miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *fungi-guard (generic for TINACTIN) - Tier 1; QL* *griseofulvin microsize oral - Tier 1; QL* *jock itch external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *ketoconazole external cream - Tier 1; QL* *ketoconazole external shampoo - Tier 1; QL* *klayesta (generic for KLAYESTA) - Tier 1; QL* *MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2* *micaderm (generic for DESENEX) - Tier 1* *miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *miconazole 1 combo pack (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *miconazole 3 vaginal suppository - Tier 1; QL* *miconazole 7 vaginal cream (generic for MONISTAT 7) - Tier 1; QL* *miconazole antifungal (generic for DESENEX) - Tier 1* *miconazole nitrate external cream (generic for DESENEX) - Tier 1* *miconazorb af (generic for MICRO GUARD) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
MICRO GUARD (brand for antifungal) - Tier 2; QL *MONISTAT 1 COMBO PACK (brand for cvs miconazole 1 combo pack) - Tier 2; QL* *MONISTAT 3 (brand for miconazole 3) - Tier 2* *MONISTAT 3 COMBO PACK APP (brand for cvs miconazole 3 combo pack) - Tier 2; QL* *MONISTAT 7 (brand for 7 day vaginal) - Tier 2; QL* *nystatin external (generic for KLAYESTA) - Tier 1; QL* *nystatin mouth/throat - Tier 1; QL* *nystatin oral - Tier 1; QL* *nystop (generic for KLAYESTA) - Tier 1; QL* *posaconazole oral tablet delayed release - Tier 1; PA; QL* *SECURA ANTIFUNGAL EXTRA THICK (brand for antifungal) - Tier 2* *terbinafine hcl external (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *terbinafine hcl oral - Tier 1; QL* *terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *terconazole vaginal cream - Tier 1; QL* *tolnaftate external cream (generic for TINACTIN) - Tier 1; QL* *tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1* *VFEND (brand for voriconazole) - Tier 2; QL* *voriconazole oral tablet - Tier 1; PA; QL*	
Antigout Agents - Gout Drugs	
Antigout Agents - Drugs to Treat Gout	
allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL *colchicine oral tablet - Tier 1; QL* *febuxostat (generic for ULORIC) - Tier 1; ST; QL* *probenecid - Tier 1; QL*	*MITIGARE (brand for colchicine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	
Antivirals - Drugs to Treat Viral Infections	
adefovir dipivoxil - Tier 1; PA; QL BARACLUDE ORAL SOLUTION - Tier 2; PA; QL	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
EPCLUSA ORAL TABLET 400-100 MG (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL MAVYRET ORAL PACKET - Tier 2; SP; QL MAVYRET ORAL TABLET - Tier 2; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL *SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL*	EPCLUSA ORAL PACKET - Tier 2; PA; SP; QL EPCLUSA ORAL TABLET 200-50 MG - Tier 2; PA; SP; QL *HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* *LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* SOVALDI - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
PEGASYS - Tier 2; PA; SP; QL *ribavirin oral - Tier 1; PA; QL*	
Antiherpetic Agents - Herpes Drugs	
Antivirals - Drugs to Treat Viral Infections	
acyclovir external (generic for ZOVIRAX) - Tier 1; QL *acyclovir oral capsule - Tier 1; QL* *acyclovir oral suspension 200 mg/5ml - Tier 1; QL* *acyclovir oral tablet - Tier 1; QL* *famciclovir oral - Tier 1; PA; QL* *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Antihistamines - Allergy Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - Tier 2; AL DESPEC DM - Tier 2 DESPEC DM-G - Tier 2 ED A-HIST ORAL LIQUID - Tier 2; QL; AL *ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL* *ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL* *tussin cf adult (generic for DESGEN DM) - Tier 1; AL*	
Antihistamines - Drugs to Treat Allergies	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL *24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL* *all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL* *all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL* *all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL* *ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL* *ALLER-BEN (brand for allergy relief) - Tier 2; QL* *aller-chlor (generic for WAL-FINATE) - Tier 1; QL* *allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL* *aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL* *allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*	RYALTRIS - Tier 2; PA; QL; AL

Preferred Agents	Non-Preferred Agents
allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL *allergy & hives relief (generic for KLS ALLER-FEX) - Tier 1; QL* *allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy childrens oral liquid (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy medicine oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL* *allergy oral capsule 25 mg (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL* *allergy oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL* *allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL* *allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL* *allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL* *allergy relief adult (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief childrens oral liquid 12.5 mg/5ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief childrens oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
allergy relief max st (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL *allergy relief oral capsule 25 mg (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *allergy relief oral liquid 25 mg/10ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL* *allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL* *allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL* *allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief oral tablet dispersible 5 mg (generic for CLARITIN REDITABS) - Tier 1; QL* *allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL* *anti-hist allergy (generic for BANOPHEN) - Tier 1; QL* *azelastine hcl nasal - Tier 1; QL* *banophen oral tablet (generic for BANOPHEN) - Tier 1; QL* *BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL* *BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL* *BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL* *BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL* *cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL* *cetirizine hcl oral solution 5 mg/5ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL *cetirizine hcl solution 1 mg/ml oral (rx) (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL* *childrens allergy oral liquid 12.5 mg/5ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *chlor-pheniramine (generic for WAL-FINATE) - Tier 1; QL* *chlorpheniramine maleate oral (generic for WAL-FINATE) - Tier 1; QL* *CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; QL* *CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; QL* *clemastine fumarate oral (generic for CLEMSZA) - Tier 1; QL* *complete allergy medicine (generic for BANOPHEN) - Tier 1; QL* *complete allergy relief (generic for BANOPHEN) - Tier 1; QL* *CORPHENA (brand for corphena) - Tier 2; QL* *CURELIEF (brand for allergy childrens) - Tier 2; QL* *cyproheptadine hcl oral syrup 2 mg/5ml - Tier 1; QL* *cyproheptadine hcl oral tablet - Tier 1; QL* DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL *DIMETANE ALLERGY RELIEF (brand for allergy) - Tier 2; QL* *DIMETANE ALLERGY RELIEF EX ST (brand for diphenhydramine hcl) - Tier 2; QL* *DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL* *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl childrens (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *diphenhydramine hcl injection - Tier 1; QL* *diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL* *ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL* *geri-dryl (generic for BANOPHEN) - Tier 1; QL* *indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL*	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL *liquid allergy relief (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine childrens (generic for CLARITIN) - Tier 1; QL* *loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL* *MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL* *m-dryl (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *NARAMIN (brand for allergy childrens) - Tier 2; QL* *night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL* *nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL* *pharbechlor (generic for WAL-FINATE) - Tier 1; QL* *pharbedryl (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *promethazine hcl injection solution 25 mg/ml (generic for PHENERGAN) - Tier 1; QL* *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL *rest simply (generic for SIMPLY SLEEP) - Tier 1; QL* *RYCLORA (brand for corphena) - Tier 2; QL* *SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; QL* *sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep tabs (generic for SIMPLY SLEEP) - Tier 1; QL* *total allergy (generic for BANOPHEN) - Tier 1; QL*	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
total allergy medicine (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL *ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
Antivirals - Drugs to Treat Viral Infections	
DOVATO - Tier 2; QL	
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL TRIUMEQ - Tier 2; QL TRIUMEQ PD - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
COMPLERA (brand for emtricitab-rilpivir-tenofov df) - Tier 2; QL DELSTRIGO - Tier 2; QL EDURANT PED - Tier 2; QL; AL *efavirenz - Tier 1; QL* *efavirenz-emtricitab-tenofo df - Tier 1; QL* *efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL* *etravirine (generic for INTELENCE) - Tier 1; QL* JULUCA - Tier 2; QL *nevirapine - Tier 1; QL* *nevirapine er - Tier 1; QL* ODEFSEY - Tier 2; QL PIFELTRO - Tier 2; QL	*EDURANT (brand for rilpivirine hcl) - Tier 2; PA; QL* *SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL*
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
abacavir sulfate (generic for ZIAGEN) - Tier 1; QL *abacavir sulfate-lamivudine - Tier 1; QL* DESCOVY - Tier 2; QL *emtricitabine (generic for EMTRIVA) - Tier 1; QL* *emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; Diagnosis to drug match not required; QL* EMTRIVA ORAL SOLUTION - Tier 2; QL *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL* *lamivudine solution 10 mg/ml oral (generic for EPIVIR) - Tier 1; QL* *lamivudine-zidovudine - Tier 1; QL* *tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL* *zidovudine (generic for RETROVIR) - Tier 1; QL*	CIMDUO - Tier 2; PA; QL *TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; Diagnosis to drug match not required; QL*

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
maraviroc (generic for SELZENTRY) - Tier 1; QL	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
atazanavir sulfate (generic for REYATAZ) - Tier 1; QL EVOTAZ - Tier 2; QL *fosamprenavir calcium - Tier 1; QL* KALETRA ORAL SOLUTION - Tier 2; QL *lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL* NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL *PREZISTA (brand for darunavir) - Tier 2; QL* REYATAZ ORAL PACKET - Tier 2; Members >= 8 years of age will require PA; QL *ritonavir (generic for NORVIR) - Tier 1; QL* SYMTUZA - Tier 2; QL	*REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL *allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *ARNUITY ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; QL* ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA||Continued use of two or more drugs in this class may require prior authorization; QL *budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml (generic for PULMICORT) - Tier 1; QL* *budesonide suspension 0.5 mg/2ml inhalation (generic for PULMICORT) - Tier 1; QL* FLUTICASONE PROPIONATE DISKUS - Tier 2; QL	ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA *budesonide suspension 0.5 mg/2ml inhalation (generic for PULMICORT) - Tier 1; PA; QL* NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML - Tier 2; PA; SP OMNARIS - Tier 2; PA; QL *PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; QL* QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL XHANCE - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT - Tier 2; QL *fluticasone propionate hfa inhalation aerosol 44 mcg/act - Tier 1; QL* *fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL* *NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL* *nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* PULMICORT FLEXHALER - Tier 2; QL QVAR REDIHALER - Tier 2; QL *triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL*	
Anti-Influenza Agents - Flu Drugs	
Antivirals - Drugs to Treat Viral Infections	
oseltamivir phosphate oral (generic for TAMIFLU) - Tier 1; QL RELENZA DISKHALER - Tier 2; QL *rimantadine hcl - Tier 1; QL* *TAMIFLU (brand for oseltamivir phosphate) - Tier 2; QL* XOFLUZA (40 MG DOSE) - Tier 2; QL XOFLUZA (80 MG DOSE) - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Antileukotrienes - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL; AL *montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL* *montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL*	*SINGULAIR ORAL PACKET (brand for montelukast sodium) - Tier 2; PA; QL; AL* *SINGULAIR ORAL TABLET (brand for montelukast sodium) - Tier 2; PA; QL* *SINGULAIR ORAL TABLET CHEWABLE (brand for montelukast sodium) - Tier 2; PA; QL* *zafirlukast - Tier 1; PA; QL*
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
capecitabine - Tier 1; SP DROXIA - Tier 2; QL *hydroxyurea oral (generic for HYDREA) - Tier 1; QL* *mercaptopurine oral tablet - Tier 1; QL* XROMI - Tier 2; AL	*PURIXAN (brand for mercaptopurine) - Tier 2; PA; QL* SIKLOS - Tier 2; PA; QL
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Antimycobacterials - Drugs to Treat Infections	
dapsone oral - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
lederle leucovorin (generic for LEDERLE LEUCOVORIN) - Tier 1; QL *leucovorin calcium oral tablet 10 mg - Tier 1* *leucovorin calcium oral tablet 15 mg, 25 mg - Tier 1; QL* *leucovorin calcium oral tablet 5 mg (generic for LEDERLE LEUCOVORIN) - Tier 1; QL* LONSURF - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL VERZENIO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	BESREMI - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO ORAL CAPSULE - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY SUBCUTANEOUS - Tier 2; PA; QL
Antiparkinson Agents - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
	NOURIANZ - Tier 2; PA; QL
Antiparkinson Agents, Other - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
amantadine hcl oral capsule - Tier 1; QL *entacapone - Tier 1; QL*	ONGENTYS - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antiprotozoals - Protozoal Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
atovaquone (generic for MEPRON) - Tier 1; PA; QL *atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL* *chloroquine phosphate oral - Tier 1; QL* COARTEM - Tier 2 *hydroxychloroquine sulfate oral tablet 100 mg - Tier 1; QL* *hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1* KRINTAFEL - Tier 2; QL *mefloquine hcl - Tier 1; QL* *nitazoxanide oral - Tier 1; DX2RX; QL* *pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1* *primaquine phosphate - Tier 1* *pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL* *quinine sulfate - Tier 1* *SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2*	

Preferred Agents	Non-Preferred Agents
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
DERMACINRX DIGENYX (brand for hyoscyamine sulfate) - Tier 2; QL *dicyclomine hcl oral capsule - Tier 1; QL* *dicyclomine hcl oral tablet 20 mg - Tier 1; QL* *glycopyrrolate oral solution 1 mg/5ml (generic for CUVPOSA) - Tier 1; QL* *glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1* *hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL* *hyoscyamine sulfate oral (generic for DERMACINRX DIGENYX) - Tier 1; QL* *hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL* *hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL* *hyosyne - Tier 1; QL* *LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL* *LEVSIN (brand for hyoscyamine sulfate) - Tier 2; QL* *LEVSIN/SL (brand for hyoscyamine sulfate) - Tier 2; QL* *NULEV (brand for hyoscyamine sulfate) - Tier 2; QL* *OSCIMIN (brand for hyoscyamine sulfate) - Tier 2; QL*	
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
fesoterodine fumarate er (generic for TOVIAZ) - Tier 1; QL *oxybutynin chloride er - Tier 1; QL* *oxybutynin chloride oral tablet 5 mg - Tier 1; QL* *solifenacin succinate (generic for VESICARE) - Tier 1; QL* *tolterodine tartrate - Tier 1; QL* *tolterodine tartrate er - Tier 1; QL*	GEMTESA - Tier 2; PA; QL *MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (brand for mirabegron er) - Tier 2; PA; QL; AL* *MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL* *TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL* *VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Antithyroid Agents - Thyroid Suppressing Drugs	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
methimazole oral - Tier 1; QL *propylthiouracil oral - Tier 1; QL*	
Antituberculars - Tuberculosis Drugs	
Antimycobacterials - Drugs to Treat Infections	
cycloserine oral - Tier 1; QL *ethambutol hcl oral tablet 100 mg - Tier 1* *ethambutol hcl oral tablet 400 mg - Tier 1; QL* *isoniazid oral - Tier 1; QL* PRIFTIN - Tier 2; QL *pyrazinamide oral - Tier 1; QL* *rifampin oral - Tier 1; QL* SIRTURO - Tier 2; QL	
Antivirals - Drugs to Treat Viral Infections	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100 & 150/100) - Tier 2; QL; AL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics, Other - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg - Tier 1; QL; AL *hydroxyzine hcl oral syrup 10 mg/5ml - Tier 1; QL* *hydroxyzine hcl oral tablet - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
anastrozole oral (generic for ARIMIDEX) - Tier 1; QL *exemestane (generic for AROMASIN) - Tier 1; QL* *letrozole oral (generic for FEMARA) - Tier 1; QL*	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL *amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL* *amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL* *dextroamphetamine sulfate oral tablet (generic for ZENZEDI) - Tier 1; QL; AL* *VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL*	*ADZENYS XR-ODT (brand for amphetamine er) - Tier 2; PA; QL* DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; PA; QL *VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; QL; AL* *VYVANSE ORAL TABLET CHEWABLE 60 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; *; QL; AL*

Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
atomoxetine hcl - Tier 1; QL; AL *clonidine hcl er - Tier 1; QL; AL* *dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL* *dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; AL* *FOCALIN XR (brand for dexmethylphenidate hcl er) - Tier 2; QL; AL* *guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL* *methylphenidate (generic for DAYTRANA) - Tier 1; QL; AL* *methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; QL; AL* *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; QL; AL* *methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg - Tier 1; QL; AL* *methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg - Tier 1; *; QL; AL* *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; Mallinckrodt and Kremers Urban labelers; QL; AL* *methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg - Tier 1; QL; AL* *methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; Mallinckrodt and Kremers Urban labelers; QL; AL* *methylphenidate hcl er(diffus) - Tier 1; Mallinckrodt and Kremers Urban labelers; QL; AL* *methylphenidate hcl oral solution (generic for METHYLIN) - Tier 1; QL; AL* *methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL*	AZSTARYS - Tier 2; PA; QL; AL *CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; PA; Mallinckrodt and Kremers Urban labelers; QL; AL* *DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL* JORNAY PM - Tier 2; PA; QL; AL QELBREE - Tier 2; PA; QL; AL *RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Benign Prostatic Hypertrophy Agents - Prostate Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL *dutasteride oral (generic for AVODART) - Tier 1; QL* *finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL* *tamsulosin hcl - Tier 1; QL* *terazosin hcl - Tier 1; QL*	*tadalafil oral tablet 5 mg (generic for CIALIS) - Tier 1; PA; QL*
Benzodiazepines - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
alprazolam er - Tier 1; QL; AL *alprazolam intensol - Tier 1; QL; AL* *alprazolam oral (generic for XANAX) - Tier 1; QL; AL* *alprazolam xr - Tier 1; QL; AL* *chlordiazepoxide hcl - Tier 1; QL; AL* *clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL; AL* *clonazepam oral tablet dispersible - Tier 1; QL* *clorazepate dipotassium - Tier 1; QL; AL* *diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL* *diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL* *lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL* *lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL* *lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL; AL* *lorazepam solution 2 mg/ml injection (generic for ATIVAN) - Tier 1; QL* LORAZEPAM SOLUTION 2 MG/ML INJECTION - Tier 2; QL *oxazepam - Tier 1; QL; AL*	*HALCION (brand for triazolam) - Tier 2; PA; QL; AL* LOREEV XR - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atenolol oral (generic for TENORMIN) - Tier 1; QL *bisoprolol fumarate oral - Tier 1; QL* *carvedilol (generic for COREG) - Tier 1; QL* *labetalol hcl oral - Tier 1; QL* *metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL* *metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL* METOPROLOL TARTRATE ORAL TABLET 12.5 MG - Tier 2; QL *metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg - Tier 1; QL* *nadolol oral - Tier 1; QL; AL* *nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL* *propranolol hcl er (generic for INDERAL LA) - Tier 1* *propranolol hcl oral solution 20 mg/5ml - Tier 1; QL; AL* *propranolol hcl oral tablet - Tier 1; QL*	HEMANGEOL - Tier 2; PA; QL *LOPRESSOR ORAL TABLET 100 MG, 50 MG (brand for metoprolol tartrate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Beta-Lactam, Cephalosporins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
cefaclor oral capsule - Tier 1; QL *cefadroxil - Tier 1; QL* *cefazolin sodium injection solution reconstituted 1 gm - Tier 1; QL* *cefdinir - Tier 1; QL* *cefixime oral capsule - Tier 1; QL* *cefixime oral suspension reconstituted - Tier 1; QL* *cefpodoxime proxetil - Tier 1; QL* *cefprozil - Tier 1; QL* *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg - Tier 1; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL* *cephalexin oral capsule 750 mg - Tier 1* *cephalexin oral suspension reconstituted - Tier 1; QL* *cephalexin oral tablet 250 mg - Tier 1* *cephalexin oral tablet 500 mg - Tier 1; QL*	
Beta-Lactam, Penicillins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
amoxicillin - Tier 1; QL *amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600) - Tier 1; QL* *ampicillin - Tier 1; QL* AUGMENTIN - Tier 2; QL BICILLIN L-A - Tier 2; QL *dicloxacillin sodium - Tier 1; QL* *penicillin v potassium - Tier 1; QL* *piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Blood Formation Modifiers - Blood Formation Drugs	
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
	EMPAVELI - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
anagrelide hcl (generic for AGRYLIN) - Tier 1; QL *eltrombopag olamine oral tablet (generic for PROMACTA) - Tier 1; PA; SP; QL* FULPHILA - Tier 2; PA; SP FYLNETRA - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NPLATE - Tier 2; PA; SP *plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL* *PROMACTA ORAL PACKET (brand for eltrombopag olamine) - Tier 2; SP; QL* RELEUKO - Tier 2; PA; SP RETACRIT - Tier 2; PA; SP	ARANESP (ALBUMIN FREE) - Tier 2; PA; SP DOPTELET - Tier 2; PA; SP; QL EPOGEN - Tier 2; PA; SP NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP PROCRIT - Tier 2; PA; SP *PROMACTA ORAL TABLET (brand for eltrombopag olamine) - Tier 2; PA; SP; QL* STIMUFEND - Tier 2; PA; SP UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
	SOLIRIS - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Bronchodilators, Anticholinergic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ATROVENT HFA (brand for ipratropium bromide hfa) - Tier 2; QL *ipratropium bromide inhalation - Tier 1; QL* *ipratropium bromide nasal - Tier 1; QL* SPIRIVA RESPIMAT - Tier 2; QL *tiotropium bromide (generic for SPIRIVA HANDIHALER) - Tier 1; HANDIHALER only||Continued use of two or more drugs in this class may require prior authorization; QL* TUDORZA PRESSAIR - Tier 2; QL	*INCRUSE ELLIPTA (brand for umeclidinium ellipta) - Tier 2; PA; QL* *SPIRIVA HANDIHALER (brand for tiotropium bromide) - Tier 2; PA; HANDIHALER only||Continued use of two or more drugs in this class may require prior authorization; QL*
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
albuterol sulfate hfa (generic for VENTOLIN HFA) - Tier 1; QL *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL* *albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL* ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL *albuterol sulfate nebulization solution 0.63 mg/3ml inhalation - Tier 1; Members >= 8 years of age will require PA; QL* *albuterol sulfate nebulization solution 1.25 mg/3ml inhalation - Tier 1; Members >= 8 years of age will require PA; QL* *albuterol sulfate syrup 2 mg/5ml oral - Tier 1; QL* *epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic for EPIPEN JR 2-PAK) - Tier 1; QL* *epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; QL* SEREVENT DISKUS - Tier 2; PA; QL	*AUVI-Q (brand for epinephrine) - Tier 2; PA; QL* *PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL* PROAIR RESPICLICK - Tier 2; PA; QL STRIVERDI RESPIMAT - Tier 2; PA; QL *VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* *XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
AIMOVIG - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	AJOVY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL NURTEC - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL
Calcium Channel Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amlodipine besylate oral (generic for NORVASC) - Tier 1; QL *cartia xt (generic for CARTIA XT) - Tier 1; QL* *diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL* *diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL* *diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL* *diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL* *diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL* *dilt-xr - Tier 1; QL* *felodipine er - Tier 1; QL* KATERZIA - Tier 2; QL *nifedipine er - Tier 1; QL* *nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL* *nifedipine oral - Tier 1; QL* *tiadylt er (generic for TIADYLT ER) - Tier 1; QL* *verapamil hcl er capsule extended release 24 hour 120 mg oral - Tier 1; QL*	NORLIQVA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
verapamil hcl er capsule extended release 24 hour 180 mg oral - Tier 1; QL *verapamil hcl er capsule extended release 24 hour 240 mg oral - Tier 1; QL* *verapamil hcl er oral tablet extended release - Tier 1; QL* *verapamil hcl oral - Tier 1; QL*	
Calcium Channel Modifying Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
CELONTIN (brand for methsuximide) - Tier 2; QL *ethosuximide oral (generic for ZARONTIN) - Tier 1; QL* ZONISADE - Tier 2; QL; AL *zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*	*ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride-hydrochlorothiazide - Tier 1; QL *amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL* *amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1* *atenolol-chlorthalidone - Tier 1; QL* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL* *bisoprolol-hydrochlorothiazide - Tier 1; QL* *digoxin oral solution - Tier 1* *digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL* *irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL* *lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL* *losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL* *metoprolol-hydrochlorothiazide - Tier 1; QL* *pentoxifylline er - Tier 1; QL* *ranolazine er - Tier 1; ST; QL* *sacubitril-valsartan (generic for ENTRESTO) - Tier 1; QL* *spironolactone-hctz - Tier 1; QL* *triamterene-hctz - Tier 1; QL* *valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL*	EDARBYCLOR - Tier 2; PA; QL *ENTRESTO ORAL TABLET (brand for sacubitril-valsartan) - Tier 2; PA; QL* OPSYNVI ORAL TABLET 10-20 MG - Tier 2; PA; SP; QL *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL* VERQUVO - Tier 2; PA; QL VYNDAMAX - Tier 2; PA; SP; QL
Central Nervous System, Other	
Central Nervous System Agents	
SKYCLARYS - Tier 2; SP; QL; AL	

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Preferred Agents	Non-Preferred Agents
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
AUSTEDO - Tier 2; PA; SP; QL AUSTEDO XR - Tier 2; PA; SP; QL AUSTEDO XR PATIENT TITRATION - Tier 2; PA; SP; QL *caffeine citrate oral - Tier 1; QL; AL* *GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL* *GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL; AL* HORIZANT - Tier 2; PA; QL INGREZZA - Tier 2; PA; SP; QL NUEDEXTA - Tier 2; QL *riluzole - Tier 1; QL*	RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA; QL
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL *donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; QL* *galantamine hydrobromide er - Tier 1; PA* *galantamine hydrobromide oral solution - Tier 1; QL; AL* *galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL* *galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL* *rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL* *rivastigmine tartrate - Tier 1; QL*	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL KALYDECO ORAL PACKET - Tier 2; PA; SP; QL *KITABIS PAK (W/ NEBULIZER) (brand for tobramycin) - Tier 2; PA; SP; QL*	CAYSTON - Tier 2; PA; SP; QL TOBI PODHALER - Tier 2; PA; SP; QL *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; PA; SP; QL* *TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION (brand for tobramycin) - Tier 2; PA; SP; QL* TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG - Tier 2; PA; SP; QL
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL *DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2* EASYGEL - Tier 2 *KOURZEQ (brand for triamcinolone acetonide) - Tier 2; QL* *ORALONE (brand for triamcinolone acetonide) - Tier 2; QL* *periogard (generic for PERIOGARD) - Tier 1; QL* *pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL* *pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1* *PREVIDENT (brand for sf) - Tier 2* *PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *sf gel 1.1% (generic for PREVIDENT) - Tier 1* *sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
sodium fluoride 5000 ppm dental gel (generic for PREVIDENT) - Tier 1 *sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride dental gel (generic for PREVIDENT) - Tier 1* *sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1* *triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL*	
Dermatitis and Pruitus Agents	
Dermatological Agents	
	HYFTOR - Tier 2; PA; QL
Dermatological Agents - Drugs to Treat Skin Conditions	
accutane (generic for ACCUTANE) - Tier 1; PA; QL *acitretin - Tier 1; PA; QL* *acne control cleanser external cream (generic for CLEARASIL DAILY CLEAR ACNE) - Tier 1* ADBRY - Tier 2; PA; SP; QL *advanced healing external ointment (generic for HYDROLATUM) - Tier 1* *ammonium lactate external (generic for AL12) - Tier 1; QL* *amnesteem (generic for ACCUTANE) - Tier 1; PA; QL* *astringent (generic for DOMEBORO) - Tier 1* *astringent solution (generic for DOMEBORO) - Tier 1* *azelaic acid external (generic for FINACEA) - Tier 1; QL* *baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* *beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1* *BENZAC AC WASH (brand for benzoyl peroxide acne wash) - Tier 2; QL*	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL* ABSORICA LD - Tier 2; PA; QL AKLIEF - Tier 2; PA; QL *BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL* COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL *DIFFERIN EXTERNAL CREAM 0.1 % (brand for adapalene) - Tier 2; PA; QL* *DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL* DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML - Tier 2; PA; SP; QL DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
boro-packs (generic for DOMEBORO) - Tier 1	ENSTILAR - Tier 2; PA; QL
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL	*EPIDUO EXTERNAL GEL 0.1-2.5 % (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL*
calamine external - Tier 1	*EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL*
calamine external lotion - Tier 1	FINACEA EXTERNAL FOAM - Tier 2; PA; QL
calamine-zinc oxide external lotion - Tier 1	ILUMYA - Tier 2; PA; SP; QL
calcipotriene external cream - Tier 1; ST; QL	*MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL*
calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL	NEMLUVIO - Tier 2; PA; SP
calcipotriene external solution - Tier 1; QL	*ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL*
calcitriol external (generic for VECTICAL) - Tier 1; ST; QL	*RETIN-A (brand for tretinoin) - Tier 2; PA; QL; AL*
claravis (generic for ACCUTANE) - Tier 1; PA; QL	*RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL*
clindacin etz (generic for CLINDACIN ETZ) - Tier 1; QL	RHOFADE - Tier 2; PA; QL
clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL	*SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL*
clindamycin phos (once-daily) (generic for CLINDAGEL) - Tier 1; QL	*SORILUX (brand for calcipotriene) - Tier 2; PA; QL*
clindamycin phos (twice-daily) - Tier 1; QL	SOTYKTU - Tier 2; PA; SP; QL
clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL	*TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL*
clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
clindamycin phosphate external solution - Tier 1; QL	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL
clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL	*TAZORAC (brand for tazarotene) - Tier 2; PA; QL*
clotrimazole-betamethasone external cream - Tier 1; QL	TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML - Tier 2; PA; SP; QL
DERMELEVE ENHANCED FORMULA - Tier 2	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL	*VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL*
DR SMITHS DIAPER - Tier 2; QL	WINLEVI - Tier 2; PA; QL
erythromycin external gel - Tier 1	*ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL*
erythromycin external solution - Tier 1; QL	
EUCRISA - Tier 2; ST; QL	
fluorouracil external cream 5 % - Tier 1; QL	
fluorouracil external solution - Tier 1	
hydrating ointment (generic for HYDROLATUM) - Tier 1	
hydrolatum (generic for HYDROLATUM) - Tier 1	
hydrophor (generic for HYDROLATUM) - Tier 1	

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Preferred Agents	Non-Preferred Agents
imiquimod external cream 5 % - Tier 1; QL *isotretinoin oral (generic for ABSORICA) - Tier 1; PA; QL* LAC-HYDRIN FIVE - Tier 2; QL *MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID (brand for acne foaming wash) - Tier 2; QL* *methoxsalen rapid - Tier 1* *ointment base (generic for HYDROLATUM) - Tier 1* *pimecrolimus - Tier 1; ST; Minimum age of 2 years; QL; AL* *podofilox external solution - Tier 1; QL* *selenium sulfide external lotion - Tier 1; QL* *tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL* *tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL* *tretinoin external (generic for ATRALIN) - Tier 1; QL; AL* VTAMA - Tier 2; PA; QL YESINTEK SUBCUTANEOUS - Tier 2; PA; SP; QL; AL *zenatane (generic for ACCUTANE) - Tier 1; PA; QL* *zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL *ZYCLARA PUMP (brand for imiquimod) - Tier 2; QL*	
Miscellaneous Therapeutic Agents	
ZORYVE EXTERNAL CREAM 0.05 % - Tier 2; PA ZORYVE EXTERNAL CREAM 0.15 % - Tier 2; PA; QL	

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Preferred Agents	Non-Preferred Agents
Dermatological Agents - Skin Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
beauty 360 pure glycerin - Tier 1; QL *DERMACINRX URACIN (brand for gormel) - Tier 2; QL* *docosanol external (generic for ABREVA) - Tier 1; QL* *glycerin external - Tier 1; QL* *glycerin external liquid 99.5 % - Tier 1; QL* *gormel (generic for DERMACINRX URACIN) - Tier 1; QL* *gormel 10 (generic for NUTRAPLUS) - Tier 1; QL* *NUTRAPLUS (brand for gormel 10) - Tier 2; QL* OPZELURA - Tier 2; PA; SP; QL *urea 20 intensive hydrating (generic for DERMACINRX URACIN) - Tier 1; QL* *urea external cream 20 % (generic for DERMACINRX URACIN) - Tier 1; QL* *ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL* *ureacin-20 (generic for DERMACINRX URACIN) - Tier 1; QL* *UREVEX (brand for gormel) - Tier 2; QL* XERAC AC - Tier 2	CIBINQO - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL *ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; ST; QL* *ACCU-CHEK GUIDE (brand for blood glucose monitor system) - Tier 2; QL* *ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL* *ACCU-CHEK GUIDE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose test) - Tier 2; ST; QL* *ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; ST; QL* *ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL* *ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL*	*ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL* *ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL* *BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *CONTOUR NEXT GEN MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* CONTOUR NEXT ONE KIT - Tier 2; PA; QL *CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL* *CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL* DIASTIX - Tier 2; PA

Preferred Agents	Non-Preferred Agents
ASSURE CONTROL SOLUTION 2/3 (brand for element compact control 2) - Tier 2; QL	*FREESTYLE PRECISION NEO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL	*FREESTYLE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
BD PEN NEEDLE MICRO ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL	*GLUCOCARD EXPRESSION TEST (brand for blood glucose test) - Tier 2; PA; QL*
BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL	*GLUCOCARD SHINE TEST (brand for blood glucose test) - Tier 2; PA; QL*
BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL	*GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL*
CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL	*GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL*
CARESENS S CONTROL SOLN A/B (brand for element compact control 2) - Tier 2; QL	INSULIN PEN NEEDLES - Tier 2; PA; QL
CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL	*INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL*
CHEMSTRIP 10 MD - Tier 2	*ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
CHEMSTRIP 10/SG - Tier 2	*ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL for non-insulin dependent members: allow twice daily testing; QL*
CHEMSTRIP 2 GP - Tier 2	
CHEMSTRIP 5 OB - Tier 2	*ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; ST; QL*
CHEMSTRIP 7 - Tier 2	*ONETOUCH VERIO FLEX SYSTEM KIT (brand for blood glucose monitor system) - Tier 2; PA; QL*
CHEMSTRIP 9 - Tier 2	*ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
CHEMSTRIP K (brand for ketone test) - Tier 2; QL	*ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL for non-insulin dependent members: allow twice daily testing; QL*
CHEMSTRIP UGK - Tier 2; QL	*ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; ST; QL*
CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL	*PRECISION XTRA BLOOD GLUCOSE STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL	*RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
CONTOUR NEXT ONE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL	*TRUE METRIX AIR GLUCOSE METER KIT (brand for blood glucose monitor system) - Tier 2; PA; QL*
CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; ST; QL	
CONTOUR PLUS BLUE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL	
CONTOUR PLUS CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
CONTOUR PLUS TEST STRIP (brand for blood glucose test) - Tier 2; ST; QL	
CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; ST; QL	
DEXCOM G6 RECEIVER - Tier 2; PA; QL	
DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	
DEXCOM G7 15 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	
DEXCOM G7 RECEIVER - Tier 2; PA; QL	
DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL	
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL	
EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL	
GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL	
EMBECTA PEN NEEDLE NANO (brand for 1st tier unifine pentips) - Tier 2; QL	
EMBECTA PEN NEEDLE NANO 2 GEN (brand for 1st tier unifine pentips) - Tier 2; QL	
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; QL	
FREESTYLE LIBRE 14 DAY READER - Tier 2; ST; QL	
FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; ST; QL	
FREESTYLE LIBRE 2 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; ST; QL	
FREESTYLE LIBRE 2 READER - Tier 2; PA; ST; QL	
FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL	
FREESTYLE LIBRE 3 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL	
FREESTYLE LIBRE 3 READER - Tier 2; PA; ST; QL	

Preferred Agents	Non-Preferred Agents
FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL *IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* KETO-DIASTIX - Tier 2; QL KETONE CARE - Tier 2; QL *KETONE TEST (brand for ketone test) - Tier 2; QL* *KETOSTIX (brand for ketone test) - Tier 2; QL* *LANCETS (brand for cvs lancets original) - Tier 2; QL* *LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL* *LANCETS ULTRATHIN 30G (brand for cvs lancets original) - Tier 2; QL* *MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *MICROLET NEXT LANCETS (brand for cvs lancets original) - Tier 2; QL* *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
ONETOUCH DELICA SAFETY LANCING (brand for cvs lancets original) - *Tier 2; QL* *ONETOUCH ULTRA CONTROL (brand for element compact control 2)* - *Tier 2; QL* *ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2)* - *Tier 2; QL* *ONETOUCH ULTRASOFT 2 LANCETS (brand for cvs lancets original)* - *Tier 2; QL* *ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2)* - *Tier 2; QL* *PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2)* - *Tier 2; QL* *PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2)* - *Tier 2; QL* *QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2)* - *Tier 2; QL* *VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2)* - *Tier 2; QL*	
Diabetic/Endocrine Blood: Glucose Monitoring	
ONETOUCH DELICA PLUS LANCING (brand for adjustable lancing device) - *Tier 2*	
Diuretics, Loop - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
bumetanide oral (generic for BUMEX) - *Tier 1; QL* *furosemide oral solution 10 mg/ml* - *Tier 1; QL* *furosemide oral tablet (generic for LASIX)* - *Tier 1; QL* *torsemide* - *Tier 1; QL*	FUROSCIX - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Diuretics, Potassium-sparing - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride hcl oral - Tier 1; QL *eplerenone - Tier 1; PA; QL* *spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL*	
Diuretics, Thiazide - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
chlorthalidone - Tier 1; QL *hydrochlorothiazide oral capsule - Tier 1; QL* *hydrochlorothiazide oral tablet 12.5 mg - Tier 1* *hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL* *indapamide - Tier 1; QL* *metolazone - Tier 1; QL*	
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; QL *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL* *pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1* *ropinirole hcl - Tier 1; QL*	NEUPRO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
carbidopa-levodopa er oral tablet extended release - Tier 1; QL *carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL*	*DHIVY (brand for carbidopa-levodopa) - Tier 2; PA; QL* *RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG (brand for carbidopa-levodopa er) - Tier 2; PA* *RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG (brand for carbidopa-levodopa er) - Tier 2; PA; QL* *SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL*
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
fenofibrate micronized capsule 134 mg oral - Tier 1; QL *fenofibrate micronized capsule 200 mg oral - Tier 1; QL* *fenofibrate micronized capsule 67 mg oral - Tier 1; QL* *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL* *fenofibrate oral tablet 145 mg (generic for TRICOR) - Tier 1; QL* *fenofibrate oral tablet 48 mg - Tier 1; QL* *fenofibrate tablet 160 mg oral - Tier 1; QL* *fenofibrate tablet 54 mg oral - Tier 1; QL* *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	*LIPOFEN (brand for fenofibrate) - Tier 2; PA*
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL *lovastatin oral - Tier 1; QL* *pravastatin sodium - Tier 1; QL* *rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL* *simvastatin oral (generic for ZOCOR) - Tier 1; QL*	ATORVALIQ - Tier 2; PA; QL *CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL* *LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL* *ZOCOR (brand for simvastatin) - Tier 2; PA; QL* ZYPITAMAG - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
cholestyramine light oral packet (generic for PREVALITE) - Tier 1; QL *cholestyramine light oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered* *cholestyramine oral packet (generic for QUESTRAN) - Tier 1; QL* *cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL* *colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL* *ezetimibe (generic for ZETIA) - Tier 1; QL* *niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL* *niacor (generic for NIACOR) - Tier 1; QL* *prevalite oral packet (generic for PREVALITE) - Tier 1; QL* *prevalite oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered*	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; SP; QL REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL* *VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Electrolytes/Minerals/Metals/Vitamins	
BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL *cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; QL* *calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium 600 - Tier 1; QL* *calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-5 mg-mcg (generic for ONEVITE CALCIUM+D3) - Tier 1; QL* *calcium carbonate - Tier 1; QL* *calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL*	*ENDARI (brand for l-glutamine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL *calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate oral tablet 950 (200 ca) mg - Tier 1* *calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL* *calcium fast dissolution - Tier 1; QL* *calcium high potency - Tier 1; QL* *calcium high potency/vitamin d (generic for ONEVITE CALCIUM+D3) - 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 plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL* *calcium/minerals/vitamin d oral tablet 600-400 mg-unit - Tier 1* *calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg - Tier 1; QL* *calcium-vitamin d3 oral tablet (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP* *effer-k oral tablet effervescent 25 meq - Tier 1; QL* *electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL* EZFE 200 - Tier 2	

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Preferred Agents	Non-Preferred Agents
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL *ferosul (generic for FEROSUL) - Tier 1; QL* *ferretts - Tier 1* *ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1* *FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2* *FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2* *ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1* *ferrous sulfate oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL* *ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL* *ferrous sulfate oral tablet delayed release - Tier 1; QL* *fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *HCU COOLER (brand for balanced nutritional drink) - Tier 2* *HCU GEL (brand for nutricia preop) - Tier 2* *iferex 150 (generic for FERREX 150) - Tier 1* *iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron oral tablet 325 (65 fe) mg, 325 mg (generic for FEROSUL) - Tier 1; QL* *iron supplement oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL* *klor-con (generic for KLOR-CON) - Tier 1; QL* *klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL* *klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL* *klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL* K-PHOS - Tier 2; QL *levocarnitine oral solution (generic for CARNITOR) - Tier 1; QL* *levocarnitine oral tablet (generic for CARNITOR) - Tier 1; QL* *levocarnitine sf (generic for CARNITOR) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
MMA/PA GEL (brand for nutricia preop) - Tier 2 *MSUD COOLER (brand for balanced nutritional drink) - Tier 2* *MSUD GEL (brand for nutricia preop) - Tier 2* *NU-IRON (brand for polysaccharide iron complex) - Tier 2* *ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL* *ONE VITE FERROUS SULFATE (brand for cvs iron) - Tier 2; QL* *ONEVITE CALCIUM+D3 ORAL TABLET 500-5 MG-MCG (brand for calcium + vitamin d3) - Tier 2; QL* *ONEVITE CALCIUM+D3 ORAL TABLET 600-200 MG-UNIT (brand for calcium carb-cholecalciferol) - Tier 2; QL* *oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1* *oyster shell calcium + d3 - Tier 1* *oyster shell calcium oral tablet 1250 (500 ca) mg - Tier 1; QL* *oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium-vit d - Tier 1; QL* *ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *PEDIALYTE ADVANCED CARE (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL PHOSPHO-TRIN K500 - Tier 2; QL *PKU COOLER 10 (brand for balanced nutritional drink) - Tier 2* *PKU COOLER 15 (brand for balanced nutritional drink) - Tier 2* *PKU COOLER 20 (brand for balanced nutritional drink) - Tier 2* *poly-iron 150 (generic for FERREX 150) - Tier 1* *polysaccharide iron complex (generic for FERREX 150) - Tier 1* *polysaccharide-iron complex (generic for FERREX 150) - Tier 1* *potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL* *potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL* *potassium chloride er oral capsule extended release 10 meq - Tier 1; QL* *potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL* *potassium chloride er oral tablet extended release 20 meq - Tier 1; QL* *potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL* *potassium chloride oral packet 20 meq (generic for KLOR-CON) - Tier 1; QL* *potassium chloride oral solution - Tier 1; QL* *potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL* *potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1* *potassium citrate er oral tablet extended release 5 meq (540 mg) - Tier 1* *REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL* *sodium chloride (pf) - Tier 1; QL* *sodium chloride intravenous solution 0.45 % - Tier 1; QL* *sodium chloride solution 0.9 % intravenous - Tier 1; QL* SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
sodium fluoride oral solution 1.1 (0.5 f) mg/ml - Tier 1; QL *sodium fluoride oral tablet chewable - Tier 1; QL* TRUE FERROUS SULFATE - Tier 2; QL *true oyster shell calcium - Tier 1; QL* *TYR COOLER (brand for balanced nutritional drink) - Tier 2* *TYR GEL (brand for nutricia preop) - Tier 2*	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL *ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL* *BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL* *BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL* BRAIN BUILDER KIDS - Tier 2; QL *c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL* *calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1* *chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL *childrens chewables/ex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *childrens/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *cholecalciferol oral (generic for THERA-D 2000) - Tier 1; QL* *d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) - Tier 1* *d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *d3 max st (generic for IS-D 10,000) - Tier 1* *d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL* *d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3 oral capsule 25 mcg (1000 ut) - Tier 1* *d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3-50 (generic for D3-50) - Tier 1; QL* *daily multivitamins/iron (generic for FLORAVITA MINI) - Tier 1; QL* *DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL* DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2 *destress-iron (generic for FLORAVITA MINI) - Tier 1; QL* *DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2* *D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL* *d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
ferate (generic for FERATE) - Tier 1 *ferrous gluconate - Tier 1* *ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1* *ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL* *FLORAVITA MINI (brand for destress-iron) - Tier 2; QL* *iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL* *multivitamin infants/toddlers oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL* *multi-vitamin/iron (generic for FLORAVITA MINI) - Tier 1; QL* *one-daily multi-vitamin/iron (generic for FLORAVITA MINI) - Tier 1; QL* *one-daily/iron (generic for FLORAVITA MINI) - Tier 1; QL* *oyster shell calcium oral tablet 500 mg - Tier 1; QL* *oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL* *phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL* *POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL* *potassium citrate-citric acid - Tier 1* *radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1* *stress formula/iron (generic for FLORAVITA MINI) - Tier 1; QL* *stress formula/iron/energy (generic for FLORAVITA MINI) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
SUPPORT - Tier 2; QL *sv vitamin d3 oral capsule 25 mcg - Tier 1* *sv vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *tri-vite/fluoride oral solution 0.25 mg/ml (generic for SOLUVITA ACD WITH FLUORIDE) - Tier 1; QL* *tri-vite/fluoride oral solution 0.5 mg/ml - Tier 1* *TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *TRUE VITAMIN D3 CAPSULE 125 MCG (5000 UT) ORAL (brand for cvs d3) - Tier 2* TRUE VITAMIN D3 CAPSULE 50 MCG (2000 UT) ORAL - Tier 2; QL *TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL* TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; QL TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 250 MCG (10000 UT) - Tier 2 TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL *TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2* *vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *vitamin c oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL* *vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL *vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d high potency oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d oral capsule 125 mcg (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d oral capsule 25 mcg (1000 ut) - Tier 1* *vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1* *vitamin d3 max (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) - Tier 1* *vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d-3 oral tablet (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 50 mcg, 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL* *vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1*	

Preferred Agents	Non-Preferred Agents
vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1 *vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL* *weekly-d (generic for D3-50) - Tier 1; QL* *WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT) (brand for cvs d3) - Tier 2* WELL VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) - Tier 2 WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL *zinc chelated oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL* *zinc gluconate oral tablet 50 mg - Tier 1; QL* *zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL*	
Electrolyte/Mineral/Metal Modifiers	
Electrolytes/Minerals/Metals/Vitamins	
CHEMET - Tier 2; QL *deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL* *deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL* *deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL* *deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP* *deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL* *JYNARQUE ORAL TABLET (brand for tolvaptan) - Tier 2; PA; SP* *JYNARQUE ORAL TABLET THERAPY PACK (brand for tolvaptan) - Tier 2; PA; SP; QL* LOKELMA - Tier 2; PA; QL *SAMSCA (brand for tolvaptan (hyponatremia)) - Tier 2; PA; SP* *sodium polystyrene sulfonate oral - Tier 1* *SPS (SODIUM POLYSTYRENE SULF) (brand for sodium polystyrene sulfonate) - Tier 2; QL* VELTASSA - Tier 2; PA; QL	*tolvaptan oral tablet therapy pack 15 mg (generic for JYNARQUE) - Tier 1; PA; SP; QL*

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Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
ANZEMET - Tier 2; PA; QL *aprepitant (generic for EMEND BIPACK) - Tier 1; QL* *dronabinol oral capsule (generic for MARINOL) - Tier 1; PA; QL* *granisetron hcl oral - Tier 1; PA; QL* GRANISOL - Tier 2; PA; QL *ondansetron hcl oral solution 4 mg/5ml - Tier 1; QL* *ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL* *ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL*	EMEND ORAL - Tier 2; PA; QL
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
BALVERSA - Tier 2; PA; SP; QL *etoposide oral - Tier 1* HYCAMTIN ORAL - Tier 2; PA; SP	ZYDELIG ORAL TABLET 150 MG - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Enzyme Replacements/Modifiers - Enzyme Replacements/Modifying Drugs	
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency	
	ZOLGENSMA 10.1-10.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 10.6-11.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 11.1-11.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 11.6-12.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 12.1-12.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 12.6-13.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 13.1-13.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 2.6-3.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 3.1-3.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 3.6-4.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 4.1-4.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 4.6-5.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 5.1-5.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 5.6-6.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 6.1-6.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 6.6-7.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 7.1-7.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 7.6-8.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 8.1-8.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 8.6-9.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 9.1-9.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 9.6-10.0 KG - Tier 2; PA; SP; QL
Ergot Alkaloids - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
CAFERGOT (brand for ergotamine-caffeine) - Tier 2; QL *dihydroergotamine mesylate nasal - Tier 1* *ergotamine-caffeine (generic for CAFERGOT) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
afirmelle (generic for AFIRMELLE) - Tier 1; QL	ANGELIQ - Tier 2; PA
ALORA (brand for estradiol) - Tier 2; QL	ANNOVERA - Tier 2; PA; QL
altavera (generic for ALTAVERA) - Tier 1; QL	*BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL*
alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL	*BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL	BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL
apri - Tier 1; QL	CLIMARA PRO - Tier 2; PA
aubra eq (generic for AFIRMELLE) - Tier 1; QL	COMBIPATCH - Tier 2; PA; QL
aurovela 1.5/30 - Tier 1; QL	*DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL*
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL	*DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA*
aurovela 24 fe - Tier 1; QL	*ESTROGEL (brand for estradiol) - Tier 2; PA*
aurovela fe 1.5/30 - Tier 1; QL	LO LOESTRIN FE - Tier 2; PA; QL
aurovela fe 1/20 - Tier 1; QL	MYFEMBREE - Tier 2; PA; QL
aviane (generic for AFIRMELLE) - Tier 1; QL	NATAZIA - Tier 2; PA; QL
ayuna (generic for ALTAVERA) - Tier 1; QL	NEXTSTELLIS - Tier 2; PA; QL
azurette (generic for AZURETTE) - Tier 1; QL	*PREMARIN ORAL (brand for estrogens conjugated) - Tier 2; PA; QL*
balziva (generic for BALZIVA) - Tier 1; QL	*SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*
blisovi 24 fe - Tier 1; QL	
blisovi fe 1.5/30 - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
blisovi fe 1/20 - Tier 1; QL *briellyn (generic for BALZIVA) - Tier 1; QL* *camrese - Tier 1; QL* *camrese lo - Tier 1; QL* *chateal eq (generic for ALTAVERA) - Tier 1; QL* *CLIMARA (brand for estradiol) - Tier 2; QL* *cryselle - Tier 1; QL* *dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL* *delyla (generic for AFIRMELLE) - Tier 1; QL* DEPO-ESTRADIOL - Tier 2; QL *dotti (generic for DOTTI) - Tier 1; QL* *drospiren-eth estrad-levomefol (generic for BEYAZ) - Tier 1; QL* *drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL* DUAVEE - Tier 2; QL ELESTRIN - Tier 2; QL *elinest - Tier 1; QL* *eluryng (generic for ELURYNG) - Tier 1; QL* *enilloring (generic for ELURYNG) - Tier 1; QL* *enskyce - Tier 1; QL* *estarylla (generic for ESTARYLLA) - Tier 1; QL* *estradiol oral - Tier 1; QL* *estradiol transdermal gel 0.5 mg/0.5gm (generic for DIVIGEL) - Tier 1; QL* *estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) (generic for ESTROGEL) - Tier 1* *estradiol transdermal gel 1 mg/gm (generic for DIVIGEL) - Tier 1* *estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL* *estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL* *estradiol vaginal (generic for ESTRACE) - Tier 1; QL* ESTRING - Tier 2; QL *estrogens conjugated (generic for PREMARIN) - Tier 1; QL* *etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL* EVAMIST - Tier 2	*VAGIFEM (brand for estradiol) - Tier 2; PA; QL* *vestura (generic for JASMIEL) - Tier 1; PA; QL* *YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL* *YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
falmina (generic for AFIRMELLE) - Tier 1; QL FEMRING - Tier 2; PA; QL *hailey 1.5/30 - Tier 1; QL* *hailey 24 fe - Tier 1; QL* *hailey fe 1.5/30 - Tier 1; QL* *hailey fe 1/20 - Tier 1; QL* *isibloom - Tier 1; QL* *jaimiess - Tier 1; QL* *jasmiel (generic for JASMIEL) - Tier 1; QL* *juleber - Tier 1; QL* *junel 1.5/30 - Tier 1; QL* *junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *junel fe - Tier 1; QL* *kaitlib fe - Tier 1; QL* *kariva (generic for AZURETTE) - Tier 1; QL* *kelnor 1/35 - Tier 1; QL* *kurvelo (generic for ALTAVERA) - Tier 1; QL* *larin 1.5/30 - Tier 1; QL* *larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *larin 24 fe - Tier 1; QL* *larin fe 1.5/30 - Tier 1; QL* *larin fe 1/20 - Tier 1; QL* *lessina (generic for AFIRMELLE) - Tier 1; QL* *levonest (generic for LEVONEST) - Tier 1; QL* *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for SETLAKIN) - Tier 1; QL* *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL* *levonorg-eth estrad triphasic (generic for LEVONEST) - Tier 1; QL* *loryna (generic for JASMIEL) - Tier 1; QL* *lo-zumandimine (generic for JASMIEL) - Tier 1; QL* *lyllana (generic for DOTTI) - Tier 1; QL* *marlissa (generic for ALTAVERA) - Tier 1; QL* MENOSTAR - Tier 2; QL *microgestin 1.5/30 - Tier 1; QL* *microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
microgestin fe 1.5/30 - Tier 1; QL *microgestin fe 1/20 - Tier 1; QL* *mili (generic for ESTARYLLA) - Tier 1; QL* *MINIVELLE (brand for estradiol) - Tier 2; QL* *necon 0.5/35 (28) - Tier 1; QL* *nikki (generic for JASMIEL) - Tier 1; QL* *norethindrone acet-ethinyl est (generic for AUROVELA 1/20) - Tier 1; QL* *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - Tier 1; QL* *norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL* *nortrel 0.5/35 (28) - Tier 1; QL* *nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL* *nylia 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL* *nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL* *philith (generic for BALZIVA) - Tier 1; QL* *pimtrea (generic for AZURETTE) - Tier 1; QL* *portia-28 (generic for ALTAVERA) - Tier 1; QL* PREMARIN VAGINAL - Tier 2; QL PREMPHASE - Tier 2; QL PREMPRO - Tier 2; QL *reclipsen - Tier 1; QL* *setlakin (generic for SETLAKIN) - Tier 1; QL* *simpesse - Tier 1; QL* *sprintec 28 (generic for ESTARYLLA) - Tier 1; QL* *syeda (generic for SYEDA) - Tier 1; QL* *tarina 24 fe - Tier 1; QL* *tarina fe 1/20 eq - Tier 1; QL* *tilia fe - Tier 1; QL* *tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL *tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* TYBLUME - Tier 2; QL *tydemy (generic for TYDEMY) - Tier 1; QL* *velivet - Tier 1; QL* *vienva (generic for AFIRMELLE) - Tier 1; QL* *viorele (generic for AZURETTE) - Tier 1; QL* *VIVELLE-DOT (brand for estradiol) - Tier 2; QL* *volnea (generic for AZURETTE) - Tier 1; QL* *vylibra (generic for ESTARYLLA) - Tier 1; QL* *wera - Tier 1; QL* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zafemy - Tier 1; QL* *zovia 1/35 (28) - Tier 1; QL* *zumandimine (generic for SYEDA) - Tier 1; QL*	
Eye, ear, nose and throat drugs, misc.	
	TYRVAYA - Tier 2; PA; QL
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg - Tier 1; QL; AL *pregabalin oral (generic for LYRICA) - Tier 1; QL*	*LYRICA ORAL CAPSULE (brand for pregabalin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
GABA Receptor Modulators - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
eszopiclone (generic for LUNESTA) - Tier 1; QL; AL *temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL; AL* *zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; AL* *zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL*	*AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA; AL* EDLUAR - Tier 2; PA; QL *RESTORIL (brand for temazepam) - Tier 2; PA; QL; AL*
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
clobazam oral tablet (generic for ONFI) - Tier 1; DX2RX; QL *clobazam suspension 2.5 mg/ml oral (generic for ONFI) - Tier 1; DX2RX; QL* *diazepam rectal gel 10 mg, 20 mg - Tier 1; QL* *gabapentin oral capsule 100 mg, 300 mg, 400 mg (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL* *primidone oral (generic for MYSOLINE) - Tier 1; QL* *tiagabine hcl - Tier 1; PA; QL; AL* *valproic acid oral capsule - Tier 1; QL* *valproic acid solution 250 mg/5ml oral - Tier 1; QL* VALTOCO 10 MG DOSE - Tier 2; QL VALTOCO 15 MG DOSE - Tier 2; QL VALTOCO 20 MG DOSE - Tier 2; QL VALTOCO 5 MG DOSE - Tier 2; QL	*diazepam rectal gel 2.5 mg - Tier 1; PA; QL* *NEURONTIN (brand for gabapentin) - Tier 2; PA; QL* SYMPAZAN - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
ACID GONE ORAL SUSPENSION - Tier 2 *acid gone oral tablet chewable (generic for ACID GONE) - Tier 1* *ACIDOCORE (brand for cvs acidophilus probiotic) - Tier 2* *acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1* *advanced antacid (generic for MINTOX) - Tier 1; QL* *almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *alum & mag hydroxide-simeth (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & antigas oral suspension 1200-1200-120 mg/30ml (generic for MINTOX) - Tier 1; QL* *antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL*	BYLVAY - Tier 2; PA; SP; QL; AL BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL LIVMARLI ORAL SOLUTION 9.5 MG/ML - Tier 2; PA; SP; QL *MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; QL* MOVANTIK - Tier 2; PA; QL *PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA* REZDIFFRA ORAL TABLET 60 MG - Tier 2; PA; SP SYMPROIC - Tier 2; PA; QL VOQUEZNA DUAL PAK - Tier 2; PA; QL VOQUEZNA TRIPLE PAK - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL *antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid advanced (generic for MINTOX) - Tier 1; QL* *antacid anti-gas (generic for MINTOX) - Tier 1; QL* *antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid calcium (generic for CAL-GEST ANTACID) - Tier 1* *antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1* *antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid fast relief (generic for MINTOX) - Tier 1; QL* *antacid i (generic for MINTOX) - Tier 1; QL* *antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid liquid (generic for MINTOX) - Tier 1; QL* *antacid m (generic for MINTOX) - Tier 1; QL* *antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1*	

Preferred Agents	Non-Preferred Agents
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL *antacid oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid regular strength oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid/antigas (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal oral solution 1 mg/7.5ml (generic for IMODIUM A-D) - Tier 1* *anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1* *anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1*	

Preferred Agents	Non-Preferred Agents
bismuth (generic for SOOTHE) - Tier 1; QL *bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL* *calcium antacid (generic for CAL-GEST ANTACID) - Tier 1* *calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium carbonate antacid oral suspension - Tier 1; QL* *calcium carbonate antacid oral tablet - Tier 1* *calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1* *cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1* *chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *childrens soothe - Tier 1* *comfort gel (generic for MINTOX) - Tier 1; QL* *comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2* *CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2* *CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2* *daily probiotic supplement (generic for FLORASTOR) - Tier 1* *dairy digestive fast acting oral tablet (generic for LACTAID FAST ACT) - Tier 1* *dairy relief ex st - Tier 1* *dairy relief fast acting oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1* *dairy relief oral tablet 3000 unit (generic for LACTAID) - Tier 1* *dairy relief oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1* *diamode (generic for IMODIUM A-D) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
diarrhea (generic for SOOTHE) - Tier 1 *diarrhea relief (generic for SOOTHE) - Tier 1* *digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *diphenoxylate-atropine oral liquid - Tier 1* *diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; QL* FLORACTIS - Tier 2 *floranex tablet oral (generic for FLORANEX) - Tier 1* *FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2* FREE + PURE DAILY PROBIOTIC - Tier 2 *gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief oral tablet chewable - Tier 1* *gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2* *GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2* *GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* *GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2* GELUSIL - Tier 2 *gentle laxative oral suspension (generic for DULCOLAX) - Tier 1* *geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL *geri-mox (generic for MINTOX) - Tier 1; QL* *geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *heartburn antacid (generic for ACID GONE) - Tier 1* *heartburn antacid ex st (generic for ACID GONE) - Tier 1* *heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1* *heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *heartland gas relief - Tier 1* *IMODIUM A-D ORAL SOLUTION (brand for anti-diarrheal) - Tier 2* *IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2* *IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - Tier 2* *infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *infants gas relief oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *KAOPECTATE MAX (brand for cvs stomach relief) - Tier 2* *KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2* *KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2* *KAOPECTATE ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *LACTAID (brand for cvs dairy relief) - Tier 2* *LACTAID FAST ACT ORAL TABLET (brand for cvs dairy relief fast acting) - Tier 2* *lactase enzyme (generic for LACTAID) - Tier 1* *lactase enzyme ultra str (generic for LACTAID FAST ACT) - Tier 1* *lactobacillus oral tablet (generic for FLORANEX) - Tier 1* *lactobacillus probiotic (generic for FLORANEX) - Tier 1*	

Preferred Agents	Non-Preferred Agents
lactose fast acting relief oral tablet (generic for LACTAID FAST ACT) - Tier 1 *long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1* *loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL* *loperamide hcl oral solution (generic for IMODIUM A-D) - Tier 1* *loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1* *loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *mag-al plus oral liquid (generic for MINTOX) - Tier 1; QL* *mag-al plus xs oral liquid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1* *magnesium oxide oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1* *magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1* *magnesium-aluminum-simethicone (generic for MINTOX) - Tier 1; QL* *magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *MAOX (brand for magnesium oxide) - Tier 2* *milk of magnesia (generic for DULCOLAX) - Tier 1* *milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1* *mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *mintox plus - Tier 1* *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2* *PEPTO BISMOL ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *PHAZYME (brand for cvs gas relief extra strength) - Tier 2* *PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*	

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Preferred Agents	Non-Preferred Agents
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1 *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral tablet 262 mg (generic for SOOTHE) - Tier 1* *pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1* *probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *saccharomyces boulardii (generic for FLORASTOR) - Tier 1* *SIMEPED (brand for cvs gas relief infants) - Tier 2* *simethicone drops childrens (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *sodium bicarbonate oral tablet - Tier 1* *soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *soothe oral suspension (generic for SOOTHE) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
soothe oral tablet (generic for SOOTHE) - Tier 1 *soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1* *stomach relief oral tablet 262 mg (generic for SOOTHE) - Tier 1* *stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *surelac (generic for LACTAID) - Tier 1* *TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2* *TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2* *tum-ease (generic for CAL-GEST ANTACID) - Tier 1* *TUMS (brand for antacid) - Tier 2* *TUMS CHEWY BITES (brand for antacid) - Tier 2* *TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2* *TUMS E-X 750 (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2* *TUMS LASTING EFFECTS (brand for antacid) - Tier 2* *TUMS SMOOTHIES (brand for antacid) - Tier 2* *TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2* *TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2* *ursodiol oral capsule 300 mg - Tier 1; QL* *ursodiol oral tablet (generic for URSO FORTE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
VIREX (brand for cvs acidophilus probiotic) - Tier 2 *WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2*	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
betaine (generic for CYSTADANE) - Tier 1; SP CHOLBAM - Tier 2; PA; SP; QL CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT - Tier 2 CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT - Tier 2; QL CYSTAGON - Tier 2; SP; QL ELAPRASE - Tier 2; PA; SP ELELYSO - Tier 2; PA; SP *JAVYGTOR ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; SP* *KUVAN ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; SP* *miglustat (generic for ZAVESCA) - Tier 1; PA; SP; QL* NITYR - Tier 2; PA; SP; QL *RAVICTI (brand for glycerol phenylbutyrate) - Tier 2; PA; SP; QL*	AMVUTTRA - Tier 2; PA CERDELGA - Tier 2; PA; SP; QL CEREZYME - Tier 2; PA; SP FABRAZYME - Tier 2; PA; SP *ORFADIN ORAL CAPSULE 10 MG (brand for nitisinone) - Tier 2; PA; SP; QL* *ORFADIN ORAL CAPSULE 2 MG, 20 MG, 5 MG (brand for nitisinone) - Tier 2; PA; SP* ORFADIN ORAL SUSPENSION - Tier 2; PA; SP PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 8000-28750 UNIT - Tier 2; PA PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT - Tier 2; PA; QL PHEBURANE - Tier 2; PA; SP; QL STRENSIQ - Tier 2; PA; SP VILTEPSO - Tier 2; PA VIOKACE - Tier 2; PA VPRIV - Tier 2; PA; SP

Preferred Agents	Non-Preferred Agents
sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP *sodium phenylbutyrate oral tablet (generic for BUPHENYL) - Tier 1; PA; SP; QL* ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2 ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT, 60000-189600 UNIT - Tier 2; QL	VYONDYS 53 - Tier 2; PA YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML - Tier 2; PA; SP *ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL*
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
	DUVYZAT - Tier 2; PA; SP; QL; AL

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Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
bethanechol chloride oral - Tier 1 ELMIRON - Tier 2; DX2RX; QL ENCARE - Tier 2; QL *glycine urologic - Tier 1* OPTIONS GYNOL II CONTRACEPTIVE - Tier 2; QL *penicillamine oral capsule (generic for CUPRIMINE) - Tier 1; SP* *penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL* *phenazo (generic for PHENAZO) - Tier 1* *phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1* *PHENAZOPYRIDINE HCL TABLET 100 MG ORAL (brand for phenazopyridine hcl) - Tier 2; QL* *phenazopyridine hcl tablet 100 mg oral (generic for PYRIDIUM) - Tier 1; QL* *PHENAZOPYRIDINE HCL TABLET 200 MG ORAL (brand for phenazopyridine hcl) - Tier 2; QL* *phenazopyridine hcl tablet 200 mg oral (generic for PYRIDIUM) - Tier 1; QL* *PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL* TODAY SPONGE - Tier 2; QL *urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1* *URO-PAIN (brand for cvs urinary pain relief) - Tier 2* VCF VAGINAL CONTRACEPTIVE - Tier 2; QL	FILSPARI - Tier 2; PA; SP; QL; AL OXLUMO - Tier 2; PA *THIOLA (brand for tiopronin) - Tier 2; PA; SP* *THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL*

Preferred Agents	Non-Preferred Agents
Glucocorticoids - Drugs to Treat Inflammation	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
ANUSOL-HC EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL *budesonide oral - Tier 1; QL* CORTIFOAM - Tier 2; QL *hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL* *hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL* *PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL* *PREPARATION H SOOTHING RELIEF EXTERNAL CREAM (brand for hydrocortisone (perianal)) - Tier 2; QL* *PROCTOCORT EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL* PROCTOFOAM HC - Tier 2 *procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL* *PROCTOSOL HC (brand for hydrocortisone (perianal)) - Tier 2; QL* *PROCTOZONE-HC (brand for hydrocortisone (perianal)) - Tier 2; QL*	TARPEYO - Tier 2; PA; QL *UCERIS (brand for budesonide) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Glutamate Reducing Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL *felbamate oral tablet (generic for FELBATOL) - Tier 1; QL* *FYCOMPA (brand for perampanel) - Tier 2; PA; QL* *lamotrigine er (generic for LAMICTAL XR) - Tier 1; QL* *lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL* *lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA; QL* *lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; QL* SUBVENITE ORAL SUSPENSION - Tier 2; AL *subvenite oral tablet (generic for SUBVENITE) - Tier 1; QL* *topiramate er oral capsule er 24 hour sprinkle - Tier 1; PA* *topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL* *topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL* *TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL*	*TOPAMAX (brand for topiramate) - Tier 2; PA; QL* *TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL*
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL *ft glucose (generic for FT GLUCOSE) - Tier 1; QL* *glucagon emergency solution reconstituted 1 mg injection - Tier 1; QL* *GLUCO TO GO (brand for cvs glucose) - Tier 2; QL* *glucose oral tablet chewable 4 gm (generic for FT GLUCOSE) - Tier 1; QL* *PROGLYCEM (brand for diazoxide) - Tier 2* *soft glucose (generic for FT GLUCOSE) - Tier 1; QL* *TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL*	GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML - Tier 2; PA; QL GVOKE HYPOPEN 1-PACK - Tier 2; PA; QL GVOKE HYPOPEN 2-PACK - Tier 2; PA; QL GVOKE KIT - Tier 2; PA; QL GVOKE PFS - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Hemostasis Agents - Drugs to Stop Bleeding	
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT - Tier 2; PA; SP ALPHANINE SD - Tier 2; PA; SP COAGADEX - Tier 2; PA ELOCTATE - Tier 2; PA; SP FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT - Tier 2; PA NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT - Tier 2; PA; SP NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT - Tier 2; PA PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT - Tier 2; PA; SP REBINYN - Tier 2; PA RIASTAP - Tier 2; PA; SP	ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA; SP NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT - Tier 2; PA; SP ADYNOVATE - Tier 2; PA; SP AFSTYLA - Tier 2; PA; SP ALPHANATE - Tier 2; PA; SP ALPROLIX - Tier 2; PA; SP *aminocaproic acid oral - Tier 1; QL* BENEFIX - Tier 2; PA; SP CORIFACT - Tier 2; PA; SP FEIBA - Tier 2; PA; SP HEMOFIL M - Tier 2; PA; SP HUMATE-P - Tier 2; PA; SP IDELVION - Tier 2; PA; SP *IXINITY (brand for rixubis) - Tier 2; PA; SP* KOATE - Tier 2; PA; SP KOATE-DVI - Tier 2; PA; SP KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT - Tier 2; PA; SP NOVOEIGHT - Tier 2; PA; SP NOVOSEVEN RT - Tier 2; PA; SP OBIZUR - Tier 2; PA; SP PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT - Tier 2; PA; SP RECOMBINATE - Tier 2; PA; SP *RIXUBIS (brand for rixubis) - Tier 2; PA; SP* SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG - Tier 2; PA *tranexamic acid oral - Tier 1; DX2RX; QL* TRETTEN - Tier 2; PA; SP VONVENDI - Tier 2; PA; SP WILATE - Tier 2; PA; SP XYNTHA - Tier 2; PA; SP XYNTHA SOLOFUSE - Tier 2; PA; SP	ALTUVIIIO - Tier 2; PA HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML - Tier 2; PA; SP HEMLIBRA SUBCUTANEOUS SOLUTION 60 MG/0.4ML - Tier 2; PA; SP; QL PYRUKYND ORAL TABLET 20 MG - Tier 2; PA; SP; QL TAVALISSE - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
acid controller (generic for PEPCID AC) - Tier 1; QL *acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1* *cimetidine hcl - Tier 1* *cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1* *cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL* *famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *famotidine oral (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL* *famotidine orig st (generic for PEPCID AC) - Tier 1; QL* *heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1* *PEPCID AC (brand for acid controller) - Tier 2; QL* *TAGAMET HB 200 (brand for cimetidine) - Tier 2*	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
hydrocortisone acetate external ointment - Tier 1	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL *anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *betamethasone dipropionate aug external cream - Tier 1; QL* *betamethasone dipropionate external cream - Tier 1; QL* *betamethasone dipropionate external lotion - Tier 1* *betamethasone dipropionate external ointment - Tier 1; QL* *betamethasone valerate external cream - Tier 1; QL* *betamethasone valerate external lotion - Tier 1; QL* *betamethasone valerate external ointment - Tier 1; QL* *clobetasol prop emollient base - Tier 1; QL* *clobetasol propionate e - Tier 1; QL* *clobetasol propionate external cream 0.05 % - Tier 1; QL* *clobetasol propionate external gel - Tier 1; QL* *clobetasol propionate external ointment - Tier 1; QL*	ACTHAR - Tier 2; PA; SP; QL *CLOBEX EXTERNAL LOTION 0.05 % (brand for clobetasol propionate) - Tier 2; PA; QL* *CLOBEX EXTERNAL SHAMPOO 0.05 % (brand for clobetasol propionate) - Tier 2; PA; QL* *CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL* CORTROPHIN - Tier 2; PA; SP; QL *VANOS (brand for fluocinonide) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
clobetasol propionate external shampoo (generic for CLODAN) - Tier 1; QL *clobetasol propionate external solution - Tier 1; QL* *clodan (generic for CLODAN) - Tier 1; QL* *cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *DERMA-SMOOTHE/FS BODY (brand for fluocinolone acetonide body) - Tier 2; QL* *DERMA-SMOOTHE/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; QL* *dexamethasone intensol - Tier 1* *dexamethasone oral elixir - Tier 1; QL* *dexamethasone oral solution - Tier 1; QL* *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1* *dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL* *dexamethasone oral tablet therapy pack (generic for HIDEX 6-DAY) - Tier 1* *fludrocortisone acetate oral - Tier 1; QL* *fluocinolone acetonide external solution - Tier 1; QL* *fluocinonide external cream (generic for VANOS) - Tier 1; QL* *fluocinonide external ointment - Tier 1; QL* *fluocinonide external solution - Tier 1; QL* *fluticasone propionate external cream - Tier 1; QL* *fluticasone propionate external ointment - Tier 1; QL* *halobetasol propionate external cream - Tier 1; QL* *halobetasol propionate external ointment - Tier 1; QL* *HIDEX 6-DAY (brand for dexamethasone) - Tier 2* *hydrocortisone acetate external cream 1 % - Tier 1* *hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL* *hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone external lotion 2.5 % - Tier 1; QL* *hydrocortisone external ointment 0.5 % - Tier 1*	

Preferred Agents	Non-Preferred Agents
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL *hydrocortisone external ointment 2.5 % - Tier 1; QL* *hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL* *hydrocortisone plus external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone-aloe vera (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *instacort 5 - Tier 1; QL* *itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *MEDPURA HYDROCORTISONE (brand for anti-itch maximum strength) - Tier 2; QL* MEDROL ORAL TABLET 2 MG - Tier 2 *methylprednisolone oral (generic for MEDROL) - Tier 1; QL* *mometasone furoate external - Tier 1; QL* *prednisolone oral solution - Tier 1; QL* *prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1* *prednisolone sodium phosphate oral solution 5 mg/5ml - Tier 1; QL* *prednisone intensol - Tier 1; QL* *prednisone oral solution - Tier 1; QL* *prednisone oral tablet - Tier 1; QL* PREDNISONE ORAL TABLET DELAYED RELEASE - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL *prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1* *TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2* *triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL* *triamcinolone acetonide external lotion 0.025 % - Tier 1* *triamcinolone acetonide external lotion 0.1 % - Tier 1; QL* *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL* *triamcinolone acetonide external ointment 0.05 % - Tier 1* *triamcinolone acetonide injection suspension 10 mg/ml (generic for KENALOG-10) - Tier 1* *triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG-40) - Tier 1* TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION - Tier 2 *triamcinolone in absorbase - Tier 1* *triderm (generic for TRIDERM) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
desmopressin ace spray refrig - Tier 1; QL *desmopressin acetate injection (generic for DDAVP) - Tier 1; PA* *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *desmopressin acetate pf (generic for DDAVP PF) - Tier 1; PA* *desmopressin acetate spray - Tier 1; QL* GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP INCRELEX - Tier 2; PA; SP NORDITROPIN FLEXPRO - Tier 2; PA; SP	HUMATROPE - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
ARMOUR THYROID (brand for niva thyroid) - Tier 2; QL *EVEXITHROID ORAL TABLET 120 MG, 15 MG (brand for thyroid) - Tier 2; QL* EVEXITHROID ORAL TABLET 180 MG - Tier 2; QL *EVEXITHROID ORAL TABLET 30 MG, 60 MG, 90 MG (brand for niva thyroid) - Tier 2; QL* *levo-t (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium oral tablet (generic for LEVO-T) - Tier 1; QL* *levoxyl (generic for LEVO-T) - Tier 1; QL* *liomny (generic for LIOMNY) - Tier 1; QL* *liothyronine sodium oral (generic for LIOMNY) - Tier 1; QL* *NIVA THYROID (brand for niva thyroid) - Tier 2; QL* *np thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL* *RENTHYROID ORAL TABLET 120 MG, 15 MG (brand for thyroid) - Tier 2; QL* *RENTHYROID ORAL TABLET 30 MG, 60 MG, 90 MG (brand for niva thyroid) - Tier 2; QL* *thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL* *unithroid (generic for LEVO-T) - Tier 1; QL*	*SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL* *TIROSINT ORAL CAPSULE 100 MCG, 13 MCG, 137 MCG, 50 MCG, 75 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL*
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants	
LYSODREN - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
cabergoline - Tier 1; QL ELIGARD - Tier 2; PA; SP; QL FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; PA; SP* *octreotide acetate injection solution 1000 mcg/ml - Tier 1; PA; SP; QL* *octreotide acetate injection solution 200 mcg/ml - Tier 1; PA; SP* *octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; PA; SP; QL* *octreotide acetate intramuscular (generic for SANDOSTATIN LAR DEPOT) - Tier 1; PA; SP* *octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; PA; SP* *octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; PA; SP; QL* ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP ORIAHNN - Tier 2; PA; QL *SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML (brand for octreotide acetate) - Tier 2; PA; SP* *SANDOSTATIN INJECTION SOLUTION 500 MCG/ML (brand for octreotide acetate) - Tier 2; PA; SP; QL* SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Immune Suppressants	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML - Tier 2; PA; SP; QL ADALIMUMAB-FKJP (2 PEN) - Tier 2; PA; SP; QL ADALIMUMAB-FKJP (2 SYRINGE) - Tier 2; PA; SP; QL *azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL* *cyclosporine modified (generic for GENGRAF) - Tier 1; QL* *cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL* ENBREL - Tier 2; PA; SP; QL *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; QL* *gengraf (generic for GENGRAF) - Tier 1; QL* *HADLIMA (brand for adalimumab-bwwd) - Tier 2; PA; SP; QL* *HADLIMA PUSHTOUCH (brand for adalimumab-bwwd) - Tier 2; PA; SP; QL* *methotrexate sodium - Tier 1* *methotrexate sodium (pf) - Tier 1* *mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL* *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL*	ADALIMUMAB-AATY (2 PEN) - Tier 2; PA; SP; QL ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML - Tier 2; PA; SP; QL ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL CIMZIA VIAL KIT - Tier 2; PA; SP; QL ENSPRYNG - Tier 2; PA; SP; QL HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL LUPKYNIS - Tier 2; PA; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP RASUVO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
mycophenolic acid (generic for MYFORTIC) - Tier 1; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL *sirolimus oral solution - Tier 1; QL* *sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL* *sirolimus oral tablet 2 mg - Tier 1* *tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1* *tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL* *tofacitinib citrate er (generic for XELJANZ XR) - Tier 1; PA; SP; QL* *tofacitinib citrate oral tablet (generic for XELJANZ) - Tier 1; PA; SP; QL* TREXALL - Tier 2	*SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL* SIMPONI - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL *STELARA SUBCUTANEOUS (brand for ustekinumab) - Tier 2; PA; SP; QL; AL* VYVGART - Tier 2; PA *XELJANZ (brand for tofacitinib citrate) - Tier 2; PA; SP; QL* *XELJANZ XR (brand for tofacitinib citrate er) - Tier 2; PA; SP; QL*
Immunizing Agents, Passive - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
BIVIGAM - Tier 2; PA; SP FLEBOGAMMA DIF - Tier 2; PA; SP GAMMAGARD - Tier 2; PA; SP GAMMAGARD S/D LESS IGA - Tier 2; PA; SP GAMMAKED - Tier 2; PA; SP GAMMAPLEX - Tier 2; PA; SP GAMUNEX-C - Tier 2; PA; SP HIZENTRA - Tier 2; PA; SP OCTAGAM - Tier 2; PA; SP PRIVIGEN - Tier 2; PA; SP XEMBIFY - Tier 2; PA	CUVITRU - Tier 2; PA; SP HYQVIA - Tier 2; PA; SP PANZYGA - Tier 2; PA; SP
Immunological Agents, Other	
Immunological Agents	
	BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML - Tier 2; PA; SP; QL VYVGART HYTRULO SUBCUTANEOUS SOLUTION - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Immunomodulators - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ACTIMMUNE - Tier 2; PA; SP *leflunomide oral (generic for ARAVA) - Tier 1; QL* OTEZLA ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL OTEZLA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL OTEZLA XR - Tier 2; PA; SP; QL OTEZLA/OTEZLA XR INITIATION PK - Tier 2; PA; SP; QL TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ARCALYST - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL ULTOMIRIS - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
BD BLUNT FILL NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL	*ADMELOG (brand for insulin lispro) - Tier 2; PA; QL*
CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL	*ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL*
HUMALOG MIX 50/50 KWIKPEN - Tier 2; QL	AFREZZA - Tier 2; PA; QL
HUMULIN 70/30 KWIKPEN - Tier 2; QL	APIDRA SOLOSTAR - Tier 2; PA; QL
HUMULIN 70/30 VIAL - Tier 2; QL	APIDRA VIAL - Tier 2; PA; QL
HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL	BASAGLAR KWIKPEN - Tier 2; PA; QL
INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL	FIASP - Tier 2; PA; QL
INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; QL	FIASP FLEXTOUCH - Tier 2; PA; QL
INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL	FIASP PENFILL - Tier 2; PA; QL
INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL	*HUMALOG (brand for insulin lispro) - Tier 2; PA; QL*
LANTUS SOLOSTAR - Tier 2; QL	*HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL*
LANTUS U-100 VIAL - Tier 2; QL	*HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL*
	HUMALOG MIX 75/25 - Tier 2; PA; QL
	HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL	HUMULIN N KWIKPEN - Tier 2; PA; QL
NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL	HUMULIN N VIAL - Tier 2; PA; QL
NOVOLIN 70/30 RELION - Tier 2; QL	HUMULIN R VIAL - Tier 2; PA; QL
NOVOLIN N VIAL - Tier 2; QL	*INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL*
NOVOLIN R VIAL - Tier 2; QL	LYUMJEV - Tier 2; PA; QL
NOVOLOG 70/30 FLEXPEN RELION (brand for insulin asp prot & asp flexpen) - Tier 2; QL	LYUMJEV KWIKPEN - Tier 2; PA; QL
NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL	NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL
NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL	NOVOLIN 70/30 VIAL - Tier 2; PA; QL
NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; QL	NOVOLIN N FLEXPEN - Tier 2; PA; QL
NOVOLOG MIX 70/30 RELION - Tier 2; QL	NOVOLIN R FLEXPEN - Tier 2; PA; QL
NOVOLOG MIX 70/30 VIAL - Tier 2; QL	REZVOGLAR KWIKPEN - Tier 2; PA; QL
NOVOLOG PENFILL - Tier 2; QL	*SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL*
NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL	SOLIQUA - Tier 2; PA; QL
NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL	*TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL*
TRESIBA - Tier 2; QL	*TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL*
TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
LINZESS - Tier 2; DX2RX; QL *lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; QL* *lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL* *lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; QL* *lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL*	TALICIA - Tier 2; PA; QL VIBERZI - Tier 2; PA; QL
Laxatives - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *daily fiber oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1* *daily fiber oral powder 43 % (generic for REGULOID) - Tier 1* *enema mineral oil rectal enema (generic for FLEET OIL) - Tier 1* *EVAC (brand for cvs natural fiber supplement) - Tier 2* *fiber laxative + calcium (generic for FIBERCON) - Tier 1* *fiber laxative oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1* *fiber laxative oral tablet 625 mg (generic for FIBERCON) - Tier 1* *fiber oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1* *fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *fiber oral powder 43 % (generic for REGULOID) - Tier 1* *fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1* *fiber therapy oral capsule 0.52 gm (generic for WAL-MUCIL) - Tier 1* *fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1*	SUTAB - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
fiber-caps (generic for FIBERCON) - Tier 1 *fiber-lax (generic for FIBERCON) - Tier 1* *FLEET LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2* *FLEET OIL (brand for cvs mineral oil enema) - Tier 2* *gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *INSTALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL* *laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *laxative osmotic (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2* *METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2* *mineral oil enema (generic for FLEET OIL) - Tier 1* *mineral oil lubricant laxative (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *mineral oil oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL* *natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1* *natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *natural fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *natural fiber supplement (generic for EVAC) - Tier 1* *natural vegetable (generic for HYDROCIL) - Tier 1* *peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*	

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Preferred Agents	Non-Preferred Agents
reguloid oral powder 43 % (generic for REGULOID) - Tier 1 *smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *sorbitol oral - Tier 1*	
Laxatives - Drugs to treat Constipation	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2 *bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL* *BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL* *CITRUCEL (brand for cvs fiber therapy) - Tier 2* *c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *COLACE (brand for cvs stool softener) - Tier 2; QL* *COLACE CLEAR (brand for cvs stool softener) - Tier 2* *COLACE EXTRA STRENGTH (brand for cvs stool softener) - Tier 2; QL* *constulose - Tier 1; QL* *docusate calcium - Tier 1* *docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL* *docusate sodium oral (generic for COLACE) - Tier 1; QL* *docusate sodium/senna (generic for SENOKOT S) - Tier 1*	CLENPIQ - Tier 2; PA; QL *MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL* *SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
DOCUZEN (brand for cvs senna plus) - Tier 2 *dss (generic for COLACE) - Tier 1; QL* *easy-lax plus (generic for SENOKOT S) - Tier 1* *enema disposable (generic for FLEET ENEMA) - Tier 1* *enema ready-to-use (generic for FLEET ENEMA) - Tier 1* *enema rectal enema 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1* *ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL* *enulose - Tier 1; QL* *EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2* *EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL* *fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *FLEET ENEMA (brand for cvs enema disposable) - Tier 2* FLEET MINI ENEMA - Tier 2; QL *FLEET PEDIATRIC (brand for enema pediatric) - Tier 2* *FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL* *FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL* *FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *ft enema (generic for FLEET ENEMA) - Tier 1* *gavilyte-c - Tier 1; QL* *gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL* *gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL* *generlac - Tier 1; QL* *gentle laxative oral tablet delayed release (generic for EX-LAX ULTRA) - Tier 1; QL* *gentle laxative rectal (generic for THE MAGIC BULLET) - Tier 1; QL* *gentle laxative womens oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *geri-kot (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin (child) (generic for PROCTOZONE-G CHILDRENS) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
glycerin (infants & children) rectal suppository 1 gm - Tier 1 *glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin child rectal suppository 1 gm - Tier 1* *glycerin child rectal suppository 1.2 gm (generic for PROCTOZONE-G CHILDRENS) - Tier 1* *glycerin childrens - Tier 1* *KRISTALOSE (brand for lactulose) - Tier 2; QL* *lactulose (generic for KRISTALOSE) - Tier 1; QL* *lactulose encephalopathy - Tier 1; QL* *LAXACIN (brand for cvs senna plus) - Tier 2* *laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative regular strength (generic for SENNA SMOOTH) - Tier 1* *magnesium citrate oral solution (generic for FRESKARO MAGNESIUM CITRATE) - Tier 1; QL* *natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ONELAX (brand for bisacodyl) - Tier 2; QL* *ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *ONELAX SENNA (brand for senna) - Tier 2* PEDIA-LAX ORAL LIQUID - Tier 2 *peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL* *peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2 *PROCTOZONE-B (brand for bisacodyl) - Tier 2; QL* *PROCTOZONE-G CHILDRENS (brand for glycerin (child)) - Tier 2* *PROCTOZONE-GMAX ADULT (brand for cvs glycerin adult) - Tier 2* *PROLAXA (brand for cvs stool softener) - Tier 2; QL* *ready-to-use enema rectal enema 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1* *senexon-s (generic for SENOKOT S) - Tier 1* *senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral syrup 176 mg/5ml - Tier 1* *senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna plus (generic for SENOKOT S) - Tier 1* *senna s (generic for SENOKOT S) - Tier 1* *senna smooth (generic for SENNA SMOOTH) - Tier 1* *senna-docusate sodium (generic for SENOKOT S) - Tier 1* *senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-plus (generic for SENOKOT S) - Tier 1* *senna-s oral tablet (generic for SENOKOT S) - Tier 1* *senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time s (generic for SENOKOT S) - Tier 1* *SENNAZON (brand for senna) - Tier 2* *sennosides (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *sennosides-docusate sodium (generic for SENOKOT S) - Tier 1* *SENOKOT (brand for cvs senna) - Tier 2; QL* *SENOKOT S (brand for cvs senna plus) - Tier 2* *sod phos mono-sod phos dibasic (generic for FLEET ENEMA) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
soluble fiber therapy - Tier 1 *stimulant lax plus (generic for SENOKOT S) - Tier 1* *stimulant laxative (generic for SENOKOT S) - Tier 1* *stool softener extra str (generic for COLACE EXTRA STRENGTH) - Tier 1; QL* *stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL* *stool softener oral capsule 240 mg - Tier 1* *stool softener oral capsule 250 mg (generic for COLACE EXTRA STRENGTH) - Tier 1; QL* *stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1* *stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1* *stool softener pls laxative (generic for SENOKOT S) - Tier 1* *stool softener plus laxative (generic for SENOKOT S) - Tier 1* *stool softener/laxative oral tablet 8.6-50 mg (generic for SENOKOT S) - Tier 1* *the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL* *vegetable lax+stool softener (generic for SENOKOT S) - Tier 1* *vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *WE CARE ENEMA (brand for cvs enema disposable) - Tier 2* *womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Local Anesthetics	
Anesthetics - Drugs for Numbing	
ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL *ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL* *lidocaine cream 4 % external (generic for ANECREAM) - Tier 1; QL* *lidocaine external ointment 5 % - Tier 1; PA; QL* *lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL* *lidocaine hcl external cream 3 % (generic for DERMACINRX LIDOCAINE) - Tier 1; QL* *lidocaine hcl urethral/mucosal external gel - Tier 1; QL* *lidocaine viscous hcl - Tier 1; QL* *lidocaine-prilocaine external cream - Tier 1; QL* LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL *LMX 4 (brand for lidocaine) - Tier 2; QL* *TYLENOL EXTERNAL CREAM 4 % (brand for lidocaine) - Tier 2; QL*	
Macrolides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
azithromycin oral (generic for ZITHROMAX) - Tier 1; QL *clarithromycin er - Tier 1; QL* *clarithromycin oral - Tier 1; QL* *DIFICID (brand for fidaxomicin) - Tier 2; PA; QL* *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *erythromycin base oral (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral suspension reconstituted (generic for E.E.S. GRANULES) - Tier 1; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Mast Cell Stabilizers - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
cromolyn sodium inhalation - Tier 1; QL *cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL* *NASALCROM (brand for cromolyn sodium) - Tier 2; QL*	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
alendronate sodium (generic for FOSAMAX) - Tier 1; QL *calcitonin (salmon) nasal - Tier 1; QL* *cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL* *ibandronate sodium oral - Tier 1*	PROLIA - Tier 2; PA; QL RAYALDEE - Tier 2; PA; QL TYMLOS - Tier 2; PA; SP; QL XGEVA - Tier 2; PA; QL
Miscellaneous Therapeutic Agents	
FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL	
Metabolic Bone Disease Agents - Other	
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL *calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; AL*	
Mineralocorticoid Receptor Antagonists	
Cardiovascular Agents	
	KERENDIA ORAL TABLET 10 MG, 20 MG - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1 *ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL* *ALCOHOL SWABS PAD 70 % (brand for alcohol prep) - Tier 2; QL* *AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL* *AXONA (brand for pro-critic) - Tier 2* *BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *BD PEN NEEDLE MINI ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL* BILDYOS - Tier 2; PA; QL *BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *BREATHE COMFORT HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL*	*BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL* BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL CRENESSITY ORAL CAPSULE 50 MG - Tier 2; PA; SP; QL; AL HYMOVIS - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL *INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 33G X 4 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL *CAREPOINT PRECISION POLY HUB 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* CAYA - Tier 2; QL *CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL* *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2* *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL* CONDOMS - Tier 2; QL *COOL MIST HUMIDIFER (brand for cool mist humidifier) - Tier 2; QL* *COOL MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL* *corn & callus remover (generic for COMPOUND W) - Tier 1* *corn and callus remover (generic for COMPOUND W) - Tier 1* *COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2* *COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2* *COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2* *COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL* *DERMACINRX SALICYLIC ACID (brand for salicylic acid) - Tier 2; QL* DEXCOM G6 TRANSMITTER - Tier 2; PA; QL *DIALYVITE OMEGA-3 CONCENTRATE (brand for omega-3 microgel) - Tier 2* *DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL*	*INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* *OMNIPOD 5 DEXCOM INTRO KIT (brand for pivot insulin pump starter kit) - Tier 2; PA; QL* OMNIPOD 5 DEXCOM PODS - Tier 2; PA; QL SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML - Tier 2; PA; SP TWYNEO - Tier 2; PA; QL XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT - Tier 2; PA

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL *DROPSAFE SICURA 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL* *DUREX TROPICAL (brand for true cover) - Tier 2; QL* *EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL* *ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *EMBECTA AUTOSHIELD DUO (brand for pen needles) - Tier 2; QL* *EMBECTA INS SYR U/F 1/2 UNIT (brand for techlite insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE (brand for careone insulin syringe) - Tier 2; QL* EMBECTA INSULIN SYRINGE U-500 - Tier 2; QL *EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL* *EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; QL* *eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1* *FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2* FC2 FEMALE CONDOM - Tier 2; QL *fish oil concentrate oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1* *fish oil half-the-size (generic for OVEGA-3) - Tier 1* *fish oil minis (generic for OVEGA-3) - Tier 1* *fish oil oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1*	

Preferred Agents	Non-Preferred Agents
fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1 *fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - Tier 1* *fish oil oral capsule 500 mg (generic for OVEGA-3) - Tier 1* *fish oil oral capsule delayed release 1000 mg (generic for OMEGAPURE 600 EC) - Tier 1* *fish oil oral capsule delayed release 1200 mg - Tier 1* *FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* FONDCIRCLE ELECTRONIC PEAK FLO - Tier 2; QL FORA TEST N' GO ADVANCE - Tier 2 *IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL* INSPIREASE RESERVOIR BAGS - Tier 2; QL *INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; QL* *liquid corn & callus rem (generic for COMPOUND W) - Tier 1* *liquid wart remover (generic for COMPOUND W) - Tier 1* *liquid wart remover max st (generic for COMPOUND W) - Tier 1* *medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1* *methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL* *natural fish oil (generic for SUPER DHA GEMS) - Tier 1* NEODOT THERMOMETER - Tier 2; QL *nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL* *odorless coated fish oil (generic for OMEGAPURE 600 EC) - Tier 1* *omega 3 fish oil (generic for SUPER DHA GEMS) - Tier 1* *omega-3 fish oil oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
omega-3 fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1 *omega-3 fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - Tier 1* *omega-3 fish oil oral capsule delayed release 1200 mg - Tier 1* *omega-3 microgel (generic for DIALYVITE OMEGA-3 CONCENTRATE) - Tier 1* *omega-3 oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1* *omega-3 oral capsule 1400 mg - Tier 1* OMNIFLEX DIAPHRAGM - Tier 2; QL *ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2* *PRO-CRITIC (brand for pro-critic) - Tier 2* *QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *salicylic acid external gel 6 % (generic for DERMACINRX SALICYLIC ACID) - Tier 1; QL* *salicylic acid wart remover (generic for VIRASAL) - Tier 1; QL* SALVAX - Tier 2 SALYCIM - Tier 2 *salzix wart remover (generic for COMPOUND W) - Tier 1* *sam-e.p.a. (generic for OVEGA-3) - Tier 1* *scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1* *SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2* SUPERIOR OMEGA3 - Tier 2 *TOP FILL HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL* *TROJAN BARESKIN (brand for true cover) - Tier 2; QL* *TROJAN MAGNUM (brand for true cover) - Tier 2; QL* *TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL *TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL* *TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL* *TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL* *TRUE COVER (brand for true cover) - Tier 2; QL* *ULTRASONIC COOL MIST HUMIDIF (brand for cool mist humidifier) - Tier 2; QL* VAPORIZER WARM STEAM - Tier 2; QL *VIRASAL (brand for salicylic acid wart remover) - Tier 2; QL* VISTOGARD - Tier 2; QL *WARM MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL* WARM STEAM VAPORIZER - Tier 2; QL *wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1* *wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1* WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL	BRUKINSA ORAL CAPSULE - Tier 2; PA; SP; QL
ALUNBRIG - Tier 2; PA; SP; QL	CALQUENCE - Tier 2; PA; SP; QL
CABOMETYX - Tier 2; PA; SP; QL	*GLEEVEC ORAL TABLET 100 MG (brand for imatinib mesylate) - Tier 2; PA; SP; QL*
CAPRELSA - Tier 2; PA; SP; QL	ICLUSIG - Tier 2; PA; SP; QL
COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL	IDHIFA - Tier 2; PA; SP; QL
COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL	IMBRUVICA - Tier 2; PA; SP; QL
COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL	IMKELDI - Tier 2; PA; SP; QL
COTELLIC - Tier 2; PA; SP; QL	*IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL*
ERIVEDGE - Tier 2; PA; SP; QL	MEKTOVI - Tier 2; PA; SP; QL
erlotinib hcl - Tier 1; PA; SP; QL	RYDAPT - Tier 2; PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL	*SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL*
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL	TABRECTA - Tier 2; PA; SP; QL
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL	TAGRISSO - Tier 2; PA; SP; QL
GILOTRIF - Tier 2; PA; SP; QL	TEPMETKO - Tier 2; PA; SP; QL
IBRANCE - Tier 2; PA; SP; QL	VENCLEXTA ORAL TABLET 10 MG - Tier 2; PA; SP; QL
imatinib mesylate oral (generic for GLEEVEC) - Tier 1; PA; SP; QL	VIZIMPRO - Tier 2; PA; SP; QL
	VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
INLYTA - Tier 2; PA; SP; QL	XOSPATA - Tier 2; PA; SP; QL
JAKAFI - Tier 2; PA; SP; QL	ZYDELIG ORAL TABLET 100 MG - Tier 2; PA; SP; QL
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL	
LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LYNPARZA - Tier 2; PA; SP; QL	
MEKINIST - Tier 2; PA; SP; QL	
ODOMZO - Tier 2; PA; SP; QL	
RUBRACA - Tier 2; PA; SP; QL	
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL	
SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL	
STIVARGA - Tier 2; PA; SP; QL	
sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL	
TAFINLAR - Tier 2; PA; SP; QL	
TASIGNA (brand for nilotinib hcl) - Tier 2; PA; SP; QL	
TURALIO - Tier 2; PA; SP; QL; AL	
VITRAKVI - Tier 2; PA; SP; QL	
XALKORI - Tier 2; PA; SP; QL	
ZEJULA - Tier 2; PA; SP; QL; AL	
ZELBORAF - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
Mood Stabilizers - Mood Disorder Drugs	
Bipolar Agents - Drugs to Treat Mood Disorders	
divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL *divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL* *divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL* *lithium - Tier 1; *; QL; AL* *lithium carbonate er (generic for LITHOBID) - Tier 1; *; QL; AL* *lithium carbonate oral - Tier 1; *; QL; AL*	
Multiple Sclerosis Agents	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	MAVENCLAD (10 TABS) (brand for cladribine (10 tabs)) - Tier 2; PA; SP; QL *MAVENCLAD (4 TABS) (brand for cladribine (4 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (5 TABS) (brand for cladribine (5 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (6 TABS) (brand for cladribine (6 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (7 TABS) (brand for cladribine (7 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (8 TABS) (brand for cladribine (8 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (9 TABS) (brand for cladribine (9 tabs)) - Tier 2; PA; SP; QL*

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL *dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL* *dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL* *fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL* *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml (generic for GLATOPA) - Tier 1; DX2RX; SP; QL* *glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL* KESIMPTA - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP REBIF REBIDOSE - Tier 2; PA; SP REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP REBIF TITRATION PACK - Tier 2; PA; SP *teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP*	*AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP* BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL *COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL* GILENYA ORAL CAPSULE 0.25 MG - Tier 2; PA; SP; QL *GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL* MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL *TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL* VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
	ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
memantine hcl oral solution 2 mg/ml - Tier 1; QL *memantine hcl oral tablet - Tier 1; Members <18 years of age will require PA; QL; AL*	

Preferred Agents	Non-Preferred Agents
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
addaprin (generic for ADDAPRIN) - Tier 1; QL *ADVIL (brand for cvs ibuprofen) - Tier 2; QL* ADVIL JUNIOR STRENGTH ORAL TABLET - Tier 2; QL *ADVIL LIQUI-GELS MINIS (brand for cvs ibuprofen) - Tier 2; QL* *ADVIL MIGRAINE (brand for cvs ibuprofen) - Tier 2; QL* *all day pain relief oral tablet 220 mg (generic for ALEVE) - Tier 1; QL* *all day relief (generic for ALEVE) - Tier 1; QL* *aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*	ELYXYB - Tier 2; PA; QL *FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL* *NAPRELAN (brand for naproxen sodium er) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL *aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL* *aspirin rectal suppository 300 mg - Tier 1* *aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *BAYER ASPIRIN (brand for aspirin) - Tier 2; QL* *BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL* *BUFFERIN (brand for tri-buffered aspirin) - Tier 2* *celecoxib oral (generic for CELEBREX) - Tier 1; QL* *childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL* *diclofenac sodium external solution 1.5 % - Tier 1; QL* *diclofenac sodium oral - Tier 1; QL* *enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *etodolac (generic for LODINE) - Tier 1; QL* *flurbiprofen oral tablet 100 mg (generic for LURBIRO) - Tier 1; QL* *ft aspirin adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *ibuprofen (generic for IBU) - Tier 1; QL* *ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen minis (generic for ADVIL) - Tier 1; QL* *ibuprofen oral capsule 200 mg (generic for ADVIL) - Tier 1; QL* *ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL* *ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
ibuprofen tablet 400 mg oral (generic for IBU) - Tier 1; QL *ibuprofen tablet 600 mg oral (generic for IBU) - Tier 1; QL* *ibuprofen tablet 800 mg oral (generic for IBU) - Tier 1; QL* *indomethacin oral capsule - Tier 1; QL* *ketoprofen oral capsule 50 mg, 75 mg - Tier 1; QL* *ketorolac tromethamine +rfid - Tier 1; QL* *ketorolac tromethamine oral - Tier 1; QL* KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; QL *ketorolac tromethamine solution 30 mg/ml injection - Tier 1; QL* *LURBIRO (brand for flurbiprofen) - Tier 2; QL* *medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL* *medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *meloxicam oral tablet - Tier 1; QL* *MOTRIN IB (brand for cvs ibuprofen) - Tier 2; QL* *nabumetone oral - Tier 1; QL* *naproxen oral tablet - Tier 1; QL* *naproxen sodium oral tablet 220 mg (generic for ALEVE) - Tier 1; QL* *naproxen sodium oral tablet 275 mg, 550 mg - Tier 1; QL* *pain relief oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *piroxicam oral - Tier 1; QL* *PROPRINAL (brand for cvs ibuprofen) - Tier 2; QL* *salsalate oral - Tier 1; QL* *ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL* *sulindac oral - Tier 1; QL* *tri-buffered aspirin (generic for BUFFERIN) - Tier 1*	

Preferred Agents	Non-Preferred Agents
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1 *altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL* *altalube (generic for ALTALUBE) - Tier 1; QL* *artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1* *artificial tears pf (generic for BION TEARS PF) - Tier 1* *astringent eye drops (generic for VISINE A.C.) - Tier 1; QL* *atropine sulfate ophthalmic solution 1 % - Tier 1; QL* *bacitracin-polymyxin b - Tier 1; QL* *BIOLLE TEARS (brand for carboxymethylcellulose sod pf) - Tier 2* *BION TEARS PF (brand for artificial tears pf) - Tier 2* *carboxymethylcellulose sod pf ophthalmic solution (generic for BIOLLE TEARS) - Tier 1* *carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL* CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2; QL *cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL*	CEQUA - Tier 2; PA; QL *RESTASIS MULTIDOSE (brand for cyclosporine (pf)) - Tier 2; PA; QL* RHOPRESSA - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
CYSTARAN - Tier 2; DX2RX; SP; QL *dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL* *eye drops adv relief - Tier 1; QL* *eye drops advanced relief - Tier 1; QL* *eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL* *eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE A.C.) - Tier 1; QL* *eye lubricant (generic for ALTALUBE) - Tier 1; QL* *EYES ALIVE (brand for carboxymethylcellulose sod pf) - Tier 2* *for sty relief (generic for ALTALUBE) - Tier 1; QL* GENTEAL SEVERE - Tier 2; QL *GENTEAL TEARS MODERATE PF (brand for artificial tears pf) - Tier 2* *GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2* *GENTEAL TEARS PF (brand for artificial tears pf) - Tier 2* GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL *lubricant drops fast act (generic for SYSTANE) - Tier 1; QL* *lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL* *lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL* *lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1* *lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1* *lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1*	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
lubricant eye pm (generic for ALTALUBE) - Tier 1; QL *lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL* *lubricating plus pf (generic for BIOLLE TEARS) - Tier 1* *lubricating tears eye drops (generic for ULTRA FRESH) - Tier 1; QL* *lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL* *MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2* *MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL* *natural tears pf (generic for BION TEARS PF) - Tier 1* *neomycin-bacitracin zn-polymyx - Tier 1; QL* *neomycin-polymyxin-gramicidin - Tier 1; QL* *nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL* *nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL* *nighttime relief lubricant eye (generic for ALTALUBE) - Tier 1; QL* *phenylephrine hcl ophthalmic - Tier 1* *polymyxin b-trimethoprim - Tier 1; QL* *polyvinyl alcohol ophthalmic - Tier 1* PURE & GENTLE LUBRICANT - Tier 2 *REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *REFRESH PLUS (brand for carboxymethylcellulose sod pf) - Tier 2* *REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL* *relief eye drops (generic for VISINE A.C.) - Tier 1; QL* *RESTASIS (brand for cyclosporine (pf)) - Tier 2; QL* *restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1* *restore pm (generic for ALTALUBE) - Tier 1; QL* *RETAINE CMC (brand for carboxymethylcellulose sod pf) - Tier 2* *sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL* *sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1*	

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL *ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL* *allergy eye drops (generic for ALAWAY) - Tier 1; QL* *azelastine hcl ophthalmic - Tier 1; ST; QL* *cromolyn sodium ophthalmic - Tier 1; QL* *eye allergy relief ophthalmic solution 0.027-0.315 % (generic for OPCON-A) - Tier 1* *eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL* *ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL* *NAPHCON-A (brand for allergy eye) - Tier 2* *olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL* *OPCON-A (brand for cvs eye allergy relief) - Tier 2* *PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL* *VISINE (brand for allergy eye) - Tier 2* *ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL*	
Ophthalmic Antibiotics - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
ciprofloxacin hcl ophthalmic - Tier 1; QL *erythromycin ophthalmic - Tier 1; QL* *gentamicin sulfate ophthalmic - Tier 1; QL* *moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL* *ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL* *sulfacetamide sodium ophthalmic - Tier 1; QL* *tobramycin ophthalmic - Tier 1; QL*	AZASITE - Tier 2; PA; QL *BESIVANCE (brand for besifloxacin hcl) - Tier 2; PA; QL* CILOXAN - Tier 2; PA; QL *VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
acetazolamide er - Tier 1; QL *acetazolamide oral - Tier 1; QL* *brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL* DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL *dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL* *dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL* *methazolamide oral - Tier 1; QL* *timolol maleate ophthalmic - Tier 1; QL*	*ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL* *BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL* BETOPTIC-S - Tier 2; PA; QL *COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL* *COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL* *COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA* *ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL* SIMBRINZA - Tier 2; PA; QL
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
ACUVAIL - Tier 2; QL *bacitra-neomycin-polymyxin-hc - Tier 1; QL* *dexamethasone sodium phosphate ophthalmic - Tier 1* *diclofenac sodium ophthalmic - Tier 1; QL* *fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL* *flurbiprofen sodium - Tier 1; QL* *ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1* *ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL* MAXIDEX - Tier 2; QL *neomycin-polymyxin-dexameth (generic for MAXITROL) - Tier 1; QL* *neomycin-polymyxin-hc ophthalmic - Tier 1; QL* *prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL* *PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL* *prednisolone sodium phosphate ophthalmic - Tier 1*	EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL ILEVRO - Tier 2; PA; QL INVELTYS - Tier 2; PA; QL *LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL* LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL *PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL* *PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL* *ZYLET (brand for loteprednol-tobramycin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
sulfacetamide-prednisolone - Tier 1	
Ophthalmic Antivirals - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
NATACYN - Tier 2 *trifluridine - Tier 1; QL*	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
bimatoprost solution 0.03 % ophthalmic - Tier 1; QL *latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL* *travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; QL*	*LUMIGAN (brand for bimatoprost) - Tier 2; PA; QL* VYZULTA - Tier 2; PA; QL *ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL *methadone hcl intensol (generic for METHADONE HCL INTENSOL) - Tier 1; PA; QL* *methadone hcl oral (generic for METHADONE HCL INTENSOL) - Tier 1; PA; QL* *METHADOSE ORAL CONCENTRATE 10 MG/ML (brand for methadone hcl) - Tier 2; PA; QL* *methadose oral tablet soluble (generic for METHADOSE) - Tier 1; PA; QL* *METHADOSE SUGAR-FREE (brand for methadone hcl) - Tier 2; PA; QL* *morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL* OXYCONTIN - Tier 2; PA; QL *tramadol hcl er - Tier 1; PA; QL*	BELBUCA - Tier 2; PA; QL *buprenorphine (generic for BUTRANS) - Tier 1; PA; QL* *BUTRANS (brand for buprenorphine) - Tier 2; PA; QL* *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* *NUCYNTA ER (brand for tapentadol hcl er) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Short-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL *acetaminophen-codeine oral tablet - Tier 1; QL* *endocet (generic for ENDOCET) - Tier 1; QL* *fentanyl citrate (pf) injection solution - Tier 1; QL* *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL* *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg - Tier 1; QL* *hydromorphone hcl oral tablet (generic for DILAUDID) - Tier 1; QL* *morphine sulfate oral - Tier 1; QL* NALOCET - Tier 2; QL *oxycodone hcl oral solution - Tier 1; QL* *oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL* OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG - Tier 2; QL *OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; QL* *OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (brand for oxycodone-acetaminophen) - Tier 2; QL* *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL* OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG - Tier 2; QL *PROLATE ORAL TABLET (brand for oxycodone-acetaminophen) - Tier 2; QL* *tramadol hcl oral tablet 50 mg - Tier 1; QL* *tramadol-acetaminophen - Tier 1; QL*	*apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL* *NUCYNTA (brand for tapentadol hcl) - Tier 2; PA; QL* *ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL* *TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
BRIXADI - Tier 2; PA BRIXADI (WEEKLY) - Tier 2; PA *buprenorphine hcl sublingual - Tier 1; DX2RX; QL* *buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL* *naltrexone hcl oral - Tier 1* SUBLOCADE - Tier 2; PA; QL *SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL*	ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
KLOXXADO - Tier 2; QL *naloxone hcl (generic for NARCAN) - Tier 1; QL* *naloxone hcl injection solution - Tier 1; QL* *naloxone hcl injection solution cartridge - Tier 1; QL* *naloxone hcl injection solution prefilled syringe 2 mg/2ml - Tier 1; QL* *naloxone hcl nasal (generic for NARCAN) - Tier 1; QL* *NARCAN (brand for ft naloxone hcl) - Tier 2; QL* *prebiotic fiber (generic for NARCAN) - Tier 1; QL* REXTOVY - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Otic Agents - Drugs for the Ear	
Otic Agents - Drugs to Treat Ear Conditions	
acetic acid otic - Tier 1; QL *ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; QL* *ciprofloxacin-dexamethasone - Tier 1; QL* *CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2* *CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2* *ear drops earwax aid (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear drops otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *hydrocortisone-acetic acid - Tier 1; QL* *neomycin-polymyxin-hc otic - Tier 1; QL*	
Otic Agents - Drugs to Treat Ear Conditions	
ofloxacin otic - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Parasympathomimetics - Myasthenia Gravis Drugs	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	
pyridostigmine bromide er oral tablet extended release (generic for MESTINON) - Tier 1; QL *pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL* *pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL*	
Pediculicides/Scabicides - Scabies and Lice Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
CROTAN - Tier 2; QL *lice killing external liquid 1 % (generic for NIX CREME RINSE) - Tier 1* *lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1* *malathion (generic for OVIDE) - Tier 1; QL* *permethrin external - Tier 1; QL* *spinosad (generic for NATROBA) - Tier 1; PA; QL*	
Phosphate Binders - Phosphate-Removing Agents	
Electrolytes/Minerals/Metals/Vitamins	
AURYXIA (brand for ferric citrate) - Tier 2; PA; QL *calcium acetate (phos binder) oral capsule - Tier 1; QL* *lanthanum carbonate oral tablet chewable 1000 mg (generic for FOSRENOL) - Tier 1; QL* *lanthanum carbonate oral tablet chewable 500 mg, 750 mg (generic for FOSRENOL) - Tier 1* *sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL THEO-24 - Tier 2 *theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL* *theophylline er oral tablet extended release 12 hour 450 mg - Tier 1* *theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL* *theophylline er oral tablet extended release 24 hour 600 mg - Tier 1* *theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL*	
Platelet Modifying Agents - Platelet Modifying Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
BRILINTA (brand for ticagrelor) - Tier 2; QL CABLIVI - Tier 2; PA; SP; QL *cilostazol - Tier 1; QL* *clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL* *dipyridamole oral - Tier 1; QL*	
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ELLA - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Progestins	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
OPILL - Tier 2; QL	
Progestins - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
aftera (generic for AFTERA) - Tier 1; QL *camila (generic for CAMILA) - Tier 1; QL* *deblitane (generic for CAMILA) - Tier 1; QL* *econtra one-step (generic for AFTERA) - Tier 1; QL* *errin (generic for CAMILA) - Tier 1; QL* *gallifrey (generic for GALLIFREY) - Tier 1; QL* *heather (generic for CAMILA) - Tier 1; QL* *her style (generic for AFTERA) - Tier 1; QL* *jencycla (generic for CAMILA) - Tier 1; QL* *levonorgestrel (generic for AFTERA) - Tier 1; QL* *medroxyprogesterone acetate (generic for DEPO-PROVERA) - Tier 1; QL* *megestrol acetate oral suspension 40 mg/ml - Tier 1; QL* *megestrol acetate oral tablet 20 mg - Tier 1* *megestrol acetate oral tablet 40 mg - Tier 1; QL* *my choice (generic for AFTERA) - Tier 1; QL* *my way (generic for AFTERA) - Tier 1; QL* *new day (generic for AFTERA) - Tier 1; QL*	SLYND - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL *norethindrone oral (generic for CAMILA) - Tier 1; QL* *opcicon one-step (generic for AFTERA) - Tier 1; QL* *option 2 (generic for AFTERA) - Tier 1; QL* *PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL* *progesterone oral (generic for PROMETRIUM) - Tier 1; QL* *sharobel (generic for CAMILA) - Tier 1; QL* *shewise (generic for AFTERA) - Tier 1; QL* *take action (generic for AFTERA) - Tier 1; QL*	
Protectants - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
misoprostol oral (generic for CYTOTEC) - Tier 1; QL *sucralfate oral suspension - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL* *sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; Generic NDC starting w/00186 is Preferred; QL *esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL* *lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL* *lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; Members >= 2 years of age will require PA; QL; AL* *lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members >= 2 years of age will require PA; QL; AL* *omeprazole oral capsule delayed release - Tier 1; QL* *pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; QL; AL* *pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL* *PROTONIX ORAL PACKET (brand for pantoprazole sodium) - Tier 2; QL; AL*	

Preferred Agents	Non-Preferred Agents
Pulmonary Antihypertensives - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
alyq (generic for ALYQ) - Tier 1; PA; SP; QL *ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL* *bosentan oral tablet soluble (generic for TRACLEER) - Tier 1; PA; SP; QL; AL* ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL *sildenafil citrate oral suspension reconstituted - Tier 1; SP; QL; AL* *sildenafil citrate tablet 20 mg oral (generic for REVATIO) - Tier 1; DX2RX; SP; QL* *tadalafil (pah) (generic for ALYQ) - Tier 1; PA; SP; QL* YUTREPIA - Tier 2; PA; SP; QL; AL	ADEMPAS - Tier 2; PA; SP; QL *bosentan oral tablet (generic for TRACLEER) - Tier 1; PA; SP; QL* *LETAIRIS (brand for ambrisentan) - Tier 2; PA; SP; QL* *OPSUMIT (brand for macitentan) - Tier 2; PA; SP; QL* *REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL* TADLIQ - Tier 2; PA; SP; QL *TRACLEER 62.5 MG, 125 MG (brand for bosentan) - Tier 2; PA; SP; QL* *TRACLEER 32 MG (brand for bosentan) - Tier 2; PA; SP; QL; AL* TYVASO - Tier 2; PA; Coverable through Medical Benefit; SP TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL TYVASO REFILL KIT - Tier 2; PA; Coverable through Medical Benefit; SP TYVASO STARTER KIT - Tier 2; PA; Coverable through Medical Benefit; SP UPTRAVI ORAL - Tier 2; PA; SP; QL UPTRAVI TITRATION - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL *nintedanib esylate (generic for OFEV) - Tier 1; SP; QL*	*OFEV (brand for nintedanib esylate) - Tier 2; PA; SP; QL*

Preferred Agents	Non-Preferred Agents
Quinolones - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL* *levofloxacin oral - Tier 1; QL* *moxifloxacin hcl oral - Tier 1; QL* *ofloxacin oral - Tier 1; QL*	XEPI - Tier 2; PA; QL
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12 hour cough relief (generic for DELSYM) - Tier 1; QL *12 hour decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2* *acetylcysteine inhalation - Tier 1* *ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; QL* *ADVIL COLD/SINUS (brand for cvs cold & sinus relief) - Tier 2; AL* *altarussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *altarussin dm - Tier 1; QL* *ANORO ELLIPTA (brand for umeclidinium-vilanterol) - Tier 2; PA; QL* *APRODINE (brand for cold & allergy d max strength) - Tier 2; AL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL* *budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation (generic for SYMBICORT) - Tier 1; QL*	*ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; PA* *ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; PA; QL* BEVESPI AEROSPHERE - Tier 2; PA; QL *BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT - Tier 2; PA; QL DUAKLIR PRESSAIR - Tier 2; PA; QL *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL* TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TRELEGY ELLIPTA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation (generic for SYMBICORT) - Tier 1; ST; QL *budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation (generic for SYMBICORT) - Tier 1; QL* *budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation (generic for SYMBICORT) - Tier 1; ST; QL* *chest congestion relief dm oral syrup - Tier 1; QL* *chest congestion relief oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *chest congestion relief oral tablet (generic for XPECT) - Tier 1* *cold & allergy - Tier 1* *cold & allergy d max strength (generic for APRODINE) - Tier 1; AL* *cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *cold/cough (generic for ENDACOF-DM) - Tier 1; QL* *cold/cough childrens (generic for ENDACOF-DM) - Tier 1; QL* *cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for ENDACOF-DM) - Tier 1; QL* COMBIVENT RESPIMAT - Tier 2; QL *cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *cough dm childrens oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL* *cough dm er (generic for DELSYM) - Tier 1; QL* *cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL* *cough relief childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *DELSYM CGH/CHEST CONG DM CHILD (brand for cvs cough & chest congestion) - Tier 2* *DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL* *DELSYM COUGH/CHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2*	

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Preferred Agents	Non-Preferred Agents
DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL *dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL* *dextromethorphan-guaifenesin oral syrup - Tier 1; QL* *dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* DULERA - Tier 2; QL *ENDACOF-DM (brand for cold/cough childrens) - Tier 2; QL* FASENRA - Tier 2; PA; SP FASENRA PEN - Tier 2; PA; SP; QL *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1* FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL *fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL* *g tussin ac - Tier 1; QL; AL* *geri-tussin dm oral syrup - Tier 1; QL* *geri-tussin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *guaifed (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *guaifenesin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1* *guaifenesin-codeine - Tier 1; QL; AL* *guaifenesin-dm oral syrup - Tier 1; QL* *hydrocodone bit-homatrop mbr - Tier 1; QL; AL* *HYPERSAL (brand for sodium chloride) - Tier 2* *ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ipratropium-albuterol - Tier 1; QL* KALYDECO ORAL TABLET - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL *maxi-tuss ac - Tier 1; QL; AL* *maxi-tuss dm (generic for ENDACOF-DM) - Tier 1; QL* *maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1* *maxi-tuss pe - Tier 1* *medifin 400 (generic for XPECT) - Tier 1* *medifin mucus relief child (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *MUCINEX COUGH CHILDRENS (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL* *MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL* *MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL* *MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL* *MUCINEX FAST-MAX DM MAX (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL* *MUCOLYTE (brand for altarussin) - Tier 2; QL* *mucus & chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus d (generic for MUCINEX D) - Tier 1; AL* *mucus d extended release (generic for MUCINEX D) - Tier 1; AL* *mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus d maximum strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus dm (generic for MUCINEX DM) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL *mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL* *mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief 12hr max str (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief childrens oral liquid 100 mg/5ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL* *mucus relief d max st (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg (generic for MUCINEX D) - Tier 1; AL* *mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL* *mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief er max st (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief oral tablet (generic for XPECT) - Tier 1* *mucus relief-d (generic for MUCINEX D) - Tier 1; AL* *mucus relief-d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*	

Preferred Agents	Non-Preferred Agents
mucus-d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL *mucus-dm (generic for MUCINEX DM) - Tier 1; QL* *mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant max str oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant max str oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal four (generic for 4-WAY FAST ACTING) - Tier 1* *nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray fast acting nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1* *NEBUSAL (brand for sodium chloride) - Tier 2* *NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2* *pharbinex (generic for XPECT) - Tier 1* *promethazine-codeine - Tier 1; QL; AL* *promethazine-phenylephrine - Tier 1; QL* *pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL* *PULMOSAL (brand for sodium chloride) - Tier 2*	

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Preferred Agents	Non-Preferred Agents
PULMOZYME - Tier 2; DX2RX; SP; QL *refenesen 400 (generic for XPECT) - Tier 1* *ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL* *ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL* *ROBITUSSIN COUGH & CHEST ADULT (brand for cvs cough & chest congestion) - Tier 2* *ROBITUSSIN COUGH & CHEST CHILD (brand for cvs cough & chest congestion) - Tier 2* *ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for cvs cough & chest congestion) - Tier 2* *RYNEX DM (brand for cold/cough childrens) - Tier 2; QL* RYNEX PE - Tier 2 *rynex pse - Tier 1* *sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL* *sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1* *sodium chloride inhalation nebulization solution 0.9 % - Tier 1; QL* *sodium chloride inhalation nebulization solution 10 % - Tier 1* *sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1* *sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1* STIOLTO RESPIMAT - Tier 2; PA; QL *SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2* *sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL *suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *tab tussin (generic for XPECT) - Tier 1* *tussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin adult chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin adult oral liquid 200 mg/10ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm oral syrup - Tier 1; QL* *tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1* *tussin mucus & chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin mucus+chest congest sf (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin mucus+chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1* *wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL *XPECT (brand for chest congestion relief) - Tier 2*	

Preferred Agents	Non-Preferred Agents
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12 hour decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1 *12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *altamist spray (generic for AYR) - Tier 1* *anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *AYR (brand for altamist spray) - Tier 2* AYR SALINE NASAL DROPS - Tier 2 *BABY AYR SALINE (brand for altamist spray) - Tier 2* *benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL* *cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*	

Preferred Agents	Non-Preferred Agents
cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL *deep sea nasal spray (generic for AYR) - Tier 1* *ed bron gp - Tier 1* *giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1* *long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *maxi-tuss pe max - Tier 1* *MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2* *MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2* *nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal mist extra moisturiz (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2* *nasal moisturizing spray (generic for AYR) - Tier 1* *nasal spray 12 hour nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray saline (generic for AYR) - Tier 1* *no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1* *no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1* *non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
OCEAN FOR KIDS (brand for altamist spray) - Tier 2 *OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2* *promethazine-dm - Tier 1; QL* *pseudoephedrine-bromphen-dm - Tier 1; QL* *saline mist spray (generic for AYR) - Tier 1* *saline nasal spray (generic for AYR) - Tier 1* *sinus nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1* *sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2* *SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2* *THERAFLU SEVERE CONGESTION REL (brand for 12 hour decongestant) - Tier 2*	
Retinoids - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
bexarotene (generic for TARGRETIN) - Tier 1; PA; SP *tretinoin oral - Tier 1; SP; AL*	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
raloxifene hcl (generic for EVISTA) - Tier 1; QL	OSPHENA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL *naratriptan hcl - Tier 1; QL* *rizatriptan benzoate (generic for MAXALT) - Tier 1; QL* *sumatriptan nasal - Tier 1; QL* *sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL* *sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL* *zolmitriptan oral (generic for ZOMIG) - Tier 1; QL*	*IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL* *MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL* *MAXALT-MLT (brand for rizatriptan benzoate) - Tier 2; PA; QL* *TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL* *ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL*
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	
Skeletal Muscle Relaxants - Drugs to Treat Muscle Tension and Spasm	
baclofen oral tablet 10 mg, 20 mg - Tier 1; QL *chlorzoxazone oral tablet 250 mg, 500 mg - Tier 1; QL* *cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL* *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL* *methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL* *orphenadrine citrate er - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
baclofen oral tablet 5 mg - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Sleep Disorders, Other - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
armodafinil (generic for NUVIGIL) - Tier 1; QL *modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL* *ramelteon (generic for ROZEREM) - Tier 1; ST; QL*	BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA; QL QUVIVIQ - Tier 2; PA; QL *ROZEREM (brand for ramelteon) - Tier 2; PA; ST; QL* *SILENOR (brand for doxepin hcl) - Tier 2; PA; QL; AL* *sodium oxybate (generic for XYREM) - Tier 1; PA; SP; QL* SUNOSI - Tier 2; PA; QL WAKIX - Tier 2; PA; QL *XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL* XYWAV - Tier 2; PA; QL
Smoking Cessation Agents - Deterrents	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
bupropion hcl er (smoking det) - Tier 1; QL; AL *habitrol (generic for HABITROL) - Tier 1; QL; AL* *NICODERM CQ (brand for cvs nicotine) - Tier 2; QL; AL* *NICORETTE (brand for cvs nicotine) - Tier 2; QL; AL* *NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL; AL* *NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL; AL* *nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL* *nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL* *nicotine mini (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL*	

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Preferred Agents	Non-Preferred Agents
nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL *nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL* *nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine polacrilex mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine polacrilex mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL* *nicotine polacrilex mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL* *nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL* *nicotine policrilex (generic for KLS QUIT4) - Tier 1; QL; AL* *nicotine step 1 (generic for HABITROL) - Tier 1; QL; AL* *nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL; AL* *nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL; AL* *nicotine transdermal kit 21-14-7 mg/24hr - Tier 1; QL; AL* *nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL; AL* *nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL; AL* *nicotine transdermal system (generic for HABITROL) - Tier 1; QL; AL* NICOTROL NS - Tier 2; QL; AL *quit2 (generic for KLS QUIT2) - Tier 1; QL; AL* *quit4 (generic for KLS QUIT4) - Tier 1; QL; AL* *THRIVE (brand for cvs nicotine) - Tier 2; QL; AL* *varenicline tartrate (generic for CHANTIX) - Tier 1; QL; AL* *varenicline tartrate (starter) (generic for CHANTIX STARTING MONTH PAK) - Tier 1; QL; AL* *varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
Sodium Channel Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
BANZEL ORAL TABLET (brand for rufinamide) - Tier 2; DX2RX; QL *carbamazepine er (generic for CARBATROL) - Tier 1; QL* *carbamazepine oral tablet (generic for TEGRETOL) - Tier 1; QL* *carbamazepine oral tablet chewable 100 mg - Tier 1; QL* *carbamazepine suspension 100 mg/5ml oral (generic for TEGRETOL) - Tier 1; QL* *CARBATROL (brand for carbamazepine er) - Tier 2; QL* DILANTIN ORAL CAPSULE 30 MG - Tier 2 *lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml (generic for VIMPAT) - Tier 1; PA; QL; AL* *lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL* *oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL* *oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL* *phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin oral suspension 125 mg/5ml (generic for DILANTIN-125) - Tier 1; QL* *phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL* *rufinamide oral suspension 40 mg/ml (generic for BANZEL) - Tier 1; DX2RX; QL* *rufinamide oral tablet (generic for BANZEL) - Tier 1; DX2RX; QL*	*VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	
Antidepressants - Drugs to Treat Depression	
citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL; AL *citalopram hydrobromide solution 10 mg/5ml oral - Tier 1; QL; AL* *desvenlafaxine succinate er (generic for PRISTIQ) - Tier 1; QL; AL* *escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL; AL* *fluoxetine hcl oral capsule - Tier 1; QL; AL* *fluoxetine hcl oral solution - Tier 1; QL; AL* *fluvoxamine maleate - Tier 1; QL; AL* *paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL; AL* *sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL; AL* *sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL; AL* *trazodone hcl oral - Tier 1; QL; AL* *venlafaxine hcl - Tier 1; QL; AL* *venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL; AL*	FETZIMA - Tier 2; PA; QL LYBALVI - Tier 2; PA; QL; AL *PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL; AL* TRINTELLIX - Tier 2; PA; QL *VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL*
Sulfonamides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
sulfadiazine oral - Tier 1; QL *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL* *sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL* *sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL*	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Tetracyclines - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
demeclocycline hcl - Tier 1; PA; QL *doxycycline hyclate oral capsule - Tier 1; QL* *doxycycline hyclate oral tablet 100 mg - Tier 1; QL* *doxycycline hyclate oral tablet 20 mg - Tier 1* *doxycycline hyclate oral tablet delayed release 200 mg - Tier 1; QL* *doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL* *doxycycline monohydrate oral capsule 50 mg - Tier 1; QL* *minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg - Tier 1* *minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL* *minocycline hcl oral capsule 75 mg - Tier 1* NUZYRA ORAL - Tier 2; PA; QL	*ORACEA (brand for doxycycline) - Tier 2; PA*
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE (brand for cvs prenatal gummy) - Tier 2; QL *prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL*	
Treatment Adjuncts - Supportive Chemotherapy Drugs	
Antineoplastics - Drugs to Treat Cancer	
mesna oral (generic for MESNEX) - Tier 1; SP	
Treatment-Resistant - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
*clozapine oral tablet (generic for CLOZARIL) - Tier 1; PA; *; QL; AL*	*CLOZARIL (brand for clozapine) - Tier 2; PA; *; QL; AL*

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Preferred Agents	Non-Preferred Agents
Tricyclics - Antidepressants	
Antidepressants - Drugs to Treat Depression	
amitriptyline hcl oral - Tier 1; QL; AL *amoxapine - Tier 1; QL; AL* *clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL; AL* *desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL; AL* *doxepin hcl oral capsule - Tier 1; QL; AL* *doxepin hcl oral concentrate - Tier 1; QL; AL* *imipramine hcl oral - Tier 1; QL; AL* *imipramine pamoate - Tier 1; QL; AL* *nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL; AL* *perphenazine-amitriptyline - Tier 1; QL; AL* *protriptyline hcl - Tier 1; QL; AL* *trimipramine maleate oral - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
Vaccines	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ABRYSVO - Tier 2; PA; For ages 59 years and under, PA required and no PA for ages 60 years and over; QL ACTHIB - Tier 2; QL ADACEL - Tier 2; QL; AL AFLURIA - Tier 2; QL; AL AFLURIA PRESERVATIVE FREE - Tier 2; QL; AL AREXVY - Tier 2; QL; AL BEXSERO - Tier 2; QL; AL BOOSTRIX - Tier 2; QL; AL CAPVAXIVE - Tier 2; QL; AL COMIRNATY - Tier 2; QL; AL COMIRNATY 5-11 YEARS - Tier 2; QL; AL DAPTACEL - Tier 2; QL; AL DENGVAXIA - Tier 2; QL ENGERIX-B - Tier 2; QL; AL FLUAD - Tier 2; QL; AL FLUARIX - Tier 2; QL; AL	

Preferred Agents	Non-Preferred Agents
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL; AL FLULAVAL - Tier 2; QL; AL FLUMIST - Tier 2 FLUZONE HIGH-DOSE - Tier 2; QL; AL FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL; AL GARDASIL 9 - Tier 2; QL; AL HAVRIX - Tier 2; QL; AL HEPLISAV-B - Tier 2; QL; AL HIBERIX - Tier 2; QL INFANRIX - Tier 2; QL; AL IPOL - Tier 2; QL MENVEO INTRAMUSCULAR SOLUTION - Tier 2; QL MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED - Tier 2; QL; AL M-M-R II - Tier 2; QL; AL MNEXSPIKE - Tier 2; QL PEDIARIX - Tier 2; QL; AL PEDVAX HIB - Tier 2; QL PENBRAYA - Tier 2; QL PENMENVY - Tier 2; QL PENTACEL - Tier 2; QL; AL PNEUMOVAX 23 - Tier 2; QL; AL PREVNAR 20 - Tier 2; QL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL; AL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL; AL RECOMBIVAX HB - Tier 2; QL; AL ROTARIX - Tier 2; QL; AL ROTATEQ - Tier 2; QL SPIKEVAX - Tier 2; QL; AL SPIKEVAX 6M-11Y - Tier 2 TENIVAC - Tier 2; QL; AL TRUMENBA - Tier 2; QL; AL TWINRIX - Tier 2; QL; AL	

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Preferred Agents	Non-Preferred Agents
VAQTA - Tier 2; QL; AL VARIVAX - Tier 2; QL; AL VAXELIS - Tier 2; QL; AL VAXNEUVANCE - Tier 2; QL	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
hydralazine hcl oral - Tier 1; QL *minoxidil oral - Tier 1; QL*	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
isosorbide dinitrate - Tier 1; QL *isosorbide mononitrate - Tier 1; QL* *isosorbide mononitrate er - Tier 1; QL* *nitro-bid (generic for NITRO-BID) - Tier 1; QL* *NITRO-DUR (brand for nitroglycerin) - Tier 2; QL* *nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL* *nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin transdermal (generic for NITRO-BID) - Tier 1; QL* *nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
a-25 - Tier 1; QL *b complex - Tier 1* *b complex vitamins - Tier 1* *b complex-b12 - Tier 1* *b-1 - Tier 1; QL* *b-12 oral tablet extended release - Tier 1* *b-12 slow release - Tier 1* *b6 - Tier 1; QL* *BCAD 1 (brand for pku trio) - Tier 2; QL* *BCAD 2 (brand for pku trio) - Tier 2; QL* *b-complex vitamin - Tier 1* *b-complex/b-12 oral - Tier 1* *biotin forte oral tablet 5 mg - Tier 1* *biotin oral capsule 5000 mcg (generic for MERIBIN) - Tier 1* *biotin oral tablet 5 mg - Tier 1* *CENTRUM MENOPAUSE MIND/MOOD (brand for daily multiple vitamins) - Tier 2* *cerovite jr (generic for CEROVITE JR) - Tier 1; QL*	*NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL *childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL* *childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL* *classic prenatal - Tier 1; QL* *cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL* *daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL* ENFAMIL EXPECTA - Tier 2; QL *ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL* *essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL* *folic acid oral tablet 400 mcg - Tier 1* *full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL* *HCY 1 (brand for pku trio) - Tier 2; QL* *HCY 2 (brand for pku trio) - Tier 2; QL* *healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *LIPISTART (brand for pku trio) - Tier 2; QL* *MERIBIN (brand for cvs biotin) - Tier 2* *M-NATAL PLUS (brand for prenatal) - Tier 2; QL* *multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multivitamin w/fluoride (generic for FLOTREX) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
multi-vitamin/fluoride oral suspension 0.5 mg/ml (generic for SOLUVITA WITH FLUORIDE) - Tier 1; QL *multivitamin/fluoride oral tablet chewable (generic for FLOTREX) - Tier 1; QL* *multi-vitamin/fluoride/iron - Tier 1; QL* *MYNEPHRON (brand for triphrocaps) - Tier 2* *NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2* *NEONATAL COMPLETE (brand for prenatal) - Tier 2; QL* *NEONATAL PLUS (brand for prenatal) - Tier 2; QL* *NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL* *NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; QL* *nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL* *NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL* *niacin er oral capsule extended release 250 mg - Tier 1; QL* *niacin er oral tablet extended release 1000 mg - Tier 1* *niacin er oral tablet extended release 500 mg (generic for SLO-NIACIN) - Tier 1* *NIVA-PLUS (brand for prenatal) - Tier 2; QL* *NUTRIVIO (brand for triphrocaps) - Tier 2* *OA 1 (brand for pku trio) - Tier 2; QL* *OA 2 (brand for pku trio) - Tier 2; QL* OBSTETRIX DHA - Tier 2; QL *once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2* *ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* *ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; QL* *ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL* *one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *PFD 2 (brand for pku trio) - Tier 2; QL* *PFD TODDLER (brand for pku trio) - Tier 2; QL* *PHENYL-FREE 2 (brand for pku trio) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
PHENYL-FREE 2HP (brand for pku trio) - Tier 2; QL *phytonadione injection solution 10 mg/ml - Tier 1; QL* *phytonadione oral - Tier 1; QL* *pku trio (generic for BCAD 1) - Tier 1; QL* *pnv 27-ca/fe/fa - Tier 1; QL* *PRENATABS RX (brand for thrivite rx) - Tier 2; QL* *prenatal multi+dha - Tier 1; QL* *prenatal multivit plus folate - Tier 1; QL* *prenatal multivitamin - Tier 1; QL* *prenatal multivitamins - Tier 1; QL* *prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal oral tablet 28-0.8 mg - Tier 1; QL* *prenatal plus (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal vitamins (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal/folic acid - Tier 1; QL* *prenatal/iron oral tablet - Tier 1; QL* PRENOVA - Tier 2; QL *pyridoxine hcl oral - Tier 1; QL* *RENAL (brand for triphrocaps) - Tier 2* *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* *SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG (brand for niacin er) - Tier 2* *stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *THERA (brand for daily multiple vitamins) - Tier 2* *thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *thiamine hcl oral - Tier 1; QL* *thiamine mononitrate oral - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
THRIVITE RX (brand for thrivite rx) - Tier 2; QL TRINATAL RX 1 - Tier 2; QL *triphrocaps (generic for MYNEPHRON) - Tier 1* *tri-vite pediatric - Tier 1; QL* TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2 TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL TRUE VITAMIN A - Tier 2; QL TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL *TYROS 1 (brand for pku trio) - Tier 2; QL* *TYROS 2 (brand for pku trio) - Tier 2; QL* *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 3000 mcg - Tier 1; QL* *vitamin b complex oral capsule - Tier 1* *vitamin b complex w/b-12 - Tier 1* *vitamin b1 - Tier 1; QL* *vitamin b-1 oral tablet 100 mg, 250 mg - Tier 1; QL* *vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1* *vitamin b12 oral tablet extended release 1000 mcg - Tier 1* *vitamin b-12 pr - Tier 1* *vitamin b-6 - Tier 1; QL* *vitamin b-6 er - Tier 1; QL* *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) (generic for DRISDOL) - Tier 1; QL* *vitamin e oral capsule 180 mg, 180 mg (400 unit) - Tier 1; QL* *vitamin k1 injection solution 10 mg/ml - Tier 1; QL* *vitamin-b complex - Tier 1* *VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL* *wescaps (generic for MYNEPHRON) - Tier 1* *WESTAB PLUS (brand for prenatal) - Tier 2; QL* *WND 1 (brand for pku trio) - Tier 2; QL* *WND 2 (brand for pku trio) - Tier 2; QL* *womens prenatal+dha - Tier 1; QL*	

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